



BFI Incorporated

Application for Employment



Rev. 02/11/2009

Please print in ink (preferably black) or use typewriter

Confidential Document for the use of applying for employment at BFI Incorporated and Its subsidiaries Only.

Employees of BFI, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by simply asking a PestRite representative.

Position applied for _____
(one per application)

Drivers License State Number Expiration Date (Note: Completion of number three is not optional. Failure to submit a social security number on this form will be required prior to employment).

Social Security No. _____

Full legal name Last First Middle Home Phone () _____

Address _____ Cell Phone () _____

City State Zip E-mail Address _____

EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
1. _____				
2. _____				
3. _____				

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE — You must not leave any gaps of history for employment for the past 5-7 years. Please list any expertise, talents or experience you may have that will help us to make a knowledgeable decision for your employment. May we contact your current employer? Yes No

Employer _____ Duties: _____
Job Title _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _ Part-time _ Hours/week ____ Your name if different from present _____

Employer _____ Duties: _____
Job Title _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Salary (start) _____
Dates (mo/yr) _____ to (mo/yr) _____ Dates (mo/yr) _____
Full-time _ Part-time _ Hours/week ____



BFI Incorporated



Employer _____ Duties: _____
 Job Title _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Salary (start) _____
 Dates (mo/yr) _____ to (mo/yr) _____ Dates (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

Typing speed _____ Words per minute. Shorthand speed _____ words per minute

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

MISCELLANEOUS

- Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- Check which job status you will accept: Full-time Part-time (specify) _____
- Are you willing to accept employment, which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- List the geographic locations in which you are willing to work. If anywhere in Colorado, write "all" _____
- Do you understand that you will be required to provide your own transportation to and from work? Yes No.
 For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- Have you ever been convicted of any violation(s) of law, including moving traffic violations? Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)
 *Convictions include any juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you fourteen (14) to eighteen (18) when charged.
 Additional Explanation: _____

14. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

15. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment at BFI, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize BFI, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____



BFI Incorporated



How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)
- Internet
- Head Hunter

*specify name of newspaper or other media

Supplementary Experience Form

If you have provided a detailed resume' there is no need to complete this section of the application.

Employer _____ **Duties:** _____

Job Title _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Salary (start) _____

Dates (mo/yr) _____ to (mo/yr) _____ Dates (mo/yr) _____

Full-time _____ Part-time _____ Hours/week _____ Part-time _____

Employer _____ **Duties:** _____

Job Title _____

Address _____

_____ Phone _____

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_____ Phone _____

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Full-time _____ Part-time _____ Hours/week _____ Part-time _____