

APPLICATION FOR EMPLOYMENT

GMCOS is a Drug-Free Employer



Green Mountain Cleanout Services is an equal opportunity employer. The Company does not discriminate on the basis of age, race, color, religion, sex, ancestry, creed, national origin, individuals with disabilities, marital status, sexual and affection preferences, or any other type of discrimination prohibited by any local, state or federal law.

Application must be completed in full to be considered for employment. Please print clearly.

POSITION APPLIED FOR: _____ () Full-time () Part-time DATE: _____

HOW DID YOU LEARN ABOUT US? _____ REFERRED BY: _____

APPLICANTS

NAME: _____ (Please Print)

LAST

FIRST

MIDDLE

SOCIAL SECURITY #: _____ TELEPHONE: _____ CELL: _____

CURRENT

ADDRESS: _____

STREET UNIT # CITY STATE ZIP

HOW LONG HAVE YOU LIVED THERE? _____ E MAIL ADDRESS _____

YEARS/MONTHS If less than 5 years at the current address:

PREVIOUS

ADDRESS: _____

STREET UNIT # CITY STATE ZIP

HOW LONG DID YOU LIVE THERE? _____

YEARS/MONTHS HAVE YOU EVER WORKED FOR GMCOS? () YES () NO

IF YES, GIVE DATES AND POSITIONS: _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY GMCOS? () YES () NO

IF YES, PLEASE COMPLETE:

NAME

RELATIONSHIP

HAVE YOU EVER USED ANOTHER NAME? () YES () NO IF YES, NAME USED: _____ IS

THERE ADDITIONAL INFORMATION RELATIVE TO A CHANGE OF NAME, OR NICKNAME,

NECESSARY TO ENABLE A BACKGROUND, WORK, AND EDUCATIONAL RECORD CHECK?

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PLEADED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A MISDEAMEANOR OR FELONY? () YES () NO IF YES, PLEASE GIVE DATE(S) AND

DETAILS: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. THIS DOES NOT INCLUDE MINOR TRAFFIC INFRACTIONS, AND CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED, ANY CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED, REFERRALS TO AND PARTICIPATION

APPLICATION FOR EMPLOYMENT
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IN ANY PRETRIAL OR POST TRIAL DIVERSION PROGRAMS, AND MISDEMEANOR MARIJUANA RELATED OFFENSES THAT OCCURRED OVER TWO (2) YEARS AGO.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? () YES () NO

IF YES, PLEASE EXPLAIN:

MAY WE CONTACT YOUR CURRENT EMPLOYER?: () YES () NO

IF NO, PLEASE EXPLAIN:

IS THERE ANYTHING YOU WISH TO AVOID IN A NEW JOB?

RECORD OF PREVIOUS EMPLOYMENT

PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIOD OF UNEMPLOYMENT. IF SELF-EMPLOYED, DESCRIBE BUSINESS AND SUPPLY BUSINESS REFERENCES. ADD ADDITIONAL PAGE IF NECESSARY. COMPENSATION SECTION MUST BE COMPLETED. PLEASE COMPLETE IN FULL FOR MINIMUM PAST FOUR EMPLOYERS.

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

FROM: _____ MONTH/YEAR TO: _____ MONTH/YEAR

COMPENSATION:

START: \$ _____ FINAL: \$ _____

BONUS OR INCENTIVE: \$ _____

YOUR TITLE OR POSITION: _____

REASON FOR LEAVING: _____

APPLICATION FOR EMPLOYMENT
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PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

FROM: _____ MONTH/YEAR TO: _____ MONTH/YEAR

COMPENSATION:

START: \$ _____ FINAL: \$ _____

BONUS OR INCENTIVE: \$ _____

YOUR TITLE OR POSITION: _____

REASON FOR LEAVING: _____

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

FROM: _____ MONTH/YEAR TO: _____ MONTH/YEAR

COMPENSATION:

START: \$ _____ FINAL: \$ _____

BONUS OR INCENTIVE: \$ _____

YOUR TITLE OR POSITION: _____

REASON FOR LEAVING: _____

APPLICATION FOR EMPLOYMENT
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PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

FROM: _____ MONTH/YEAR TO: _____ MONTH/YEAR

COMPENSATION:

START: \$ _____ FINAL: \$ _____

BONUS OR INCENTIVE: \$ _____

YOUR TITLE OR POSITION: _____

REASON FOR LEAVING: _____

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

EMPLOYED:

FROM: _____ MONTH/YEAR TO: _____ MONTH/YEAR

COMPENSATION:

START: \$ _____ FINAL: \$ _____

BONUS OR INCENTIVE: \$ _____

YOUR TITLE OR POSITION: _____

REASON FOR LEAVING: _____

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PLEASE EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY:

PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU MAY HAVE THAT YOU BELIEVE TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE US? (PROOF OF IDENT-ITY AND LE GAL AUTHORITY TO WORK IN THE U.S. IS A CONDITION OF EMPLOYMENT)

YES NO.

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? YES NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU BOUND BY PROVISIONS OF A NON-COMPETE, PROPRIETARY, OR CONFIDENTIALITY AGREEMENT? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? YES NO

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST THREE YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?

YEAR NUMBER OF DAYS

YEAR NUMBER OF DAYS

YEAR NUMBER OF DAYS

EDUCATION

	<i>Years Completed</i>	<i>Diploma/ Degree</i>	<i>Describe Course of Study/Major</i>	<i>School Name</i>
High School				
College/University				
Graduate or Professional				
Trade or Correspondence				
Other				

PERSONAL REFERENCES

Please list persons who know you well who are not previous employers or relatives.

<i>Name</i>	<i>Occupation</i>	<i>Address</i>	<i>Telephone #</i>	<i># of years known</i>

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS FILLED OR FOR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

I certify that all of the information I have provided on this application is true and accurate.

Signature of Applicant

Date

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APPLICANT'S ACKNOWLEDGMENT AND AGREEMENT

In the event of my employment with GMCOS ("Employer"), I will comply with all rules and regulations of GMCOS ("Employer"). I hereby state that all the information I provided on this application or any other documents completed in connection with my employment application, and in an interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, my employment may be terminated. I understand and agree that, as a condition of employment, I may be required to sign a non-compete agreement and/or a conflict of interest statement.

If hired, I agree as follows: My employment and compensation is terminable at-will and is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding the length of my employment, and the reasons for termination of employment. This agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the Hiring Management of the Company. No supervisor or representative of the Employer, other than the Hiring Management, has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this agreement.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I further release GMCOS, the client to which I am assigned, and their agents from any liability as a result of such contacts and in connection with obtaining any credit and background checks. Should a credit report be requested, I understand and agree that a separate authorization form will be utilized, as required by law. If required by law, a copy of this report will be provided for me. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that the Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon my passing of a physical examination and a test for the presence of alcohol or drugs in my system, to be performed by a doctor selected by Employer. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that GMCOS will stand by its drug-free work environment and violating this policy will result in immediate termination. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and I will complete a bond application.

I also agree to undergo random, fitness for duty, return to work, and reasonable suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination. I understand that this company hires only U.S. citizens or individuals who are legally eligible to work in the United States. This application is current for ninety (90) days. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, it will be necessary for you to complete a new application.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ACKNOWLEDGMENT AND AGREEMENT, PLEASE ASK AN EMPLOYER REPRESENTATIVE BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

I hereby acknowledge that I have read the above acknowledgment and agreement and understand the same.

X _____
Signature of Applicant Date Print Name

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