



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

PRESENT ADDRESS _____
 Street City State Zip

PERMANENT ADDRESS _____
 Street City State Zip

CONTACT INFO _____
 Home Phone Cellphone Email

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 _____

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? _____

COLLEGE NAME & LOCATION _____ NUMBER OF YEARS ATTENDED? _____ GRADUATE? _____

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
