

Wantz Distributors, Inc.

11743 Hopewell Road, Hagerstown, MD 21740
(301)733-3131 w FAX (301)797-7634

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE"
2. Complete both pages of this form.
3. If more space is needed to complete any question, use the back of the application.
4. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE _____

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # _____

HOME PHONE _____

CURRENT ADDRESS _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying ?

What date can you start ? _____ What category would you prefer? Full Part-Time

EDUCATION

Highest grade completed.

NAME	CITY/ STATE	DATES	GR ADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY

List states and counties of residence for the past seven years.

Have you used any names or Social Security #'s other than those listed on this page? If yes list:

Have you been convicted of a felony or misdemeanor and/or served time in the past seven years? If yes, list on back charge/state.

(In accordance with the company policy this information will be reviewed for job relatedness and time since last conviction)

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid driver's license? DL# _____
TYPE _____ STATE OF ISSUE _____

Have you been given job description or had the requirements of the job explained to you? YES NO

Do you understand these requirements? YES NO

Can you perform the requirements of this job with or without reasonable accommodation? YES NO

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER		you currently working for this employer?		If yes, may we contact?	

COMPANY NAME		CITY	STATE	PHONE NUMBER	
TO	FROM				
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME		
PER					
SALARY	HOUR, WEEK, MONTH		REASON FOR LEAVING		

COMPANY NAME		CITY	STATE	PHONE NUMBER	
TO	FROM				
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME		
PER					
SALARY	HOUR, WEEK, MONTH		REASON FOR LEAVING		

COMPANY NAME		CITY	STATE	PHONE NUMBER	
TO	FROM				
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME		
PER					
SALARY	HOUR, WEEK, MONTH		REASON FOR LEAVING		


REFERENCES

NOTE: Someone Who is not a relative

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

COMMENTS

CERTIFICATION OF RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize **Waste Distributors, Inc.** and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and  vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE

ADDITION:

18	16	8	14
<u>12</u>	<u>14</u>	<u>9</u>	<u>17</u>

MULTIPLICATION:

4	8	6	8
<u>7</u>	<u>0</u>	<u>9</u>	<u>7</u>

ADDITION:

894	9.32	14.92	8.21
421	18.46	8.41	9.87
913	94.79	9.11	6.43
<u>817</u>	<u>18.21</u>	<u>8.49</u>	<u>9.21</u>

MULTIPLICATION:

14.10	9.35	9.41	13.30
<u>46</u>	<u>23</u>	<u>.03</u>	<u>29</u>

COUNTING THE FOLLOWING:

XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX
X
XXXXXXXXXX

XXXXXX
X X XX
X X XX

X X X X

X O XO X
XO X O
X X O O O

O XXX O

How many X's _____

How many X's _____

How many X's _____

How many O's _____