

Western Disposal Services, Inc
 9701 Lona Lane NE · Albuquerque, NM 87111
 505-450-7671 · Fax 505-797-9420

Application for Employment

Applicant name:	
Date of birth:	Social Security #:
Current address:	
Phone:	Email:

Residence for the last 3 years

Address, City, State, Zip	How long?

Experience and Qualifications

MAKE A PHOTO COPY OF DRIVERS LICENSE AND MEDICAL CERTIFICATE				
List the states and license numbers of all licenses held for the past 3 years.				
State	License #	Expiration Date	Class	Endorsements

Driving Experience

List the states and license numbers of all licenses held for the past 3 years.				
Equipment class	Type of Equip: Van, Flat, Tank, etc	Start Date	End Date	Approx. Total Miles
Straight truck				
Tractor semi trailer				
Tractor with doubles				
Tractor with triples				
Tractor with tank				

Accidents/Crashes for the past 3 years

Date	Nature of Accident (Backing, head-on, rollover, turning, etc)	Fatalities	Injuries

Moving traffic convictions and forfeitures for the past 3 years

Date of Conviction	Offense	Location	Type of Motor Vehicle

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes [] No []**

B. Has any license, permit or privilege ever been revoked? **Yes [] No []**

If yes to above, attach statement with details.

Western Disposal requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be tested for controlled substances with a negative result prior to driving.

Do you consent to such testing? **Yes [] No []**

Employment Record

All positions for the past 3 years and commercial Driving Experience for past 10 years

Last Employer: _____

Position Held: _____ CDL [] Start date: _____ End Date: _____

Were you subject to DOT regulations? Yes [] No [] Were you subject to drug testing? Yes [] No []

Address: _____ City: _____ State: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Last Employer: _____

Position Held: _____ CDL [] Start date: _____ End Date: _____

Were you subject to DOT regulations? Yes [] No [] Were you subject to drug testing? Yes [] No []

Address: _____ City: _____ State: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Last Employer: _____

Position Held: _____ CDL [] Start date: _____ End Date: _____

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Position Held: _____ CDL [] Start date: _____ End Date: _____

Were you subject to DOT regulations? Yes [] No [] Were you subject to drug testing? Yes [] No []

Address: _____ City: _____ State: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

Date