


Dillard Environmental Services

3120 Camino Diablo Rd.
 Byron, CA 94514
 Phone (925) 634-6850
 Fax (925) 634-0874
 Toll Free (800) 674-1066

Employment Application

An equal opportunity and affirmative action employer

Personal Information

First Name	Last Name	Middle Initial	Date
Other names by which you have been known (for date verification and reference checking purposes)		Social Security Number	
Home Phone	Business Phone	E-mail Address	
Permanent Address	City	State	Zip Code
Previous Address (If at current address less than 5 years)		Driver's License Number/State	

If you are not a citizen of the United States, are you eligible to work in the U.S., and would you be able to provide the necessary documents of proof of legal right to work upon hire? Yes No

Are you under 18 years old? Yes No If you are under 18 and still in high school, you may be required to provide a work permit upon hire.

Instructions for answering the following question regarding criminal history record:

All Applicants: Do not respond "yes" concerning the following: arrests or detentions that did not result in conviction; any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; convictions that occurred more than ten (10) years ago; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and first convictions for misdemeanors or drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where five (5) or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later.

Have you ever been convicted of a crime? Yes No

[_____]

If YES, what was (were) the offense(s)?

[_____]

Date(s) and place(s) of conviction

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the Offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, And rehabilitation will be taken into account.

How did you hear about this career opportunity? Internet website Advertisement Agency Referral Self Other

[Name of Referral Source:] _____

Have you ever applied to or worked for Dillard Environmental Services? Yes No If so, when? [_____]

Do you have any friends or relatives working for Dillard Environmental Services? Yes No If YES, state name and relationship [_____]

Employment Interest

[_____]
 Position Desired Salary Desired Date Available

What is your availability to work? Full-time Part-time Weekends Overtime Seasonal: Summer Holiday

[_____]
 If seeking Full or Part time work what days and hours are you available to work? If seeking seasonal work, what time period are you available?

Licensing: (Applicable only to applicants interested in driving trucks and/or operating equipment)

Do you currently possess a Valid California Drivers License? Yes No If applicable check License Class A B C Commercial

Additional License Endorsements – Check appropriate item: Haz-Mat Air Brakes Doubles Triples Tanker

If applying for a position of driver or equipment operator a copy of your current D. M. V. printout (no less than 30 days old) will be requested to accompany this employment application.

Are you licensed and certified for the job in which you have applied? Yes No

[_____]
 Name of license/certification Issuing State License/certification number

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement [_____]

Note: *Employment may be contingent upon passing a job-related physical examination and drug testing once an offer of employment is presented.*

Education and Training

Check the highest level of education completed: High School College or University Vocational/Business Technical School GED

Name of School	City, State	Major	Degree	Month, Year Graduated

Military Service

Have you obtained any special skills or abilities as a result of service in the military? Yes No

If yes, describe the special skills or abilities you have learned: [_____

 _____]

Do you have any other experience, training, qualifications, or skills you feel may be helpful to us in considering your application? If so, please describe:

[_____

 _____]

Bilingual

Do you speak, write, or understand any foreign Languages? Yes No If yes, which language(s): [_____]

Employment History – Last 10 Years (Please list most recent employer first)

Company Name		Street Address		
City	State	Zip Code	Phone Number	
Your Job Title			Date of Employment Start End	
Supervisors Name		Job Title		
Job Duties				
Reason for Leaving				
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary		Ending Salary

Company Name		Street Address		
City	State	Zip Code	Phone Number	
Your Job Title			Date of Employment Start End	
Supervisors Name		Job Title		
Job Duties				
Reason for Leaving				
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary		Ending Salary

Company Name	Street Address		
City	State	Zip Code	Phone Number
Your Job Title			Date of Employment
			Start
Supervisors Name		Job Title	
Job Duties			
Reason for Leaving			
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary	Ending Salary

Company Name	Street Address		
City	State	Zip Code	Phone Number
Your Job Title			Date of Employment
			Start
Supervisors Name		Job Title	
Job Duties			
Reason for Leaving			
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary	Ending Salary

Company Name	Street Address		
City	State	Zip Code	Phone Number
Your Job Title			Date of Employment
			Start
Supervisors Name		Job Title	
Job Duties			
Reason for Leaving			
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary	Ending Salary

Company Name	Street Address		
City	State	Zip Code	Phone Number
Your Job Title			Date of Employment
			Start
Supervisors Name		Job Title	
Job Duties			
Reason for Leaving			
May we contact employer/supervisor?	Phone number of employer/supervisor	Starting Salary	Ending Salary

References

List three (3) people below who have knowledge of your work performance within the last three years:

Name:			
Address:	City :	State:	Zip:
Occupation:			
Phone number:	Number of Years Acquainted:		

Name:			
Address:	City :	State:	Zip:
Occupation:			
Phone number:	Number of Years Acquainted:		

Name:			
Address:	City :	State:	Zip:
Occupation:			
Phone number:	Number of Years Acquainted:		

Please Read and Sign Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Dillard Environmental Services to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employer to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Print Applicant's Name: [_____] Date: [_____]

Applicant's Signature: [_____]