



Please Check the Box for the Location in which you are Applying (Town & Country- Boscobel, WI) OR (Peterson- Lone Rock, WI)

APPLICANT INFORMATION

Last Name			First			M.I.	Date		
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Social Security No.				Birthdate (mm/dd/yy)					
Date Available				Desired Salary	\$				
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION

High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

SKILLS <small>(PLEASE LIST ANY SKILLS YOU HAVE THAT ARE APPROPRIATE FOR THE POSITION YOU ARE APPLYING FOR)</small>

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>
<p>Signature _____ Date _____</p>

OFFICE USE ONLY:
Date of Interview: _____
Background Check: Pass / Fail DL Check: Pass / Fail
Position Hired: Garbage Driver / Roll-Off Driver / Semi Driver / Thrower / Other _____
Start Date: _____

Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

Town & Country Sanitation

104 Park St

PO Box 7

Boscobel, WI 53805

Peterson Sanitation

104 Park St

PO Box 276

Boscobel, WI 53805

Name and Address of Insurance Agent:

Coverra Insurance Services

535 Industrial Dr.

Sparta, WI 54646

This authorization shall continue in effect until revoked, in writing, by the undersigned.

Date: ____/____/____

Signature: _____

Printed Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Drivers License Number: _____-____-____-____

Date of Birth: ____/____/____

Pre-Employment Screening

I, _____, hereby authorize the release of the following information to Town & Country Sanitation, Inc. /Peterson Sanitation Inc. for purposes of investigation of my background, driving record, pre-employment drug screen and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Town & County Sanitation, Inc. / Peterson Sanitation, Inc. will utilize _____ and outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Full Name of Applicant and or Employee (*Print*):

Last Name _____ *First Name* _____ *Middle Name:* _____

Driver's License #: _____

Driver's License Expiration Date (*mm/dd/yy*): _____

Driver's License Class: _____

Date of Birth: (*mm/dd/yyyy*): _____

Social Security #: _____

Applicant and or Employee's Signature: _____

Date Signed: _____

OFFICE USE ONLY:

Background Check: Pass / Fail

DL Check: Pass / Fail

Drug Screen: Pass / Fail

NOTES: