

# APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

This Application will remain active for 90 days from the date of application

To submit application: Please email to [recruiting@kimblecompanies.com](mailto:recruiting@kimblecompanies.com) or fax to 330-343-7560.

You are welcome to call our Recruiting Department at 330-343-1226



**KIMBLE RECYCLING & DISPOSAL, INC.**  
(Sanitation Services, Drivers, Mechanic)

**KIMBLE COMPANY**  
(Mining, Oil & Gas)

**CHECK ONLY ONE OF THE ABOVE AS THE COMPANY YOU WISH TO APPLY Hereinafter ("Kimble")**

## REFERRAL SOURCE INFORMATION:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Job Fair           | <input type="checkbox"/> Sign on truck      | <input type="checkbox"/> Sign in front     |
| <input type="checkbox"/> School        | <input type="checkbox"/> Radio station      | <input type="checkbox"/> Newspaper name     | <input type="checkbox"/> Gov't agency name |
| <input type="checkbox"/> Job Board     | <input type="checkbox"/> Staffing Agency    | <input type="checkbox"/> Sign Location      | <input type="checkbox"/> Company website   |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Billboard location | <input type="checkbox"/> Billboard location | <input type="checkbox"/> Social Media      |

It is important to know specifically where you heard about Kimble, please tell us who, where, when for the answer you selected: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, gender identity, genetic information, age, marital status, military/veteran status, sexual orientation, non-job related disability, or any other status protected by law.

## LOCATION YOU ARE INTERESTED IN OBTAINING EMPLOYMENT: (check all that apply)

- DOVER  CAMBRIDGE  CANTON  CARROLLTON  TWINSBURG

### I. GENERAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address:

\_\_\_\_\_  
Street City State Zip Time Frame

Have you ever been employed here?  YES  NO If yes, what position? \_\_\_\_\_

If yes, who was your supervisor? \_\_\_\_\_

If yes, give dates: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Have you submitted an application here before?  YES  NO (If yes, please list dates and positions)

Type of Employment desired:  Full-Time  Part-Time  Educational Co-Op  Seasonal  Intern  Temporary

Position(s) Applied For: \_\_\_\_\_

If necessary, the best time to contact you is \_\_\_\_\_  AM  PM at the following # \_\_\_\_\_

Previous Address: (List residency for at least 7 years)

Street	City	State	Zip	Time Frame
Street	City	State	Zip	Time Frame
Street	City	State	Zip	Time Frame

**II. REFERENCES**

(Please list 3 work references that are not related or friends, unless you have worked with them)

Name	Telephone	Email Address:	How long have you known them?	How do they know you?

**III. BACKGROUND INFORMATION**

Are you employed?  YES  NO If not, specify date last worked? \_\_\_\_\_

If you are under the age of 18 and it is required, can you furnish a work permit?  YES  NO

If no, please explain: \_\_\_\_\_

Have you been convicted of a crime (other than a minor traffic misdemeanor that has not been expunged or sealed by a court of law) in the last 10 years or are any arrests or criminal cases currently pending (other than minor traffic misdemeanors?)

YES  NO If yes, please explain: \_\_\_\_\_

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

If hired, will you be able to produce documentation to establish your legal right to work in the United States, as determined by the U.S. Government? YES  NO

Have you used tobacco within the last 3 years (including smokeless tobacco and e cigarettes)  YES  NO

**IV. EMPLOYMENT SOUGHT**

Date Available for work: \_\_\_\_\_

What is your desired salary range or hourly rate of pay: \$\_\_\_\_\_ per/\_\_\_\_\_

Will you relocate if the job requires it?  YES  NO

Will you travel if the job requires it?  YES  NO

Will you work overtime if required?  YES  NO

If no for any of the above, Please explain: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, Restrict your ability to work for our company?  YES  NO

If yes, please explain: \_\_\_\_\_

**V. SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and /or certificates (including safety awards):

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Computer skills (Check appropriate lines, include software titles and years of experience)

- Word Processing \_\_\_\_\_ Years       Excel \_\_\_\_\_ Years
- Power Point \_\_\_\_\_ Years       Access \_\_\_\_\_ Years
- Other \_\_\_\_\_ Years       Other \_\_\_\_\_ Years

Please check any of the following you are certified in and identify the details of your certification:

- OSHA 10 \_\_\_\_\_ Years       MSHA \_\_\_\_\_ Years
- Rigland \_\_\_\_\_ Years       Electrical Safety \_\_\_\_\_ Years
- Safeland/PEC \_\_\_\_\_ Years       CPR \_\_\_\_\_ Years

**VI. EDUCATIONAL BACKGROUND**

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA & Class Rank	Major/Minor
		Diploma _____ or GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ or GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ or GED _____ Degree _____ Certification _____ Other _____		

**VII. MINING POSITIONS SPECIFIC DETAILS**

(Complete if applying for a Mining Position. If not, proceed to EMPLOYMENT HISTORY.)

Have you received a NIOSH x-ray or Spirometry testing?  YES  NO If yes, please identify the date: \_\_\_\_\_

What pieces of equipment can you operate, including size and model?

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**VIII. EMPLOYMENT HISTORY**

**READ THESE INSTRUCTIONS CAREFULLY**

All applicants must provide the following information on all employers during the preceding 10 years: complete mailing address, street number, city, state, zip code and phone number. If you have a gap in employment, please identify such below. **For example: unemployed May 2017 – June 2017, Attending School August 2017- September 2017.** Failure to provide this information will result in your application not being processed.

**NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.**

Employer Name	Date: Month/Year From: _____
Address	To: _____
City State Zip	Position held
Contact Person Phone Number	Salary/Wage
Who was your Immediate Supervisor?	Reason for leaving
Described your job duties	
Were you subject to Federal Motor Carrier Safety Regulations* while employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer Name	Date: Month/Year From: _____
Address	To: _____
City State Zip	Position held
Contact Person Phone Number	Salary/Wage
Who was your Immediate Supervisor?	Reason for leaving
Describe your job duties	
Were you subject to Federal Motor Carrier Safety Regulations* while employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer Name	Date: Month/Year From: _____
Address	To: _____
City State Zip	Position held
Contact Person Phone Number	Salary/Wage
Who was your Immediate Supervisor?	Reason for leaving
Describe your job duties	
Were you subject to Federal Motor Carrier Safety Regulations* while employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer Name	Date: Month/Year From: _____
Address	To: _____
City State Zip	Position held
Contact Person Phone Number	Salary/Wage
Who was your Immediate Supervisor?	Reason for leaving
Describe your job duties	
Were you subject to Federal Motor Carrier Safety Regulations* while employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer Name	Date: Month/Year From: _____
Address	To: _____
City State Zip	Position held
Contact Person Phone Number	Salary/Wage
Who was your Immediate Supervisor?	Reason for leaving
Describe your job duties	
Were you subject to Federal Motor Carrier Safety Regulations* while employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	



TO BE READ AND SIGNED BY APPLICANT

The undersigned agrees to the following:

1. **Background check:** I authorize Kimble Company and its subsidiary, Kimble Recycling & Disposal, Inc. ("Employer") to make such investigations and inquiries of my personal, employment, financial, character, accident history, identification and employment verification, general reputation, personal characteristics, prior employment, prior drug test results within the last three years, SAP completion history, drug and alcohol testing violations occurring after SAP completion, mode of living, and other related matters as may be necessary in arriving at any employment decision, which includes personal interviews with references, friends, prior employers and others with whom I may be acquainted. Inquiries regarding medical history will be made only as authorized by law. Kimble has requested its current insurance company, currently Great Midwest and Employers Mutual Casualty, and may request its future insurance carriers (collectively "Insurance Company") to secure and service its commercial/automobile insurance. To determine if such insurance is available to the insured, and from time to time continue such insurance, Insurance Company must obtain, and you authorize Kimble and Insurance Company to obtain, a copy of your motor vehicle record from the State Division of Motor Vehicles, as part of the pre-employment process, and on an ongoing basis should you become employed by Kimble. The undersigned gives his/her consent to release of his/her driving record for the use by Kimble, AssureHire, Inc., Insurance Company, and their respective agents, employees, contractors, insurers, and other insurance support organizations in connection with claim investigation activities, anti-fraud activities, rating and underwriting. Federal and State laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specified circumstances. Two of those circumstances which you are consenting to are: (1) upon the written consent of the driver; and (2) for the use by an insurer or insurance support organization or its agents, employees, or contractors, in connection with claim investigation activities; anti-fraud activities, insurance rating or underwriting.
2. **False information:** In the event of employment, I understand that providing false or misleading information in my application or interview(s) constitutes ground for discipline, including termination, when such falsification is discovered.
3. **At Will Employment/Company Rules:** I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process or my employment shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, the Employer may change any of the terms and conditions of my employment at any time, and that either I or the Employer may terminate my employment at any time with or without notice or cause. I understand, also, that I am required to abide by all rules and regulations of Employer. I further understand, the Employer reserves the right to change my compensation at any time for any reason, with or without cause. I understand only the President or the Board of Directors of the Employer may modify the terms in this Paragraph 3. I consent to receive career updates via text message and email from Employer.
4. **Drug Test:** The undersigned, as an applicant/employee of Employer, hereby acknowledges that Employer's Drug & Alcohol Policy ("Policy") requires me to submit to urine drug testing and/or alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program. **I hereby and herewith release Employer, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, the furnishing of such results to third parties, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.** I further understand that strict standards are in place for drug testing: Any diluted positive test results, refusal to test, positive test results, or adulterating/falsification of test results are considered a positive result and will result in disqualification of applicant or termination. No retests are available. I hereby authorize the release of my drug/alcohol test results to the Employer's Medical Review Officer (MRO), and/or to the Employer's examining physician, as provided by the Policy. I further acknowledge that Employer has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.
5. **Drug Test Cost:** I agree to be responsible for the cost of drug-screen (\$35.00 for Non DOT or \$45.00 for DOT) should the results of said screening be positive. I further understand that if hired and if I voluntarily leave the Employer's employ before completing the 90 day probationary period, I authorize the cost of drug screening and the cost of any DOT physical will be deducted from any final wages due.
6. **Waiver:** I agree that any lawsuit arising out of my employment with, or my application for employment with Employer must be filed no more than 180 days after the date of the employment action that is the subject of the lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I agree to be bound by the 180 day period of limitations and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Signing a subsequent application shall not revive any previously expired claims pursuant to the terms of the prior application.

This certifies that this application was completed by the undersigned, that all entries on it and information in it are true and complete to the best of my knowledge, and that in consideration of the review of my application and addendums, I agree to the above items 1-6. If you complete this document electronically, you agree to conduct this transaction by electronic means and be bound by your electronic signature with respect to this entire Application for Employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print \_\_\_\_\_

**DRIVERS (CDL OR NO CDL) MUST FILL OUT THIS DRIVER'S ADDENDUM**

**DO NOT complete this addendum unless you are applying for a driving or mechanic position, including any position where a vehicle weighing 10,001 pounds or more will be operated by the applicant. (Required for Commercial drivers)**

**I. DRIVER EXPERIENCE AND QUALIFICATIONS:** Identify each License held in the last 3 years:

State	License Number	Type	Expiration Date
Driver's License Information			

- A. Have you ever been denied any license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
If the answer to either A or B is yes, give details. \_\_\_\_\_  
\_\_\_\_\_
- C. What year did you receive your initial CDL? \_\_\_\_\_
- D. Do you have your hazmat endorsement?  Yes  No
- E. Have you previously failed or refused to take any DOT alcohol or controlled substance test?  Yes  No.  
If yes, please provide proof that you completed an accredited rehabilitation program.
- F. Do you have 2 years of CDL driving experience?  Yes  No.  
Please describe your experience in the below chart:

Class of equipment driven (check Yes or No) *Only check if you were required to have a CDL to drive the equipment	Check type of equipment	Dates from (M/Y) to (M/Y)	Approx. # of Miles Hours
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		
Tractor Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		
Tractors Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		
Motor coach- School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer <input type="checkbox"/>		

List all states operated in during the last five years:  
\_\_\_\_\_



**Accident Record for past 5 years or more (attach sheet if more space is needed).**

If none, write none. You must include all accidents, including those for which you were not cited.

	Date	Nature of Accident (Head-On, Rear-end, upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**Traffic convictions and license suspensions/forfeitures for the past 5 years (other than parking violations). If none, write none.**

Location	Date	Charge	Penalty

**TO BE READ AND SIGNED BY APPLICANT  
CONSENT FOR LIMITED QUERIES OF FMCSA DRUG AND ALCOHOL CLEARINGHOUSE**

The undersigned hereby provides consent to Kimble, and its agents and Third Party Administrators, to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (“Clearinghouse”) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent authorizes multiple and unlimited “limited queries” conducted from the date of this application and at any time I am employed by Kimble, should I be hired. Limited queries may be conducted at the frequency determined by Kimble, and its agents and Third Party Administrators. I understand that if the limited query conducted by Kimble, and its agents and Third Party Administrators, indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Kimble without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Kimble, and its agents and Third Party Administrators, to conduct a limited query of the Clearinghouse, Kimble must prohibit me from performing safety/sensitive functions including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations. The scope of the consent provided in this paragraph will be determined by Kimble, and its agents and Third Party Administrators, in their sole discretion.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree to the accuracy of the information

This certifies that this application was completed by the undersigned, that all entries on it and information in it are true and complete to the best of my knowledge, and I consent to the Limited Queries of FMCSA Drug & Alcohol Clearinghouse as specified above. If you complete this document electronically, you agree to conduct this transaction by electronic means and be bound by your electronic signature with respect to this entire Application for Employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Fair Credit Reporting Act Background Check Disclosure**

In connection with your employment application and for other employment purposes, Kimble Company and its subsidiary, Kimble Recycling & Disposal, Inc., ("Kimble") may seek background information about you from a consumer reporting agency. This information will be in the form of both consumer reports and investigative consumer reports.

These reports may be obtained at any time after Kimble receives authorization from you, including any time during the period of your employment if Kimble hires you.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other personal characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records, and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports (including information as to character, general reputation, personal characteristics, mode of living, previous drug and alcohol test results and reports of prior employment), which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

AssureHire, Inc., or another consumer reporting agency, will obtain the reports for Kimble.

You have the right to request information from Kimble about the nature and scope of any investigative consumer report on you that is requested by Kimble. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

**Authorization to Obtain Consumer Reports Under the Fair Credit Reporting Act**

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act*, and this authorization. I certify that I understand the documents I have received.

I hereby authorize Kimble or its authorized agents, for employment purposes, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization, including any time that I may be employed by Kimble.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by AssureHire, Inc., other consumer reporting agencies, or Kimble.

The Consumer Reporting Agency that supplies Kimble with consumer reports and investigative consumer reports is AssureHire, Inc. whose address is 2206 Plaza Dr., Suite 100, Rocklin, CA 95765, phone (855)-906-HIRE. AssureHire, Inc. does not make the decision to take adverse action on you and is unable to provide you the specific reason why adverse action is taken.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports and investigative consumer reports.

Please read, fill in and sign below to signify receipt of the foregoing disclosure and authorization. The terms "you" and "I" used through refer to the undersigned. If you complete this document electronically, you agree to conduct this transaction by electronic means and be bound by your electronic signature with respect to this Authorization.

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Applicant First name

Middle Name or Initial

Last Name

---

Driver's License Number

State Driver's License Issued

Last Name on Driver's License

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Applicant's signature acknowledging and certifying this Authorization

Today's Date