



Application for Employment

Republic Services, Inc., its Subsidiaries and Affiliated Entities (the "Company")

It is the policy of Republic Services and its subsidiaries and affiliated entities to promote equal employment opportunities. This means that Republic Services and its subsidiaries and affiliated entities will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, religion, marital status, sex, sexual orientation, national origin, age, disability, veteran status, or other classification protected by law. If you require an accommodation in the application process, please advise [insert HR contact title].

General Instructions for the Employment Application of Republic Services, Inc., Subsidiaries & Affiliated Entities ("Company").

1. **COMPLETE all** questions in each section per instructions using black or blue ink.
2. Do not leave any blank spaces or sections. If the question is not applicable to you, enter "N/A."
3. If the application is not complete, it will not be considered.
4. Include any additional information regarding your qualifications that you think might be relevant in the consideration of your application.
5. If you need more room, feel free to attach extra sheets, noting the number of extra sheets attached when you sign and date the application.
6. IF YOU DO NOT SIGN AND DATE PAGE SEVEN (7) OF THIS APPLICATION, THIS APPLICATION WILL NOT BE CONSIDERED.

This application will be active for a period of 45 days from the date you sign, date, and return a completed application. Following the expiration of the 45-day period, you must complete a new application to be considered for employment with the Company. No Company personnel may make representations or statements that effectively modify or extend the period of time during which your application remains active.

POSITION(S) APPLIED FOR _____ LOCATION AT WHICH YOU ARE APPLYING _____

IF HIRED, WHEN CAN YOU BEGIN WORK? _____ SALARY EXPECTED \$ _____

Section A. Candidate Identification

List full name. If applicable, provide name exactly as it appears on your social security card.

Name: _____ Application Date: _____
 First Middle Last

Address: _____
 Street

City State Zip Phone: _____
 Area Code Number

Are you legally authorized to work in the United States? ___Yes ___No

How did you learn of our organization? _____.

Name and affiliation of any relatives employed by our organization (please state their relationship to you): _____.

Section B. Type of Employment Desired

Days Available*		Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total Hours
Hours Available	From:								
	To:								

Can you work overtime, if asked?

* You are not required to indicate on this application your unavailability or need for absence due to a religious practice.

Section C. Education

Name of School	Location (City/State)	Course of Study	No. of Years Completed	Did you Graduate?	Diploma/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section D. United States Military Service

Please list any job related military experience or skills.

Section E. Employment History

All candidates must provide employment history for the previous ten (10) years, if applicable. DOT candidates also must complete the DOT Attachment on pages eight (8) and nine (9) of this application.

For DOT Candidates: If you are applying for a position to operate a commercial motor vehicle, subject to DOT Commercial Driver Regulations, the Company is required to contact your current and previous employers for the preceding three (3) years to inquire about your past drug and alcohol test results and to investigate your safety performance history.

Has your employment ever been involuntarily terminated or have you ever been asked to resign by any previous employer?
 Yes _____ No _____

If yes, please explain:

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment within the last 10 years. Use an additional sheet of paper if necessary. Resumes will not be taken in lieu of the employment history information. All portions of this section should be completed. If self-employed, give firm name and supply business references.

1	Company name and mailing address:	Telephone:
	Job Title	Name of Supervisor
Describe the type of work you performed in this position:		Weekly Base pay Start _____ End _____ Other compensation (incentive pay, commissions, bonuses, etc.):
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> Only after conditional offer of employment		Reason for leaving:

2	Company name and mailing address:	Telephone:	
	Job Title	Name of Supervisor	Employed (month and year): From: To:
	Describe the type of work you performed in this position:		Weekly Base pay Start End Other compensation (incentive pay, commissions, bonuses, etc.):
			Reason for leaving:

3	Company name and mailing address:	Telephone:	
	Job Title	Name of Supervisor	Employed (month and year): From: To:
	Describe the type of work you performed in this position:		Weekly Base pay Start End Other compensation (incentive pay, commissions, bonuses, etc.):
			Reason for leaving:

4	Company name and mailing address:	Telephone:	
	Job Title	Name of Supervisor	Employed (month and year): From: To:
	Describe the type of work you performed in this position:		Weekly Base pay Start End Other compensation (incentive pay, commissions, bonuses, etc.):
			Reason for leaving:

Section G. Employment References

List **ONLY** those individuals who we may contact, and who can attest to your professional abilities and work accomplishments. Do **NOT** include friends, relatives or any other individual with whom you have not worked.

Name & Position:	Company, City, & State:	Yrs Known	Reference's Business Relationship to you:	Area Code & Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section H. Other Background Information

Have you ever been employed by Republic Services or one of its subsidiaries or affiliated entities, including Allied Waste or BFI? Yes___ No___

If yes, give dates of employment, Company Name, and location: _____

Do you have relatives employed by Republic Services or one of its subsidiaries or affiliated entities? Yes___ No___

If yes, give Name(s), Company (ies) Name(s), and Location(s):

Have you been convicted of or plead guilty, no contest or nolo contendere to a misdemeanor or felony using your current name or any other name? **Please read all of Section H prior to answering the question.**

Yes___ No___

If yes, explain below. Provide city, county, and state of conviction and date and nature of offense(s), along with sentencing information. Enter N/A if this does not apply to you.

Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below. You are required to disclose violations, infractions, petty misdemeanors, or summary offenses.

A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and is only relevant in determining whether the conviction is related to the job for which you are applying. Factors such as age at the time of the offense(s), date of the offense(s), seriousness of the offense(s), nature of the violation(s), its relation, if any, to the job you are seeking, and rehabilitation will be taken into account. Failure to honestly answer these questions will result in discontinued consideration of your application or termination of your employment.

California Residents – You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old.

Connecticut Residents – You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

Kentucky Residents - Do not respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago

Massachusetts Residents - A candidate for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearance or convictions. In addition, any candidate for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution.

Washington Residents - You may exclude convictions that occurred over ten years ago.

Section I Prior Employment Agreements

Have you signed any agreement with your current or former employer(s) which would restrict you from (check all that apply):

- Working for the Company
- Competing with your current or former employers
- Soliciting customers from your current or former employers

Disclosing confidential information or sharing trade secrets of your current



If you checked any box above, the Company may require you to provide a copy of any such Agreement prior to your being considered for employment.

Section J. Certifications

Read the certifications below carefully to be certain you understand and agree with each one.

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. Should I become an employee of the Company, I understand and agree that I may resign my employment with the Company at any time for any reason with or without notice. I understand and agree that, unless I am employed under a written employment agreement, my employment may be terminated at will. I understand that means that either I or the Company may terminate my employment at any time, with or without cause or notice. If I am employed on an at-will basis, I understand that no one at the Company has the authority to change the at-will status of my employment unless it is in a written agreement, signed by an executive officer of the Company. I also understand that any handbooks, manuals, policies, and procedures maintained by the Company are not contractual in nature, nor are they intended to create an implied or express employment contract or any contractual rights, and they may be amended or abolished at the sole discretion of the Company at any time.

I authorize the Company to make investigations and inquiries of my personal, employment, criminal, financial, or medical histories and other related matters needed to make an employment decision. (Inquiries regarding medical history will be made only if they are job-related and consistent with business necessity and after a conditional employment offer has been extended.) Should inquiries regarding my criminal and medical history and/or status be necessary, I agree to sign all authorizations necessary for the Company to obtain that information.

I release all employers, schools, health care providers, and other persons and entities from any and all liability in responding to inquiries and releasing information in connection with my application.

Should I become an employee of the Company, I will follow all terms of the Company's policy regarding drugs and alcohol. As a condition of potential employment, I agree to take a pre-employment drug screen in accordance with federal, state and Department of Transportation regulations, as applicable. I agree that I will submit to any drug and/or alcohol tests appropriate under the Company's policy and that I will provide any authorization necessary to ensure release of those test results to the Company.

Should I become an employee of the Company, I will conduct the Company's business in a strictly ethical and legal manner. In addition, I will obey all of the laws of the United States and of all localities and states where the Company does business or seeks to do business.

I agree that I will completely and accurately report any hours that I work, unless the Company advises me that I do not have to record my hours because I am employed in a position the Company classifies as "exempt."

Under the Immigration Reform and Control Act, the Company employs only those individuals who are authorized and eligible to work in the United States. Accordingly, if I am offered and choose to accept a position with the Company, I understand I will be required to demonstrate my eligibility to work in the United States within three days of my start date. I understand that if I fail to demonstrate my eligibility to work in the United States, my employment will be terminated.

It is unlawful in the state of Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. (Statement required by Chapter 49, Section 19B, MA Statutes.)

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, or a rotating work schedule that includes **Saturday** and **Sunday**. I understand and accept these, if hired, as conditions of my continued employment.

I understand the essential functions of the position for which I am applying and I believe that I can perform the essential functions of the job for which I am applying with or without reasonable accommodations.

I also certify that the information I have provided in this application including all supporting documents and any discussions and/or interviews with Company representatives are true and complete to the best of my knowledge, and I understand that any misrepresentation or omission of fact in those discussions or interviews and/or on this application or any other record relating to my consideration for employment may be a sufficient reason for not hiring me and if hired, may constitute grounds for immediate dismissal.

My signature certifies that I have read and agree with the above statements, this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: / / Print Name: _____ Signature: _____

For Maryland Residents Only: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I have carefully read the above Maryland Polygraph Statement and understand the statement.

Date: _____ Signature: _____

DOT ATTACHMENT

All DOT candidates must complete this attachment or the application will not be considered. If hired, you will be required to provide proof of a valid commercial driver's license.

Candidate Information

Name: _____ SS#: _____ Date: _____
 (Print) Last First Middle

Date of Birth: _____ Can you provide proof of age? Yes _____ No _____

List the addresses at which you have resided for the last three years. How Long at Address

Current Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	
_____	_____	_____	_____	_____

Commercial Motor Vehicle Operator Licenses or Permits (List all that have been issued to you whether expired or un-expired.)

State	License #	Type	Expiration Date

- A Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No _____ Yes _____, attach a statement giving details
- B Has any license, permit, or privilege to operate a motor vehicle ever been suspended or revoked? No _____ Yes _____, attach a statement giving details

Driving Experiences. If none, write none.

Equipment Class	Equipment Type (Van, Tank, Flat, etc.)	Date From	Date To	Approximate # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident record for the past three (3) years. If more, attach sheet. If none, write none.

Accidents	Dates	Nature of Accident (Head-on, Rear-end, etc.)	Fatalities	Injuries
Last				
Next Previous				
Next Previous				

Traffic convictions and/or forfeited bond or collateral for the past three (3) years. If none, write none. Do not list parking violations. (If you are applying for employment in Illinois, you are not obligated to disclose sealed or expunged records of conviction.)

Location	Date	Charge	Penalty

Experience and other qualifications not shown elsewhere in this employment application or history attachment.

List the states in which you operated a commercial motor vehicle during the last five (5) years: _____

Which safe driving awards do you hold and from whom? _____

List special equipment or technical materials you can work with. _____

List special courses or training that have helped you as a driver. _____

List CDL endorsements. _____

Previous Safety Performance History

At any time during the previous three years, were you subject to the Federal Motor Carrier Safety Regulations while employed by a previous employer?

Yes _____ No _____ If so, please identify each such employer.

At any time during the previous three years, was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and drug testing requirements (as required by 49 CFR part 40)? Yes _____ No _____ If so, please identify each such employer.

Previous Alcohol and Drug Test Statement

Have you tested positive, or refused to take a pre-employment drug or alcohol test required by a company, to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two years? Yes _____ No _____

If yes, have you successfully completed all DOT return-to-duty requirements? Yes _____ No _____

Can you provide documentation demonstrating completion? Yes _____ No _____

Checking "Yes" for a positive test result or refusal to test will not necessarily disqualify you from employment if you have successfully completed all DOT return-to-duty requirements.

Notice of Investigation

Please take notice of the following:

1. As a candidate for a position to operate a commercial motor vehicle with the Company you will be required by DOT rules to provide certain information regarding your current and prior employment. This includes the names and addresses of your employers for the last three years; your dates of employment and reasons for leaving; whether you were subject to the regulations of the Federal Motor Carrier Safety Administration (FMCSA); and whether your job was designated as a safety sensitive function by any mode of the DOT (FRA, FAA, RSPA, FMCSA or FTA) and subject to drug and/or alcohol testing.
2. This information will be used by the Company in making a hiring decision. Because current and prior employers have thirty (30) days to respond with information, I understand that I may become employed by the Company before my current and/or prior employers have provided the Company with the information required by the DOT. Consequently, I understand that, even though I may become employed by the Company, my employment might be terminated by the Company after it receives information from my current and/or prior employers, based upon my prior safety and/or drug and alcohol testing record..
3. Your current and previous employers will be contacted for the purpose of investigating your safety performance history as required by the FMCSA.

You have the following rights regarding the investigative information that will be provided:

- The right to review information provided by current and previous employers;
- The right to have errors in the information corrected by your current and previous employers and for your current or previous employers to re-send the corrected information to any prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if you and your current or previous employer do not agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three years, and wish to review current or previous employer-provided investigative information must submit a written request to the Company, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The Company will provide this information to you within five (5) business days of receiving your written request. If the Company has not yet received the requested information from your previous employer(s), then the five-business days deadline will begin when the Company receives the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of the Company making them available, then the Company will consider you to have waived your request to review the records.

Please acknowledge your receipt of this Notice by printing your name and signing below.

My signature certifies that I have read and agree with the above statements, this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Printed Name

Signature

Date

VOLUNTARY EEO ATTACHMENT

From time to time, Republic Services, Inc. or one of its subsidiaries or affiliated entities may enter into contracts with governmental entities. Accordingly, in a good faith effort to prepare affirmative action programs and comply with applicable law, we ask you to complete the information below. This information is used to assist us with any applicable government reporting and record keeping requirements.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse action. This attachment will be kept in a confidential file and will not be reviewed by anyone involved in deciding who will receive an interview or offer of employment.

Candidate Identification

Name: _____ Date: _____
(Print) Last First Middle

Position Applied for: _____

Are you **Hispanic or Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

Yes _____ No _____

If you answered no to this question, please indicate which of the following race(s) you consider yourself to be (mark only one box):

- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Gender

_____ Male _____ Female

I respectfully decline completing the information being requested above. _____(initials)

JURY TRIAL WAIVER AGREEMENT

The Company hopes that, if you become employed, your experience will be a positive one. We also firmly believe that our internal complaint resolution procedures should be sufficient to resolve any problems that may arise between you and the Company. However, we recognize that sometimes, despite everyone's best efforts, a matter cannot be resolved internally. In those rare instances, we believe that judges are in the best position to fairly resolve these disputes.

This document is a Jury Trial Waiver Agreement ("Agreement"). In exchange for the Company's consideration of your application for employment and your actual employment (if hired), you are being asked to sign this Agreement as a condition of being employed by the Company. Because we believe that judges are best suited to resolve disputes between you and Company, if you choose to sign this Agreement, the Company also will waive its right to request or demand a jury trial with respect to any lawsuit between you and the Company.

This Agreement does not prevent you from filing charges with administrative agencies such as the Equal Employment Opportunity Commission or the National Labor Relations Board or equivalent state agencies. This Agreement does not take away any of your rights to sue or to seek all of the types of remedies the law allows. It simply provides that a judge will decide any differences that cannot be resolved through the Company's internal complaint resolution procedures. By signing this Agreement, you waive your right to request or demand a jury trial with respect to any claims under federal or state law (to the extent permitted by the law of the state in which you may be employed) that you may assert against Republic Services, Inc., its affiliates, subsidiaries, divisions, successors, assigns, purchasers, and/or its current, former, and future employees, shareholders, officers, directors and agents ("the Company"). This includes, but is not limited to, claims relating in any manner to your application for employment, your employment (and any of its terms or conditions), or your separation from employment with the Company.

You may choose to reject this Agreement. If you choose not to sign this Agreement, you will not be hired (or, if hired, you will not remain employed) by the Company. If you decide not to sign this Agreement today, you may take it with you and you may consult with any attorney of your choosing to discuss this Agreement before signing it. You may take as much time as you want to consider this Agreement, but you will not be considered for an open position until you have submitted a complete application (including this Agreement).

This Agreement constitutes the entire agreement and understanding between you and the Company and supersedes any prior agreements and understandings, whether written or oral, related to its subject matter. This Agreement cannot be revoked or modified except by a written agreement, signed by you and the General Counsel of the Company. Nothing in this Agreement shall be construed to create an offer of employment or a contract for a definite term of employment, express or implied, or to alter any at-will employment relationship.

IMPORTANT: BY SIGNING BELOW, I AGREE THAT I HAVE HAD AS MUCH TIME AS I WANTED TO CONSIDER THIS AGREEMENT AND THAT I UNDERSTAND I AM GIVING UP AND WAIVING MY RIGHT TO A JURY TRIAL KNOWINGLY, INTELLIGENTLY, VOLUNTARILY, AND FREE FROM DURESS OR COERCION.

Date

Candidate Signature

INFORMED CONSENT AGREEMENT

APPLICATION POLICIES:

1. We do not always hire everyone who applies.
2. We may not interview you today. We may call you another day for an interview.
3. We do not always make hiring decisions instantly. Depending upon the number of applicants, decisions may take several days.
4. We will call you if we have a job for you.
5. Unless required by law, we DO NOT discuss the results of our pre-employment screening.
6. We DO NOT discuss our hiring decisions with applicants.
7. We are an Equal Opportunity / Affirmative Action Employer.

I have read, understand, and agree to cooperate with these policies. I also understand that the information I provide about myself on application forms, on surveys, assessments, and during interviews will be used in making hiring decisions, and I consent to it being used for this purpose.

Print your name: _____

Your signature: _____

Today's date: _____

