

Haul-It-Off

Roll Off Dumpsters/ Containers

7565 Theodore Dawes
Theodore, AL 36582
Phone: 251-422-7939
Haulitoff@haulitoffmobile.com

Date:	Position Applied for:	Social Security #
Name:		
Current Mailing Address:		
Phone #:	Alternative #:	Date of Birth:
Any Roll-Off Experience: _____ YES _____ NO		CDL: _____ Yes _____ No / Length of CDL: _____

Do you have legal right to with in the United States?

Are you currently employed? _____ If not, how long have you been unemployed?

Desired Rate of Pay: _____ When could you start?

When are you available to work: _____ Full Time _____ Part Time

Have you ever been convicted of a crime/felony? _____ If so when?

Have you ever failed or refused a drug and/or alcohol test? _____ Explain:

Have you ever been convicted of a DUI? _____ Explain:

Have you had any traffic violations, If so please explain: _____

List any special skills, knowledge, degrees, licenses, or training that would be helpful or required for the position you are applying for? _____

Employment History
Beginning with most recent

Company Name:	Job Title:
Address:	
Contact Person:	Phone #:
Type of Business:	
Start Date _____ End Date _____	Reason(s) for Leaving:
Duties Performed:	
May we contact this employer? _____ If no explain: _____	

Company Name:	Job Title:
Address:	
Contact Person:	Phone #:
Type of Business:	
Start Date _____ End Date _____	Reason(s) for Leaving:
Duties Performed:	
May we contact this employer? _____ If no explain: _____	

Company Name:	Job Title:
Address:	
Contact Person:	Phone #:
Type of Business:	
Start Date _____ End Date _____	Reason(s) for Leaving:

Duties Performed:
May we contact this employer? <input type="checkbox"/> If no explain: _____

FOR CDL DRIVERS ONLY
 Please fill out below or attach an MVR (Motor Vehicle Report)
 Accident Record for the Past 3 years

Dates	Nature of Accident (Side-impact, Head-on, Rear-end, etc.)	Fatalities	Injuries

References

Name	Occupation	Phone	Email

Education

Highest Education Level Completed: _____

Technical or Business School: Yes No ; If yes, name of school: _____

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment. By signing this certification, I also consent to and authorize the release of all relevant prior employment and criminal records as well as drug testing when requested, a background check, and a DMV check as deemed necessary by the employer.

Signature: _____