BAYSHORE
Family of Companies

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

Position(s) applied for: _____ Date of application: _____/_____/_____

Referral Source: ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Emp. Agency

☐ Walk-In ☐ Private Emp. Agency ☐ Other_____

Name of source (if applicable) _____

_____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____Telephone Number: (_____) _____-_____

Social Security Number _____ _____ _____ If necessary, best time to you at home is: _____ ☐ am ☐ pm

May we contact you at work? ☐ yes ☐ no If yes, work number (_____)_____-_____

If necessary, best time to call at work: _____ ☐ am ☐ pm If you are under 18 can you furnish a work permit? ☐ yes ☐ no

Have you filed an application here before? ☐ yes ☐ no If yes, give dates:_____

Have you ever been employed here before? ☐ yes ☐ no If yes, give dates: From___/___/_____ To___/___/_____

Are you legally eligible for employment in the U.S.? ☐ yes ☐ no (Proof of U.S. citizenship or immigration status will be required upon employment)

Type of employment desired: ☐ Full time ☐ Part time ☐ Temporary ☐ Seasonal ☐ Educational Co-op

Are you on layoff and subject to recall? ☐ yes ☐ no Have you ever been bonded? ☐ yes ☐ no

Will you relocate if job requires it? ☐ yes ☐ no Will you travel if job requires it? ☐ yes ☐ no

Will you work overtime if required? ☐ yes ☐ no Date available to work _____/_____/_____

Are you able to meet the attendance requirements of the position? ☐ yes ☐ no

Bayshore Family of Companies
75 Crows Mill Road, P.O. Box 290
Keasbey, NJ 08832
P: 732-738-6000 F: 732-738-6009
email: HR@bayshorerecycling.com

Employment History: List your four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Dates: From: _____/_____/________ To: ____/____/________ Employer: ___________________________________

Address: ____ Phone: (_____) ______-_________

Job Title: ____

Immediate Supervisor & Title: __________________________Reason for leaving: ______________________________

Starting hourly rate/salary: $_________________________ Final hourly rate/salary: $__________________________

Summarize the nature of the work performed and job responsibilities: ____

____

____

May we contact for reference? ☐ yes ☐ no ☐ Later

****

Dates: From: _____/_____/________ To: ____/____/________ Employer: ___________________________________

Address: ____ Phone: (_____) ______-_________

Job Title: ____

Immediate Supervisor & Title: __________________________Reason for leaving: ______________________________

Starting hourly rate/salary: $_________________________ Final hourly rate/salary: $__________________________

Summarize the nature of the work performed and job responsibilities: ____

____

____

May we contact for reference? ☐ yes ☐ no ☐ Later

****

Dates: From: _____/_____/________ To: ____/____/________ Employer: ___________________________________

Address: ____ Phone: (_____) ______-_________

Job Title: ____

Immediate Supervisor & Title: __________________________Reason for leaving: ______________________________

Starting hourly rate/salary: $_________________________ Final hourly rate/salary: $__________________________

Summarize the nature of the work performed and job responsibilities: ____

____

____

May we contact for reference? ☐ yes ☐ no ☐ Later

****

Dates: From: _____/_____/_____ To: ____/____/_____ Employer: _____

Address: _____ Phone: (_____) _____-_____

Job Title: _____

Immediate Supervisor: _____ Title: _____

Reason for leaving: _____

Starting hourly rate/salary: $_____ Final hourly rate/salary: $_____

Summarize the nature of the work performed and job responsibilities: _____

_____

_____

May we contact for reference? ☐ yes ☐ no ☐ Later

****

Comments (including gaps in employment):_____

_____

Skills and Qualifications

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

_____

_____

_____

Educational Background

A. List last three (3) schools attended, starting with most recent. **B**. List number of years completed. **C**. Indicate degree or diploma earned. **D**. Grade Point Average or Class Rank. **E**. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/ Diploma	D. GPA/ Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which could reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization Offices Held

List special accomplishments, publications and/or awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

_____

_____

List any additional information you would like us to consider:

_____

_____

_____

It is understood and agreed upon that any misrepresentations by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I herby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Failure to complete this box voids this application.

The position you are applying for involved safety sensitive functions.

Are you always fit for duty for such a position? yes ☐ no ☐

Signature_____ Date: _____/_____/_____

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** Required Information for Drivers or Positions involving Driving while on the job**

All applicants applying for positions that require driving a vehicle during work hours or driving a company vehicle must answer the following questions: (Failure to disclose this information may result in immediate termination)

Do you possess a NJ Driver's License? Please check one: Yes ☐ No ☐

Do you have a driver's license from any state other than New Jersey? Please check one: Yes ☐ No ☐

If yes, what state(s): _____

Are you presenting an out-of-state driver's license as identification?
Please check one: Yes ☐ No ☐

If yes, what state(s): _____

Driver's license number (if job-related):_____ State: _____

Are your Driver's License Privileges now (or have they ever been) suspended? Please check one: Yes ☐ No ☐ I don't know ☐

If yes, please note which state, the dates and reasons here:

_____

_____

_____

_ Do you have any health conditions that would restrict your driving abilities? Please check one: Yes ☐ No ☐

If yes, what are those past or existing health conditions & what is your current condition:

Affirmative Action
Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran's status or any other legally protected status.

This form is to be completed by the applicant, is not for interview purposes, and it to be filed separately from the application. This information is used to satisfy the Affirmative Action requirements of Section 203 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for: _____ Date of application: ____/____/_____

Referral Source

Walk-in ◯ Government Emp. Agency ◯ Private Emp. Agency ◯

Employee ◯ Relative ◯ School ◯

Advertisement - Source: _____ Other: _____

Name of person who referred you (if applicable): _____

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Telephone Number: (___) ___-_____ ☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ White ☐ Black (not of Hispanic origin) ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Special Note

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

I you so wish to be identified, please check if any of the following are applicable:

☐ Vietnam Era Veteran (served between 1964-1975) ☐ Disabled Veteran ☐ Individual with a disability

Motor Vehicle Record Review Consent Form

I understand that I am required to maintain a valid drivers license. Additionally, I grant _____ the right to review my motor vehicle driving record at anytime.

My current drivers license is issued from the state of _____ and is # _____.

If involved in an accident, the police report will be used to determine who was at fault. I understand that I am responsible for obtaining a copy of the police report. If the police report is not obtained, I will be considered at fault.

I am required to report any license revocation or suspension, regardless of whether the change was prompted by business or pleasure use of a vehicle, no later than 24 hours after the event occurs.

I understand that I can be terminated if I knowingly operate a company vehicle while my drivers license is suspended or revoked.

In accordance with the company's MVR review program, a review of my motor vehicle record may result in the following action:

- I maybe required to attend an 8 hour defensive driving training class prior to being allowed to drive a company vehicle. The class must be completed within 30 days of being put in a non-driving status. It will be completed during off duty time and at my expense.
- I may be put in a non-driving status for a year pending the next annual review.
- I may be terminated if a non-driving position is not available.

Employee Signature: _____

Date: _____

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