

# Kahut Waste Services, LLC

P.O. Box 550  
Canby, OR 97013  
www.kahutwasteservices.com  
Employer at Will

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Addresses \_\_\_\_\_  
(Past 3 years)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes  No  
Are you over the age of:  18  21 Date of birth \_\_\_\_\_ (Answer only if applying for driving position)  
Position Applying for: \_\_\_\_\_ Expected Rate of Pay: \$ \_\_\_\_\_ / hr  
Have you ever applied with this company before?  Yes  No When? \_\_\_\_\_  
Have you ever worked for this company before?  Yes  No When? \_\_\_\_\_  
Names of relatives working for this company: \_\_\_\_\_  
Reffered by: \_\_\_\_\_

EDUCATIONAL BACKGROUND			
Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

MILITARY STATUS			
Branch	Date From	Date To	Rank at Discharge

**EXPERIENCE AND QUALIFICATIONS**

Drivers Licenses	State	License #	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No  
 Has a license, permit, or privilege ever been suspended or revoked?  Yes  No

**ACCIDENT/TRAFFIC CONVICTIONS RECORD**

(Past 3 years if none, write none)

Date	Nature of Accident/Conviction	Location	Injuries/Fatalities

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
WAS YOUR JOB DESIGNATED AS A SAFTEY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
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CONTACT PERSON		PHONE #	REASON FOR LEAVING	
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WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

\* The Federal Motor Carrier Safety Regulations (FMCSR'S) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PERSONAL REFERENCES (other than relatives)			
NAME	ADDRESS	PHONE	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY		
NAME	ADDRESS	PHONE

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

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