

**BAKERS WASTE EQUIPMENT, INC.**

**1808 NORWOOD STREET SW**

**LENOIR, NC 28645**

**PHONE- (828) 726-3001**

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

*All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Legal Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Driver's License # and Type: \_\_\_\_\_ State: \_\_\_\_\_  
(If position requires operation of a company vehicle or forklift.)

Social Security #: \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you legally eligible for employment in the United States? Yes  No  USA VISA Status, if applicable: \_\_\_\_\_

Have you ever been convicted of or are you currently under pending investigation of a crime other than a minor traffic violation?

Yes  No  If yes, please explain the circumstances: \_\_\_\_\_

Are you currently or have you ever applied for Worker's Compensation due to an accident or disability? Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

Is there any medical history that we should be aware of that might affect your performing the job requirements for which you have applied? Yes  No  If yes, please explain the circumstances: \_\_\_\_\_

Are you a veteran of the US Military? Yes  No  If yes, what branch? \_\_\_\_\_

Have you ever worked for Baker's Waste Equipment before? Yes  No  If yes, when and what position? \_\_\_\_\_

List any relatives or acquaintances currently employed by Baker's Waste Equipment and your relationship to them: \_\_\_\_\_

**POSITION INFORMATION**

Position(s) applying for: \_\_\_\_\_ Minimum Salary Requirements: \_\_\_\_\_

Seeking: Full Time  Part Time  First Shift  Second Shift  Temporary

Are you available to work overtime? Yes  No  If hired, when could you start? \_\_\_\_\_

**EMPLOYMENT HISTORY (Please list most recent position first.)**

Previous employers will be contacted prior to making an offer of employment. If marked no, you will be contacted first.

Company Name:		Company Address:	
Supervisor:		Telephone:	
Job Title:		Employment Dates: Beginning: _____ Ending: _____	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary: Beginning: _____ Ending: _____	
Describe Principal Duties or Responsibilities:			
Reason for Leaving:			
Company Name:		Company Address:	
Supervisor:		Telephone:	
Job Title:		Employment Dates: Beginning: _____ Ending: _____	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary: Beginning: _____ Ending: _____	
Describe Principal Duties or Responsibilities:			
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Company Name:		Company Address:	
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May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary: Beginning: _____ Ending: _____	
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Company Address:		Company Address:	
Supervisor:		Telephone:	
Job Title:		Employment Dates: Beginning: _____ Ending: _____	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary: Beginning: _____ Ending: _____	
Describe Principal Duties or Responsibilities:			
Reason for Leaving:			

**EDUCATION**

Type Of School	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate? GED?
High School					
College / University					
Graduate School					
Technical School					
Other					

**SKILLS**

Please describe any other experience, abilities, special training or skills that might be helpful in considering your application:

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**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment. I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an "AT WILL" employee and either the company or I may terminate my employment relationship at any time for any reason not in violation of the law.

I hereby acknowledge that I have read and fully understand the foregoing and seek employment under these conditions.

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Signature of Applicant / /  
Date