



GOODE TRASH REMOVAL, INC.
6305 Ivy Lane, Suite 720 ~ Greenbelt, MD 20770

NON-CDL APPLICATION

Must be completely filled out and dated.

Please provide the following items with the completed application: **STATE ID CARD**

Last Name		First	Middle Initial	Date of Birth? MM/DD/YY	Application Date
Current Street Address			Home/Cellular Telephone	Business Telephone	
City, State, Zip				E-mail Address	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: MM/YY _____ Location: _____					
Were you previously employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Date(s) _____ Department/Position: _____					
Are you able to get to work by 5:00am, or earlier if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Desired				Pay Expected	
Apart from absence for religious observance, are you available for full-time work?				Will you work overtime if ask? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?				When will you be available to begin work?	
Other special training or skills (languages, machine operation, etc.)					

School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma	Did you Graduate?
College					
Business/Trade/Graduate Technical					
High School					

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Note: All applications will be discarded after 90 days of application date.

02/06



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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Background checks are performed on all applicants. Please provide the telephone number and the address for your previous employers. Our inability to verify the past employment information may hinder or delay processing of your application. Use an additional sheet of paper if necessary.

1	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State MM/YY) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed Above unless you indicate those you Do not want us to contact.	DO NOT CONTACT Employer Number(s) _____ Reason _____
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The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

What was your previous address?

Have you had any moving violations within the last three years? If so, Please explain: Please provide dates and violation.

Have you been convicted of a crime in the **past ten years**, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If "Yes", describe in full. _____

1	<u>State names of relatives and friends working for us, other than your spouse.</u>
2	
3	

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date _____ Signature



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FOR EMPLOYER'S USE ONLY

REFERENCE	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULT	Tests Administered	DOT'S Physical	Drug and Alcoholic Rating	Analysis and Comments

INTERVIEW	Interviewer Name and Comments	

Date of Interview

Interviewer Signature