BAXTER ENVIRONMENTAL GROUP, INC.

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EMPLOYMENT APPLICATION

Rev. 07/27/2022

Baxter Environmental Group, Inc. is an Equal Opportunity and Affirmative Action Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

DATE: _____ POSITION APPLIED FOR: _____

HOW DID YOU HEAR ABOUT US? _____

APPLICANT NAME: _____
(Last) (First) (Middle)

CURRENT ADDRESS: _____
(Street) (City) (State & Zip Code)

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

CONTACT TELEPHONE NUMBER(S): _____

EMAIL ADDRESS : _____

PREVIOUS THREE YEARS RESIDENCY

_____ # YEARS _____
(Street) (City) (State & Zip Code)

_____ # YEARS _____
(Street) (City) (State & Zip Code)

_____ # YEARS _____
(Street) (City) (State & Zip Code)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you submitted an employment application with us before? ☐ Yes ☐ No
If YES, please list date: _____

Have you been previously employed with us before? ☐ Yes ☐ No

If YES, please list dates: _____

Are you currently employed? □ Yes □ No

If YES, may we contact your current employer? □ Yes □ No □ N/A

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? □ Yes □ No

(*Proof of citizenship or immigration status will be required upon employment.)*

Date available for work: _____ Desired Employment Status: □ Full Time □ Part Time

Are you currently on "lay-off" status and subject to recall? □ Yes □ No

Can you travel if a job requires it? □ Yes □ No

Are you physically able to carry out all necessary job assignments/functions and perform them in a safe manner? □ Yes □ No

Do you suffer from mold or any allergies? □ Yes □ No

Please list all allergies: _____

DRIVER'S LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Other			

ACCIDENT RECORD FOR PAST 3 YEARS

(Attach sheet if more space is needed.)

DATES	NATURE OF ACCIDENT (Head-on, rear-end, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS?
				□ Yes □ No
				□ Yes □ No

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS

(Attached sheet if more space is needed.)

DATE CONVICTED	VIOLATION	LOCATION (STATE)	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? □ Yes □ No

If YES, please explain: _____

Has any license, permit or privilege ever been suspended or revoked? □ Yes □ No

If YES, please explain: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any of the above previous employers? ☐ Yes ☐ No

If YES, which employer? _____

Were any of the previous job positions listed above designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? ☐ Yes ☐ No

If YES, which employer? _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Indicate any foreign languages you can fluently speak, read and/or write:
_____
_____

Describe any professional, trade, or business specialized training, apprenticeship, or skills you may have or any participation in civic activities or offices you may have held:
_____
_____
_____

Describe any job-related training you may have received while serving in the United States military:
_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER #1 NAME: _____

ADDRESS: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

POSITION HELD: _____

START DATE: _____ STARTING PAY: _____

END DATE: _____ ENDING PAY: _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

_____

_

EMPLOYER #2 NAME: _____

ADDRESS: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

POSITION HELD: _____

START DATE: _____ STARTING PAY: _____

END DATE: _____ ENDING PAY: _____

REASONS FOR LEAVING: _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON:

_____

_

REFERENCES

1. FULL NAME: _____

   PHONE: _____

   RELATIONSHIP TO APPLICANT: _____

2. FULL NAME: _____

   PHONE: _____

RELATIONSHIP TO APPLICANT: _____

3. FULL NAME: _____

   PHONE: _____

   RELATIONSHIP TO APPLICANT: _____

APPICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Baxter Environmental Group, Inc. to perform all necessary background and record checks, including, but not limited to: criminal records, child abuse history clearance, federal criminal record reports and my drivers record history.

This application for employment shall be considered active for a period of not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to if applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

(NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.)

_____ _____

(Applicant's Signature) (Date)

FOR OFFICE PERSONNEL ONLY

Position(s) Considered For:

_____

Position Open? □ Yes □ No **Arrange Interview?** □ Yes □ No

Date of Interview: _____ **Interviewer Name:**

_____

Date of Hire: _____ **Starting Pay:** _____ (Hourly/Salary)