

Please Submit Completed Applications To:

Lakes Disposal Services, Inc.
P.O. Box 296
Fox Lake, IL 60020
Fax: 815-675-9524



LAKES
DISPOSAL SERVICES

Lakes Disposal Employment Application

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL <small>(Complete mailing address)</small> | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|---|----------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes Yes Word Yes
 No _____ WPM 10-key No Processing No _____ WPM

Personal Yes PC

Other _____

Computer No Mac

Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| | | | |

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| | | | |

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| Your last job title | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| Your last job title | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Please Submit Completed Applications To:

**Lakes Disposal Services, Inc.
P.O. Box 296
Fox Lake, IL 60020
Fax: 815-675-9524**