

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at

1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA



kmG Hauling INC.

A Waste Removal, Bulk Service, Recycling & Roll Off Company
Servicing DC, MD & VA

All applicants must meet the DOT Qualifications to become a driver

§ 391.11: General qualifications of drivers.

A person shall not drive a commercial motor vehicle unless he/she is qualified to drive a commercial motor vehicle.

- (1) Is at least 23 years old;
- (2) Can read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records;
- (3) Can, by reason of experience, training, or both, safely operate the type of commercial motor vehicle he/she drives;
- (4) Is physically qualified to drive a commercial motor vehicle in accordance with subpart E—Physical Qualifications and Examinations of this part;
- (5) Has a currently valid commercial motor vehicle operator's license issued only by one State or jurisdiction;
- (6) Has prepared and furnished the motor carrier that employs him/her with the list of violations or the certificate as required by § 391.27;
- (7) Is not disqualified to drive a commercial motor vehicle under the rules in §391.15; and
- (8) Has successfully completed a driver's road test and has been issued a certificate of driver's road test in accordance with § 391.31, or has presented an operator's license or a certificate of road test which the motor carrier that employs him/her has accepted as equivalent to a road test in accordance with § 391.33.

Date: _____

Position(s) Applied For: _____

Referral Source:

- Advertisement Walk- In
- Friend Present or Former Employee- If yes, who? _____
- Relative Other

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Have you filed an application with kmG Hauling, Inc. before? Yes No

Have you ever been employed with kmG Hauling, Inc. before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

What date are you available to start? _____

Are you able to provide proof that you are legally able to work in the United States? Yes No

Are you a veteran of the U.S. Military? Yes No

If yes, what branch? _____

Are you currently under a non-compete agreement with any other waste management, waste hauling, recycling or roll-off company. Yes No

Education

	ELEMANTARY	HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSION
SCHOOL NAME				
YEARS COMPLETED (PLEASE CIRCLE)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				

Do you have any honors, awards, and/or achievements you would like to share?

List professional, trade, business, or civic activities you have done and at what locations or company name?

Please summarize special skills and/or qualifications for this position acquired from employment or other work- related experience:

Computer Skills: (check block)

		Basic	Proficient	Expert
Microsoft	Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft	Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft	Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft	Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QuickBooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gmail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment History

Please show your work history for the past ten years starting with the most recent.

Company: _____ Job title: _____

Company Address: _____

City: _____ State: _____ Zip code: _____

Start date: _____ End date: _____ Company Phone#: _____

Supervisor Name: _____ Can we contact this employer: [] Yes [] No

Reason for leaving: _____

.....

Company: _____ Job title: _____

Company Address: _____

City: _____ State: _____ Zip code: _____

Start date: _____ End date: _____ Company Phone#: _____

Supervisor Name: _____ Can we contact this employer: [] Yes [] No

Reason for leaving: _____

.....

Company: _____ Job title: _____

Company Address: _____

City: _____ State: _____ Zip code: _____

Start date: _____ End date: _____ Company Phone#: _____

Supervisor Name: _____ Can we contact this employer: [] Yes [] No

Reason for leaving: _____

.....

Company: _____ Job title: _____

Company Address: _____

City: _____ State: _____ Zip code: _____

Start date: _____ End date: _____ Company Phone#: _____

Supervisor Name: _____ Can we contact this employer: [] Yes [] No

Reason for leaving: _____

*If you need additional space, please use the back of this sheet.

Professional References

Please give name, and telephone numbers of three (3) references who are **not related** to you and are not previous employees of kmG Hauling, Inc.

1. Name: _____ Phone #: (_____)_____-_____

2. Name: _____ Phone #: (_____)_____-_____

3. Name: _____ Phone #: (_____)_____-_____

Please state the salary or hourly wage per week you are looking for, and if this is negotiable:

Indicate languages you speak, read, and/or write.

Language: _____ [] Speak [] Read [] Write

Language: _____ [] Speak [] Read [] Write

Language: _____ [] Speak [] Read [] Write

Please provide personal vehicle information, only if hired:

Licenses plate number: _____

Vehicle make/ model: _____

Please state any additional information you feel may be helpful for this job opportunity:

Military Personnel Only

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action employ and advance in employment qualified disabled veterans of Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which required government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration of employment.

If you wish to be identified, please sign below,

Handicapped Disabled Veteran Vietnam Era Veteran

Signature of applicant

Date

This page is for CDL Driver's Only

General Consent for Full and/or Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I hereby provide consent to kmG Hauling, Inc. to conduct a Full and/or Limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I also provide consent to kmG Hauling, Inc. to conduct a single limited query and/or multiple limited queries. These queries will be conducted over a fixed period of time and/or for the duration of my employment with kmG Hauling, Inc.

I understand that if the Full and/or Limited query conducted by kmG Hauling, Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to any other company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for kmG Hauling, Inc. to conduct a Full and/or Limited query of the Clearinghouse, kmG Hauling, Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Print Name

Sign Name

Date

Release and Consent Background Check

In connection with my application for employment with kmG Hauling, Inc. (Also known as kmG), I understand and agree that investigative inquiries are to be made on myself including, but not limited to, consumer credit, criminal history, motor vehicle history, educational transcripts, and other reports of any nature and type, including information into and on the public domain and or website, such as Facebook, LinkedIn, Indeed, or any other sides that I have information about myself listed. These sites can be governed by Federal, State, Local, and/or private entities. These reports will include information as to my character, work, habits, performance, and experience with reason for termination of past employment.

I understand and agree that kmG can and will be requesting information from various Federal, State, and Local agencies that maintain records concerning my past activities related to my criminal history, driving history, credit history, education history, and other experiences.

I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so.

Further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character, and person reputation.

This authorization, in original and/or copy form, shall be valid for this and any future reports that kmG may request.

I hereby authorize investigation of all statements made by me with no liability arising there from.

Print Name

Date

Signature

Release

I hereby authorize this company the right to make a thorough investigation of my past employment, education and activities and I release from all persons, companies and corporations supplying information. I indemnify this company against any liability that may result from making such investigations. I understand that any false answer or statement or implication made by me in this application or other required document shall be considered sufficient cause for denial of employment/leasing or discharge. Additionally, I understand that nothing contained in this application, the granting of an interview, or being invited to take a physical, be road tested or allowed to attend training class is intended to create an employment/lease contract between this company and myself for either employment/leasing or for the providing of any benefit. No promises regarding employment/leasing have been made to me and I understand that no such promise or guarantee is binding upon this company unless made in writing. If an employment/leasing relationship is established, I understand that I have the right to terminate my relationship at any time and that the company has the same right.

My signature below certifies that I completed this release, and that all entries on it and information in it are true, correct and complete.

In connection with my application with you I understand that an investigative consumer report is being requested from DAC Services, or another provider, which will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from the previous employers. Further I understand that you will be requesting information regarding my driving record and or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc. as well as information from DAC or other sources concerning: (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies; (4) employment histories. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC or other companies or sources and agree that such information which these sources has or obtains, and my employment history with you, if hired/leased will be supplied to DAC or other companies that subscribe to their/these services. If you desire, you can review any of this information we receive when processing your application.

INVESTIGATIONS AND INQUIRIES

By my signature below, I authorize this company to conduct an investigation as required by 391.23. The release of information as required by Federal Motor Carrier Safety regulations is granted to the carrier named above. I hereby grant you the authority to release the following information:

General driver identification and employment verification information including dates of employment, duties and type of equipment driven.

Accident information for all DOT recordable accidents as defined by 390.5 of the regulations, and information regarding any additional accidents (DOT or Non-DOT) that you wish to provide to the prospective employers.

DRUG AND ALCOHOL TEST RESULTS

Section 382.413 of the Federal Motor Carrier Safety Regulations states: "An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested, within the preceding three-years, which are maintained by the driver's previous employers under Section 382.401(b)(1)(i) through (iii)."

I hereby authorize and give my consent to all former employers to release such information, as specified in Section 382.413(b) of the Federal Motor Carrier Safety Regulations to this Company.

Section 382.405(h) of the Federal Motor Carrier Safety Regulations states: "An employer shall release information regarding a driver's record as directed by the specific, written consent of the driver authorizing the release of the information to an identified person."

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS COMPANY TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicants Name (Signature)

Date

Applicants Name (Please Print)

Date

Applicant's Statement

I certify that all answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision. I understand that this application is not and intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application, interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of kmG Hauling, Inc.

Print Name

Date

Signature