COMPANY OR
EMPLOYER NAME: T N T ENVIRONMENTAL LLC.

POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

Employment Application

YOUR NAME: _____
Last First Middle

ADDRESS:

_____

_____

_____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?
☐ Yes ☐ No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: ☐ Yes ☐ No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? Select: _____

Work overtime? Select: _____

Provide a valid Alaska Drivers License? Select: _____

Are you able to perform the essential functions of the position with or without accommodations?
☐ Yes ☐ No

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School			
College/University			
Business/Technical			
Other (May include grammar school)			

MILITARY SERVICE: ☐ Yes ☐ No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to / Reason for leaving
	Supervisor's Name: Telephone:	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to / Reason for leaving
	Supervisor's Name: Telephone:	

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

Summarize other
employment related to this job: _____

Types of computers, other electronic or mechanical
equipment that you are qualified to operate or repair: _____

Typing speed: ____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information
regarding the career/occupation you wish to bring to the employer's attention: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section:

SAFETY RULES AND PRACTICES ACKNOWLEDGEMENT

I hereby acknowledge that I have received and read the safety rules and practices of _____(*company name*). I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the safety rules and practices as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including discharge.

I ALSO UNDERSTAND THAT THE SAFETY RULES AND PRACTICES AND ANY RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

_____ _____

SIGNATURE DATE

_____ _____

WITNESS DATE

PERSONAL PROTECTIVE EQUIPMENT AGREEMENT

I, the undersigned, understand and agree that as a condition of employment I am required to wear/use the following personal protective equipment supplied and/or required by my employer:

Company-supplied Seat belts when in company trucks

Company-required
(supplied by employee)

In the event I sustain an on-the-job injury as a direct result of my failure to wear/use the personal protective equipment listed above, my workers' compensation benefits could be substantially reduced.

Employee signature _____ Date _____

Manager/Company representative _____ Date _____

Witness _____ Date _____

(Vea el reverso para la traducción en español.)

Supervisor's New-Employee Checklist

Employee name: _____ Date: _____

Supervisor should check (✔) each item as completed.

- ☐ 1. Inform new employee of general company policies, including dress code and personal appearance.
- ☐ 2. Introduce employee to management and fellow employees.
- ☐ 3. Tour the facility. Note safety station(s), first-aid kit(s), fire exit(s), fire extinguisher(s), etc.
- ☐ 4. Provide job description. Explain responsibilities and demonstrate safe operation of equipment.
- ☐ 5. Schedule safety training program. Provide overview of program.
- ☐ 6. Issue personal protective equipment.
- ☐ 7. Explain work schedule.
- ☐ 8. Review standard of performance and conduct.
- ☐ 9. Explain smoking policy.
- ☐ 10. Discuss emergency procedure for fire, injury, etc.
- ☐ 11. Explain drug- and alcohol-testing policies.
- ☐ 12. Explain vehicle-operation policy.

Supervisor's signature _____ Date _____

Employee's signature _____ Date _____

Copy: Employee file

HEALTH QUESTIONNAIRE

To be completed after an employment offer is made and before the employee begins work.

This medical information is being gathered in compliance with the Americans with Disabilities Act (ADA) and will be maintained in a separate medical file as a confidential medical record, except that supervisors/managers may be informed about necessary work restrictions and accommodations; first-aid/safety personnel may be informed of any necessary information for emergency medical treatment; and the government may be provided with this information when enforcing the ADA. ***42 USCA § 12112(3) (West 2005)***

In addition, the employer reserves the right to use this information to assist in presenting a workers' compensation claim for reimbursement under any Subsequent/Second Injury Trust Fund. ***29 C.F.R. Pt. 1630, App. (West 2005)***

Employer name: _____

Employee name: _____
First Middle Last

Social Security no.: _____

Date of birth: _____

Date of employment: _____

I. Have you ever experienced any of the following conditions? (Check Yes or No)

		Yes	No
I.	Neck pain or discomfort of any kind	❑	❑
2.	Back pain or discomfort of any kind	❑	❑
3.	Hand or wrist pain or discomfort of any kind	❑	❑
4.	Shoulder pain or discomfort of any kind	❑	❑
5.	Ankle pain or discomfort of any kind	❑	❑
6.	Knee pain or discomfort of any kind	❑	❑
7.	Headaches	❑	❑
8.	Epilepsy	❑	❑
9.	Diabetes	❑	❑
10.	Arthritis or similar degenerative joint disease	❑	❑
11.	Amputated foot, leg, hand or arm	❑	❑
12.	Loss of sight of one or both eyes or a partial loss of vision greater than 75% in both eyes	❑	❑
13.	Polio or any continuing effects from such condition	❑	❑
14.	Cerebral palsy, Muscular dystrophy or Multiple sclerosis	❑	❑
15.	Parkinson's disease	❑	❑
16.	Heart or blood vessel disorders	❑	❑
17.	Phlebitis or Thrombosis (blood clots)	❑	❑
18.	Pulmonary embolism	❑	❑
19.	Tuberculosis	❑	❑
20.	Emphysema, asthma or any other breathing disorders	❑	❑
21.	Hemophilia, sickle cell anemia or any other diagnosed blood disorders	❑	❑
22.	Hypoglycemia or hyperglycemia (low or high blood sugar)	❑	❑
23.	Chronic osteomyelitis (bone infection)	❑	❑
24.	Ankylosis or fusion of any major joints	❑	❑
23.	Ruptured, herniated, bulging or slipped disc of the neck or back	❑	❑
24.	Loss of hearing	❑	❑
25.	Any permanent condition which constitutes impairment to a hand, foot, leg or arm, or to the body as a whole	❑	❑
26.	Joint pain or discomfort of any kind	❑	❑

Continued on back.

II. If you have checked yes to any of the foregoing conditions, please describe the nature of the conditions:

III. Have you ever received medical care or surgery for any of the conditions listed on the front page of this questionnaire?
❑ Yes ❑ No If yes, please explain:

IV. Have you ever been hospitalized for any of the conditions listed on the front page of this questionnaire?
❑ Yes ❑ No If yes, please explain:

V. Are you presently receiving care or have you received care during the past year for any of the conditions listed on the front page of this questionnaire?
❑ Yes ❑ No If yes, please list the condition(s) and describe the care you are receiving:

VI. Are you currently receiving treatment or have you ever received treatment for a medically diagnosed mental illness or disorder such as depression, manic depressive condition, anxiety, schizophrenia, or any similar or related conditions?
❑ Yes ❑ No If yes, please explain:

VII. Are you currently receiving treatment or have you ever received treatment for an alcohol or drug condition?
❑ Yes ❑ No If yes, please explain:

VIII. Please list all prescribed medications you are currently taking.

IX. Do you have any physical condition which we should be aware of in the event of a medical emergency? If so, please identify the condition, and, if applicable, your treating physician:

Employee signature: _____

Date: _____