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Date: Social Security Number:

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Last Name: First Name: Middle Initial:

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Street Address:

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City: State: Zip Code:

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Phone with Area Code: Cell:

**Are you interested in:**

 YES NO

Full-time Permanent Work

Part-Time Work

Intermittent Work

**Miscellaneous:**

*The following information will be used ONLY if it is directly related to the classification/position for which you are applying.*

 YES NO

1. Do you have a valid driver’s license?
2. If necessary, can you supply your own transportation for work use?
3. Can you perform the job-related requirements of the specific job for

which you are applying?

If you have answered “NO” to any questions above please explain full below, indicating by number to which question you are responding.

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**Education:**

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Total number of years of education, including primary school:

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Highest academic degree of level attained:

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Name and address of school, college, or university where degree attained. If no degree, last school attended:

**Experience:**

In the areas below, please fill in or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment. NOTE: A resume may not be used as a substitute for completing this page.

**Employment History**

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Employer's Name and Address:

Dates of Employment: From To

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Position (Job title/Classification)

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Name and Title of Supervisor

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Duties performed

Ending Salary

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Reason for Leaving

Employer's Name and Address:

Dates of Employment: From To

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Position (Job title/Classification)

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Name and Title of Supervisor

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Duties performed

Ending Salary

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Reason for Leaving

Employer's Name and Address:

Dates of Employment: From To

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Position (Job title/Classification)

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Name and Title of Supervisor

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Duties performed

Ending Salary

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Reason for Leaving

**PERSONAL REFERENCES**

List three references, excluding former employers and relatives, this agency has permission to contact. Phone numbers MUST be included

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1. Name: Occupation:

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Address: Phone Number:

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1. Name: Occupation:

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Address: Phone Number:

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1. Name: Occupation:

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 Address: Phone Number:

**APPLICANT'S AGREEMENT**

I understand that any false information, omission, or misrepresentation of fact provided in this application may result in rejection of my application or termination at any time during my employment. I understand that, as a condition of initial or continued employment, I agree to submit to examinations, including medical, or substance testing as may be required by WASCO Inc.

I authorize WASCO Inc. and/or its agents including consumer reporting bureaus, to verify any of the information I have provided by researching appropriate information and record sources. I understand WASCO Inc. will contact the three personal references and three employment references listed in this application. I authorize all employers (unless noted in employment history), persons, schools, companies, law enforcement authorities and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

I confirm that I meet all the minimum qualifications as stated on the job posting(s) for the positions(s) for which I am applying.

I understand and agree that as a condition of employment, I will meet and maintain all required standards of my position which involve certification, registration, licensure, and training.

I grant permission to have this application and enclosures duplicated and to be distributed to WASCO's employees responsible for initial screening, interviewing, and recommending applicants for employment and to employees responsible for personnel records and reports.

I understand that my completing this application, I am not assured of an interview or position.

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Signature of Applicant Date

**DRIVER'S ABSTRACT FORM**

*Release of Personal Information Notarized Written Consent Form*

I, authorize the State Bureau of Motor Vehicles in which my driver's license issued and all Clerk of Courts Title Offices to release my personal information: name, address, date of birth, driver's license information and records pertaining to my driver's license, vehicle registration, and Certificate of Title to WASCO, Inc. and their insuring agent.

I understand that this release constitutes consent for my records to be released annually to update my personnel information for as long as I am employed with the WASCO, Inc.

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Name: Date of Birth:

Street Address: City: State: Zip Code:

Social Security #:

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Driver's License #: Expiration:

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Signature: Date

The foregoing person came before me on the day of ,

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Notary

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Printed Name

EMPLOYMENT REFERENCE FORM

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NAME OF REFERENCE:

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REFERENCE ADDRESS:

I, , hereby authorize the above named individual or agency to

release the information requested below to serve as a reference for employment.

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Date

Applicant’s Signature

***APPLICANT***: Do **NOT** proceed below this line.

 Fill in information above and return this page with your application.

 Personnel Department Date

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| **PLEASE CHECK THE APPROPRIATE RATING:** | **Excellent Good Fair Poor** |
| Character: integrity, dependability, honesty Adaptability: adjust well, flexibilityMental alertness: grasps points, responsive Teamwork: cooperative, sense of team concept Attendance: regular in attendancePunctuality: for work and return from breaks Knowledge of subject matterOrganization of work: daily planning Professional growth: course work taken |           |           |           |           |

How long have you known the applicant?

What was your professional association with the applicant? Applicant's Employment Dates: From to

 If you were in a position to employ this applicant, would you consider hiring him/her?

Name of Person Completing Form Position Date

Office Use Only:

Date Mailed: Date Received:

Date Called:

EMPLOYMENT REFERENCE FORM

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NAME OF REFERENCE:

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REFERENCE ADDRESS:

I, , hereby authorize the above named individual or agency to

release the information requested below to serve as a reference for employment.

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Date

Applicant’s Signature

***APPLICANT***: Do **NOT** proceed below this line.

 Fill in information above and return this page with your application.

 Personnel Department Date

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| **PLEASE CHECK THE APPROPRIATE RATING:** | **Excellent Good Fair Poor** |
| Character: integrity, dependability, honesty Adaptability: adjust well, flexibilityMental alertness: grasps points, responsive Teamwork: cooperative, sense of team concept Attendance: regular in attendancePunctuality: for work and return from breaks Knowledge of subject matterOrganization of work: daily planning Professional growth: course work taken |           |           |           |           |

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Date Called:

EMPLOYMENT REFERENCE FORM

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NAME OF REFERENCE:

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REFERENCE ADDRESS:

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Date

Applicant’s Signature

***APPLICANT***: Do **NOT** proceed below this line.

 Fill in information above and return this page with your application.

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Office Use Only:

Date Mailed: Date Received:

Date Called: