

Virgin Valley Disposal, Inc.
501 Riverside Road
Mesquite NV 89027
(702) 346-5396

Employment Application

PLEASE PRINT

PERSONAL:

Name: _____
Last First Middle

Mailing Address: _____
Address City State Zip

Permanent Address: _____
Address City State Zip

Home Phone: (_____) _____ Social Security Number: _____

Are you over 21 years of age? Yes No If "No" state your date of birth: _____
Month Day Year

If hired can you provide proof of eligibility to work in the United States prior to your start date? Yes No

Drivers Only!

Do you have a valid commercial driver's license? Yes No If no, can you obtain a commercial driver's license? Yes No

Person to be contacted in case of an emergency: _____
Name Phone Address

Have you been convicted of a felony or released from prison/jail within the last 10 years? Yes No

If yes, please explain: _____

AVAILABILITY:

What led you to contact us for employment? _____

Are you currently employed? _____ Date available for employment: _____
Month Day Year

Position desired: _____ Do you desire a full or part time position? Full Part time

EDUCATION:

High School: _____
Name Location

No. of years attended: _____ Graduated? Yes No GED

College: _____
Name Location

No. of years attended: _____ Graduated? Yes No

Technical: _____
Name Location

No. of years attended: _____ Graduated? Yes No

WORK HISTORY:

Have you ever worked in this line of work before? Yes No

Begin with your most recent employer and account for you last three jobs or the last 7 years, whichever is shorter. If you worked under a different name, please indicate. _____

1
Employer's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of employment: From _____ To _____
Month Day Year Month Day Year

Position / Duties: _____ Full Time Part Time Hourly pay: _____

Name of Immediate Supervisor: _____ Reason for Leaving: _____

2
Employer's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of employment: From _____ To _____
Month Day Year Month Day Year

Position / Duties: _____ Full Time Part Time Hourly pay: _____

Name of Immediate Supervisor: _____ Reason for Leaving: _____

3
Employer's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of employment: From _____ To _____
Month Day Year Month Day Year

Position / Duties: _____ Full Time Part Time Hourly pay: _____

Name of Immediate Supervisor: _____ Reason for Leaving: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

I CONSENT TO UNDERGO THE REQUIRED MEDICAL EXAMINATION INCLUDING A DRUG AND ALCOHOL SCREENING WHICH ARE NECESSARY AS A CONDITION OF MY INITIAL AND CONTINUED EMPLOYMENT.

SIGNED: _____ DATE: _____