

# GREEN LIGHTS RECYCLING INC.

## +Employment Application

### An Equal Opportunity Employer

*Green Lights 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.*

#### Application Information

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

|   |   |                 |
|---|---|-----------------|
| Name First, middle initial, last)   | Day Phone<br>(     )  |                 |
| Address (street, city, state, zip code)   | E-mail Address  |                 |
| Are you legally authorized to work in the United States? (If hired, you will be required to provide proof of work authorization.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                 |
| Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee<br><input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet<br><input type="checkbox"/> Private Employment Agency<br><input type="checkbox"/> Other (Please Explain)  |   |                 |
| Position(s) Applied for   | Type of Employment Desired (check all that apply)<br><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<br>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 able to work overtime if needed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |
| Are you able to meet the attendance requirements of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Have you previously applied for the Company?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?  |                 |
| Have you previously worked for the company?<br>If yes, when and in what position?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 |
| Have you ever been convicted of, plead guilty to, or received a deferred adjudication on a criminal charge (not including minor traffic violations)? Yes No <input type="checkbox"/> <input type="checkbox"/><br><i>If yes, please explain, giving the date, location, nature of charge, etc. (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 drivers license?   |   |                 |
| Drivers 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 accomodations? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                 |
| <i>Note: the Company complies with the ADA and will consider reasonable accomodations 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 |
|-------------------|-----------|--------------------------|--|-----------------|
| High School       |           |                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| College           |           |                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Post-Secondary    |           |                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| Business or Trade |           |                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |
| 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:   | Date Employed               | Job Duties |  |
| Address:  |                             |            |  |
| Job Title:  | Hourly Rate/Salary Starting |            |  |
| Supervisor and Title  | \$                      per |            |  |
| Reason for leaving:   | Hourly Rate/Salary Final    |            |  |
|   | \$                      per |            |  |
| May we contact for references/verification?      Yes      No      Later |                             |            |  |
| Employer:   | Date Employed               | Job Duties |  |
| Address:  |                             |            |  |
| Job Title:  | Hourly Rate/Salary Starting |            |  |
| Supervisor and Title  | \$                      per |            |  |
| Reason for leaving:   | Hourly Rate/Salary Final    |            |  |
|   | \$                      per |            |  |
| May we contact for references/verification?      Yes      No      Later |                             |            |  |
| Employer:   | Date Employed               | Job Duties |  |
| Address:  |                             |            |  |
| Job Title:  | Hourly Rate/Salary Starting |            |  |
| Supervisor and Title  | \$                      per |            |  |
| Reason for leaving:   | Hourly Rate/Salary Final    |            |  |
|   | \$                      per |            |  |
| May we contact for references/verification?      Yes      No      Later |                             |            |  |

Comments: (including explanation of any gaps in employment)

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## Employment Application

Applicant: Please do not write on this page. For Office Use Only.

**Interview Results:**

| Interviewer | Date | Comments / Results |
|-------------|------|--------------------|
|             |      |                    |
|             |      |                    |
|             |      |                    |

**Test Results:**

| Test Administered | Date | Score | Results / Interpretation |
|-------------------|------|-------|--------------------------|
|                   |      |       |                          |
|                   |      |       |                          |
|                   |      |       |                          |

**Reference Checks:**

| Employer | Re-Hirable? Y or N | Comments |
|----------|--------------------|----------|
|          |                    |          |
|          |                    |          |
|          |                    |          |

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## Reference Checking Consent and Authorization 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 considerations of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organizations 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 now 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.

Name: \_\_\_\_\_ (PLEASE PRINT)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_