



**WILDERNESS
GARBAGE
& RECYCLING
SERVICE**

51420 RUSSELL ROAD
P.O. BOX 2669
LAPINE, OREGON 97739
Phone 541.536.1194
Fax 541.536.9507
www.wildernessgarbage.com

APPLICATION FOR EMPLOYMENT

As equal opportunity employers, we are dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, gender, national origin, religion, marital status, sexual orientation, political belief or disability or any other basis prohibited by State of Oregon, federal or local law. Our companies provide reasonable accommodation for persons with disabilities.

Note: Provide all the requested information on this application, even if it duplicates information on a submitted resume.

Applied for Position(s) _____ Today's Date _____

PERSONAL DATA

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____ Check if 18 years of age or older

Have you ever previously applied with or worked for us? Which company & when? _____

How were you referred to this company? _____

AVAILABILITY Date available to start work _____

- I am available to work full time; any restrictions on my hours and days are noted below.
- I am available to work part time; any restrictions on my hours and days are noted below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X if no restrictions							
If restricted, note hours (from when to when) you are able to work							

EDUCATION - SPECIAL SKILLS AND QUALIFICATIONS

In addition to your work history, note other experiences, specific skills or qualifications you possess that are relevant to the applied for position(s), including military service assignments, self-employment, temporary jobs, volunteer activities, educational course work, degrees or certification. **Note:** Include applicable dates and contact persons for verification.



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WORK EXPERIENCE

Note: List your current/most recent employment first.

May we contact your current employer? Yes No

Employer	City & State	Telephone	Supervisor Name/Title
Position & Duties/Responsibilities		Dates of Employment From To	Reason for Leaving
Employer	City & State	Telephone	Supervisor Name/Title
Position & Duties/Responsibilities		Dates of Employment From To	Reason for Leaving
Employer	City & State	Telephone	Supervisor Name/Title
Position & Duties/Responsibilities		Dates of Employment From To	Reason for Leaving
Employer	City & State	Telephone	Supervisor Name/Title
Position & Duties/Responsibilities		Dates of Employment From To	Reason for Leaving

OTHER

Can you perform the essential functions, with or without accommodation, of the job(s) for which you are applying? **Note:** Review the applicable job description(s).

CERTIFICATION, RELEASE & SIGNATURE

Note: Read the following statements carefully before signing. Only a signed and dated application is considered valid. If you have any questions regarding these statements, please ask before signing.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application or if hired, termination of employment.

I understand that consideration for employment is contingent on the results of reference and background checks and that employment is subject to negative urine test results that detect drug or alcohol usage and I hereby submit to such testing.

I authorize the Company to investigate the truthfulness of all statements made on this application and to contact my former employers, or any other persons who can verify information. I further authorize the Company to discuss the results of any investigation with all of their employees who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for employment and I release each such persons and former employers from liability for providing such information.

Signature

Date

Federal law requires that all persons hired submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time will result in employment termination.

This application is valid for only two (2) years from the date signed.
(To be considered for job openings more than two (2) years from the date signed, submit a new application.)



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APPLICATION FOR EMPLOYMENT - SUPPLEMENT

Our mission is to provide the finest waste disposal and recycling services.

This is a people business with customer satisfaction as a primary goal. How can you contribute to our mission and this goal?

Why do you want this job and how does it fit in with your future plans?

What did you like best about your last job?

What did you like least about your last job?

Think back to the supervisors you have had in the past. Which one did you like best and which did you dislike, and why?

What makes you angry?

Who is primarily responsible for your safety?

What do you think should be done about an employee who does not seem to be doing a fair share of the work?

How would you define a productive work atmosphere?
