

Employment Application

An Equal Opportunity Employer

Green Light Recycling, Inc. (the "Company") considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. All questions must be answered and the application must be signed as provided below. Incomplete applications will not be considered by the Company.

Applicant Information:		Date of Application: ____/____/____	
Name (first, middle initial, last)		Day Phone () ()	Evening Phone () ()
Address (street, city, state, zip code)		E-Mail Address	
Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other - please describe:			
Position(s) Applied for		Type of employment desired (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
What date are you available to start work:			
Are you available to work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to meet the attendance requirements of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously applied for a position at the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Have you previously worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what position?			
Have you ever been convicted of, plead guilty to, or received a deferred adjudication on a criminal charge (not including minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, giving the date, location, nature of the charge, etc. <i>(Note: convictions are not an automatic bar to employment and will be considered only where the circumstances of the conviction substantially relate to the job sought.)</i>			
If the job requires, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number:		Type:	State of issue:
Do you have any relatives currently employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed:			
<i>(Note: the Company complies with the ADA and will consider reasonable accommodations that may be necessary for eligible applicants/employees to perform essential job functions.)</i>			

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Educational Background:

Type of School	Name/City	How many years attended				Graduated		Course or Major
		1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Post Graduate						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business or Trade						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other								

Employment History:

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	From:	Dates Employed:	To:	Job Duties
Address				
Job Title	\$	Hourly Rate/Salary Starting	per	
Immediate Supervisor and Title				
Reason for leaving:	\$	Hourly Rate/Salary Final	per	
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	From:	Dates Employed:	To:	Job Duties
Address				
Job Title	\$	Hourly Rate/Salary Starting	per	
Immediate Supervisor and Title				
Reason for leaving:	\$	Hourly Rate/Salary Final	per	
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	From:	Dates Employed:	To:	Job Duties
Address				
Job Title	\$	Hourly Rate/Salary Starting	per	
Immediate Supervisor and Title				
Reason for leaving:	\$	Hourly Rate/Salary Final	per	
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment):

REFERENCE INFORMATION RELEASE FORM

I, _____, request and authorize the release of information from my record(s) in response to any requests for the same from **EMPLOYER**, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for **EMPLOYER'S** consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to **EMPLOYER** or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against **EMPLOYER** or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

(Signed) _____

Date _____