

Application of Employment - Office

Ryan Sanitation, LLC
3000 N. US Hwy 14-16
Gillette, WY 82716

Phone: (307)682-1599
Fax: (307)682-1825



General Information

Complete application in full. Incomplete applications will not be considered for hire.
Please do not state refer to Resume.

Name: Last _____ First _____ Middle _____
 Former Name: _____ Social Security #: _____ - _____ - _____ Name Suffix _____
 Home Phone: (_____) _____ - _____ Contact Phone (_____) _____ - _____
 Current Address: _____ City _____ State _____ Zip _____
 Past Address if less than 3 years at present: _____
 City _____ State _____ Zip _____

Today's Date: _____

Have you ever been convicted of/or have a pending felony? Yes No If yes, when? _____

Have you ever been convicted of/or have a pending DWI/DUI? Yes No If yes, when? _____

Have you tested positive or refused to test for alcohol/controlled substances in the last 3 years? Yes No If yes, when? _____

Have you tested positive or refused to test on a pre-employment alcohol/controlled substances in the last 3 years? Yes No If yes, when? _____

Are you authorized to work in the United States under federal law? Yes No

Has your license ever been denied, revoked or suspended? Yes No If yes, when? _____

(Please explain any denial, revocation or suspension in the Traffic Violations area)

How were you referred to Ryan Eq.? _____ Driver? Yes No Name? _____

Have you ever worked / applied with us before? Yes No If yes, when? _____

Position Desired _____ Date Available: _____

____ Full Time ____ Part Time ____ Temporary

Are you currently employed: ____ Yes ____ No

If Yes, may we contact your present employer for a reference? ____ Yes ____ No

May we contact you at work? ____ Yes ____ No

Education Or Training

(Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 College/University 1 2 3 4

| School or Program | Location | Major | Degree |
|-------------------|----------|-------|--------|
| | | | |
| | | | |
| | | | |

Special Training, Skills, Experience

Do you have any special training, skills, or experience that is relevant to the position for which you are applying?

____ Yes ____ No If yes, describe: _____

Current Professional Licenses or Certificates

| Type | State | Expiration | Number |
|------|-------|------------|--------|
| | | | |
| | | | |

Skills and Equipment

___ Typing ___ WPM
___ Calculator
___ Fax
___ Other _____

Personal Computer Software:

___ Microsoft Office Suite
___ Microsoft Word/Works
___ Microsoft Excel
___ Microsoft Access
___ Microsoft PowerPoint
___ Other: _____

Employment History

Please list your present employer first. Provide **complete address** and **phone numbers**, including area codes and zip codes. Do not say "Refer to resume".

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Type of Equipment Operated: _____ Ending Pay: _____
Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
Reason For Leaving: _____

From: _____ To: _____ Company Name: _____
Phone:(_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Type of Equipment Operated: _____ Ending Pay: _____
Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
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Phone:(_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Type of Equipment Operated: _____ Ending Pay: _____
Were you subject to FMCSR's? Yes No Was your job designated as a Safety Sensitive Function? Yes No
Reason For Leaving: _____

Personal/Professional References

Please list three references other than relatives:

| | | | | |
|---------------|------------------|---------------------|---------------------------|------------------------------|
| _____ Name | _____ Address | _____ Occupation | _____ Years Acquainted | (_____)_____ Phone Number |
| _____ Name | _____ Address | _____ Occupation | _____ Years Acquainted | (_____)_____ Phone Number |
| _____ Name | _____ Address | _____ Occupation | _____ Years Acquainted | (_____)_____ Phone Number |

Other

Additional comments you feel would assist us in evaluating your qualifications.

Applicant Statement

I hereby certify that all information on this application was completed by me and is true and complete to the best of my knowledge. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Ryan Equipment to do a complete background investigation in accordance with state and federal laws. I authorize release of any information, including all information related to my alcohol and controlled substance testing and training records as required by the Federal Highway Administration (FHWA) 49 CFR Parts 391 or 382, by any past or current employers. I hereby release all such persons from any liability or damages. I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by Ryan Equipment in their consideration of my employment. I understand it is my right to review and contest any information received from my previous employers.

If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.

Signature

Date

We are an Equal Employment Opportunity Employer. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap or disability, veteran status, or any other class of individuals protected by law. This application will be current for only three months. If you have not heard from Ryan Equipment and still wish to be considered for employment at the end of the three months, you must fill out a new application.

We appreciate your interest in Ryan Equipment.

Employer Section: _____
