



**Dependable Disposal & Recycling**  
 A Division of Burns and Sons Trucking, Inc.  
 P.O. Box 1639  
 Spring Valley, CA. 91979-1639  
 (619)460-3551 Fax (619)465-2371

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

## Employment Application

Page 1 of 2 (You must submit both pages)

PERSONAL INFORMATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
 DATE \_\_\_\_\_ NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

(Last) (First) (Middle)

PRESENT ADDRESS \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

PERMANENT ADDRESS \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

PHONE NO \_\_\_\_\_

NAME OF ANY RELATIVE \_\_\_\_\_

EMPLOYED BY THIS COMPANY \_\_\_\_\_

REFERRED \_\_\_\_\_

BY \_\_\_\_\_

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU PRESENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? YES NO

EMPLOYMENT DESIRED \_\_\_\_\_

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	SUBJECT STUDIED AND DEGREE(S) RECEIVED
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	
TRADE OR OTHER SCHOOL		1 2 3 4	YES NO	

1. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_
2. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_
3. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT)

STATE OF DRIVERS' LICENSE \_\_\_\_\_ TYPE OF LICENSE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_

LICENSE EXPIRATION DATE \_\_\_\_\_ MEDICAL CARD EXPIRATION DATE \_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	X	TYPE OF EQUIPMENT	HOWLONG?	APPROX. TOTAL MILES	TYPE OF TRANSMISSION	X
STRAIGHT TRUCK		SEMI BOTTOM DUMP			10 SPEED	
TRACTOR AND SEMI-TRAILER		DOUBLE BOTTOM DUMP			13 SPEED	
TRACTOR AND TWO TRAILERS		END DUMP			15 SPEED	
OTHER		OTHER			2 STICK	

**PHYSICAL RECORD; DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP, WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR?** YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES. WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

HAVE YOU EVER HAD A BACK INJURY? IF YES, PLEASE EXPLAIN \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_

(Name)

(Address)

(Phone Number)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above and separately to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_