



**Job Application**

- Milner Landfill** (Twin Landfill Corporation) • P.O. Box 774362 • 20650 County Road 205  
Steamboat Springs, Colorado 80477 • voice 970/879-6985 • fax 815/377-2495 • milner@twinenviro.com
- Phantom Landfill** (Twin Landfill Corporation of Fremont County) • 2500 Fremont County Road 67  
Penrose, Colorado 81240 • voice 719/372-6671 • fax 815/377-2495 • phantom@twinenviro.com
- Trinidad** (Twin Landfill Corporation of Fremont County) P.O. Box 267, Trinidad, Colorado 81082  
voice 719/846-4030 • fax 815/377-2495 • trinidad@twinenviro.com

rev 04/11

**PERSONAL INFORMATION**

Date \_\_\_\_\_

NAME \_\_\_\_\_

Last	First	Middle	Social Security Number
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PRESENT ADDRESS \_\_\_\_\_

Street	City	State	Zip
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PERMANENT ADDRESS \_\_\_\_\_

Street	City	State	Zip
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CONTACT INFO \_\_\_\_\_

Home Phone	Cellphone	Email
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DATE OF BIRTH \_\_\_\_\_ FOREIGN LANGUAGES ? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S. ? \_\_\_\_YES \_\_\_\_NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITH THE LAST 5 YEARS? \_\_\_\_YES \_\_\_\_NO  
 Date of Birth, Felony, and Misdemeanor information is for driver and machine operator insurance requirements. Foreign language can help with communication with employees and customers, especially Spanish.

**EMPLOYMENT DESIRED**

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
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ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL NAME & LOCATION _____	NUMBER OF YEARS ATTENDED? _____	GRADUATE? _____
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COLLEGE NAME & LOCATION _____	NUMBER OF YEARS ATTENDED? _____	GRADUATE? _____
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SUBJECTS OR MAJOR? \_\_\_\_\_

TRADE, BUSINESS OR  
SPECIAL TRAINING  
NAME & LOCATION \_\_\_\_\_ DATE  
ATTENDED? \_\_\_\_\_ GRADUATE? \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, LAST ONE FIRST)

DATE  
MONTH & YEAR                      NAME & ADDRESS                      SALARY                      POSITION                      REASON FOR  
LEAVING

1. FROM \_\_\_\_\_  
TO \_\_\_\_\_

2. FROM \_\_\_\_\_  
TO \_\_\_\_\_

3. FROM \_\_\_\_\_  
TO \_\_\_\_\_

4. FROM \_\_\_\_\_  
TO \_\_\_\_\_

**REFERENCES** – GIVE NAMES OF JOB REFERENCES, SUPERVISORS PREFERRED.

NAME                      ADDRESS                      BUSINESS                      PHONE/EMAIL

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PHYSICAL RECORD—DO YOU HAVE ANY PHYSICAL LIMITATIONS FOR PERFORMING WORK HERE?**

LIFTING? \_\_\_\_\_ BACK INJURY? \_\_\_\_\_ PRIOR WORKERS COMP CLAIM? \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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