

**Jason's Hauling, Inc.**  
 5102 N. 56<sup>th</sup> Street  
 Tampa, FL 33610-5408  
 T: (813) 872-8440 / F: (813) 875-7202



## Application for Employment

This application for Employment will remain **valid for 30 days** from the date received. It will be reviewed for any open position available during this time frame. After 30 days have passed, a new application must be submitted for consideration for all open positions.

**Note:** The Employee Polygraph Protection Act (EPPA) prohibits most private employers from requiring lie detector tests either for pre-employment screening or during the course of employment, subject to certain exceptions. In addition, more restrictive State laws may apply.

Applicant Information			
Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>Zip Code</i>
Phone:		Email:	

A number of different tools and pieces of information are considered as you go through the employee selection, offer and post-offer processes. You may come in contact with **some or all** of the following:

**Employment Application:** Complete all sections which pertain to you, sign and date. A resume may be required but it is not a substitute for completing this Application for Employment ("Application"). By signing the Application, you authorize Jason's Hauling Inc to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.

**Employment Interviews:** Several personal and/or telephone interviews may be conducted with you in order to obtain more detailed information regarding your background and qualifications. Jason's Hauling Inc complies with the Americans with Disabilities Act Amendments Act of 2008 (ADAA). During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a Post-Job offer medical history questionnaire and/or undergo a medical examination. If required, new employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**Employment Eligibility Verification (Form I-9):** This form is required by the US Citizenship and Immigration Services (USCIS). If you are hired, this form will be used to verify your identity and right to work in the United States.

**Employment Testing:** Various tests may be administered to measure your aptitude in job-related areas. While most tests are short, some exams administered to management level candidates may take several hours.

**Test for Evidence of Substance Abuse:** This may be a urine or saliva test for abusive levels of any chemical substance.

**Reference Check:** Former employers and educational references are verified prior to an offer of employment.

**Records Check:** There may be verification and information checks with the Social Security Administration, criminal courts, federal, state and county repositories of criminal records, Department of Motor Vehicles and credit bureaus.

**Physical Examination:** During this interview, you may be asked questions concerning your Application, any current involvement with illegal drugs, any prior felony or misdemeanor convictions\*, any adverse information from prior employers, and other related matters.

*\*Note: Answering "Yes" to questions regarding prior misdemeanor felony convictions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

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**Equal Opportunity Employer / Drug-Free Workplace:** Jason's Hauling Inc is an Equal Opportunity Employer. Jason's Hauling, Inc. adhere to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, medical condition, marital status, citizenship status, disability or uniformed service member status. Jason's Hauling, Inc. has a Drug Free Workplace Policy in effect that is adhered to the employment packet.

**Please answer all questions. Resumes are not accepted in place of Application. Please print.**

Note: This application is designed to be used for several types of job openings. Some questions may not be applicable to the position you are seeking. If so, please indicate "Not Applicable".

Position applying for:	<b>DRIVER</b>	Date you are available:	
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call			
Are you willing to work overtime as necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Only US Citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the US and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony: <input type="checkbox"/> Yes* <input type="checkbox"/> No			
If Yes, give dates and explain below. <i>*Note:</i> Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. <i>Dates and Explanations:</i>			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No • If No, please state your age:			
Have you even employed by Jason's Hauling Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No • If Yes, state dates of employment, location and position title:			
Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No • If Yes, please explain circumstances and provide dates:			
How many days were you absent from work during the past two years for reasons other than for paid holidays and vacation? • Year _____ No. of days absent: _____ • Year _____ No. of days absent: _____ Comments:			
Please explain any gaps in your employment history:			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No • If No, please explain:			
How did you about this position? (Please <i>specify</i> the name of the source, agency, etc.)			
<input type="checkbox"/> Internet: _____	<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Employment Agency: _____	
<input type="checkbox"/> Job Fair: _____	<input type="checkbox"/> School/College: _____	<input type="checkbox"/> Employee Referral: _____	
<input type="checkbox"/> Other: _____			

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Name of School (Last School First)	City / State	# Years Attended	Field of Study	Diploma / Degree

**Employment Record:** List your present and prior employers in chronological order with the present or last employer first. If self-employed, give firm name and provide business references.

<b>Employer:</b>	Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting : _____ Ending: _____
Employer Address:	City/State/Zip Code:	Phone Number:
From:	To:	Position Held:
Work Performed:		
Reason for Leaving:		

<b>Employer:</b>	Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting : _____ Ending: _____
Employer Address:	City/State/Zip Code:	Phone Number:
From:	To:	Position Held:
Work Performed:		
Reason for Leaving:		

<b>Employer:</b>	Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting : _____ Ending: _____
Employer Address:	City/State/Zip Code:	Phone Number:
From:	To:	Position Held:
Work Performed:		
Reason for Leaving:		

<b>Employer:</b>	Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting : _____ Ending: _____
Employer Address:	City/State/Zip Code:	Phone Number:
From:	To:	Position Held:
Work Performed:		
Reason for Leaving:		

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**Special Skills and Qualifications:** Summarize special job-related skills or qualifications, including licenses and certificates (please give registration number, state and expiration date) acquired from employment or other experiences, which relate to the job to which you are applying.

Skill / Qualifications:

License/Certificate No.:	State:	Exp. Date:
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Skill / Qualifications:

License/Certificate No.:	State:	Exp. Date:
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Skill / Qualifications:

License/Certificate No.:	State:	Exp. Date:
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In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No • If Yes, identify names and relevant dates below.

List any relatives who are currently employed by the Company:

Name:	Relationship:
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Name:	Relationship:
-------	---------------

Name:	Relationship:
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**References:**

Give name, address, telephone number and company name of three **professional references** who are not related to you, but **are** previous employers

Name	Address	Telephone Number Include Area Code	Company Name

Give name, telephone number and company name of three **character references** not related to you.

Name	Telephone Number Include Area Code	Company Name

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**Application for Employment  
Applicant Statement and Agreement**

I, undersigned Applicant, hereby state that all information provided by me on this Application for Employment ("Application"), as well as any other documents completed in connection with my Application, including interviews, is true and accurate. I have withheld nothing that, if disclosed, would affect this Application unfavorably. I understand that any false, misleading or omitted information given in my Application, interview(s), or any other document or statement may result in disqualification from employment, or termination from employment if discovered after hire.

I authorize Jason's Hauling Inc to investigate my background and all statements contained in this Application as may be necessary in arriving at an employment decision, including contacting the employers, educational institutions, and persons listed previously, as well as law enforcement agencies, credit institutions, or other persons having personal knowledge about me. I hereby release and hold harmless my current and former employers, their agents, employees, and representatives, educational institutions, persons and organizations named in this Application or accompanying resume, as well as other individuals who release information to Jason's Hauling Inc in this regard from all liability on account of furnishing such information to Jason's Hauling Inc and/or their agents.

I further understand that Jason's Hauling Inc may obtain public records about me as part of a background investigation.

*Check box if applicable:* I agree to waive any right I may have to receive a copy of such public records.

I authorize my previous employers to disclose to the Jason's Hauling Inc all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Jason's Hauling Inc, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

*Check box and provide information below if applicable:* I request the employer(s) below not be contacted:

Employer(s) not to be contacted: \_\_\_\_\_

Reason for no contact: \_\_\_\_\_

**Drug-Free Workplace Program**

I understand that Jason's Hauling Inc reserve the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine, and/or saliva samples (as well as blood or breathe samples where applicable and as allowed by law) as requested for the purpose of determining the presence of drugs and/or alcohol, if any. I authorize the release of all medical information obtained during the examination and testing procedure to Jason's Hauling Inc. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon the passing of a physical examination and satisfactory drug testing. I understand that should I decline to sign this consent or take any of the above tests, my Application may be rejected or my employment may be terminated.

**Bonding**

I understand that bonding may be a condition of hire. If it is, I will be advised either before or after hiring and a bond application will have to be completed.

**AT-WILL Employment**

If this Application is accepted, I understand that my employment and compensation is terminable AT-WILL, is for no definite period, and my employment may be terminated by Jason's Hauling Inc, or me at any time and for any reason whatsoever, with or without cause or notice.

In the event of my employment by Jason's Hauling Inc, I will comply with all rules and regulations of Jason's Hauling Inc. I understand that if I am hired, I will be subject to a ninety (90) day introductory period.

***I certify that all information contained in this Application for Employment is true and accurate to the best of my knowledge and belief; and I have read, understand, and agree to be legally bound to all of the terms in the Applicant Statement and Agreement.*** If any term, provision, or portion of this Statement and Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## PREVIOUS EMPLOYMENT VERIFICATION

### DOT (Department of Transportation) Questionnaire

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ hereby authorize Jason's Hauling Inc to verify employment for the purpose of qualifying me to drive a commercial motor vehicle as required by the US Department of Transportation and Federal Motor Carrier Safety Regulations, Parts 382, 391, 391 and 49 CFR Part 40. You are hereby released from any and all liability that may result furnishing such.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Dates of Employment / From: \_\_\_\_\_ To: \_\_\_\_\_
2. Name of person providing information: \_\_\_\_\_ Title: \_\_\_\_\_
3. Representative's Phone Number: \_\_\_\_\_
4. Name of Interviewer: \_\_\_\_\_ (Safety Director)

### WORK HISTORY:

Was former employee a safe & efficient driver?  Yes  No

Was former employee's conduct satisfactory?  Yes  No

Reason for Leaving:  Discharged  Resigned  Laid Off  Other

Is the former employee eligible for rehire?  
(No upon reviewing file)  Yes  No

### DRUG AND ALCOHOL QUESTIONS FOR APPLICANTS PREVIOUSLY SUBJECT TO DRUG AND ALCOHOL TESTING UNDER 49 CFR 382.

In the past three years:

1. Did the employee have alcohol test with a result of 0.04 or higher?  Yes  No
2. Did our employee have a verified positive drug test?  Yes  No
3. Did the employee refuse to be tested?  Yes  No
4. Did the employee have any other violations of DOT agency drug alcohol testing regulations?  Yes  No
5. Did a previous employer report a drug test and alcohol rule violation to you?  Yes  No
6. If you answered "Yes" to any of the above items, did the employee complete the Return-To-Duty process?  Yes  No  N/A  Unknown
7. Did the driver refuse to be tested or illegally use alcohol or a controlled substance after having completed rehabilitation referral?  Yes  No  N/A  Unknown

**Note: If the former employer answered "Yes" Item 5, he/she must provide the previous employer's report. If he/she answered "Yes" to Item 6, he/she must also transmit the appropriate Return-to-Duty documentation (ie...SAP REPORT(s), following up testing record. If he/she answered "Yes" to Item 7, he/she must provide the documentation. Have the employer fax this to you, upon receipt, fax to Jason's Hauling Inc @ (813) 875-7202.**

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**ADDITIONAL SAFETY QUESTIONS FOR TRUCK DRIVERS SUBJECT TO 49 CFR 391:**

In the past three years:

1. Did the applicant drive a truck?  Yes  No  
 If Yes, what kind? \_\_\_\_\_
2. Did the applicant have a CDL?  Yes  No  
 If Yes, what kind? \_\_\_\_\_
3. What was the employee's title? \_\_\_\_\_
4. What was the reason for termination? \_\_\_\_\_

**ACCIDENTS: Include all Accidents as defined in 49 CFR 309.5 (DOT Reportable)**

If NO Accident, check here:

If YES, please complete below:

DATE	LOCATION	NO. OF INJURIES	NO. OF FATALITIES	HAZMAT SPILL

Other comments regarding the driver's safety and performances:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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