

# APPLICATION FOR EMPLOYMENT OR INTERNSHIP

It is the policy of Vision Recycling to consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other protected characteristic.

**APPLICATION DATE:**  /  /

## PERSONAL INFORMATION

Last Name	First Name	Middle Name	How Did You Learn About Us? <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other_____	
Present Address		City	State	Zip
Previous Address (if less than 12 months)		City	State	Zip
Phone No	E-Mail Address		Have you ever applied to Vision Recycling before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	

Current Open Position for which you are applying:	Date Available:	Desired Salary/Wages:	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Has someone from Vision Recycling recommended you for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Legally Authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No – please explain: _____			Will you submit to a background check as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATIONAL HISTORY

Name & Location of School	Check last year attended in School	Did you Graduate?	Degree or Certificate
<b>High School</b>	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Graduate School</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other (Specify)</b>			

Describe any specialized training, apprenticeship skills, certifications, and extra-curricular activities:

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Describe any job-related training received in the United States Military:

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## PROFESSIONAL REFERENCES List below three people not related to you, whom you have known at least one year

Name	Address (City/State)	Phone Work / Home	Position	Years Known

## EMPLOYMENT EXPERIENCE List below your last four employers, starting with the most recent

From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
		Address		
Job Title			Reason for leaving	
Nature of Duties				

**AUTHORIZATION & UNDERSTANDING** - Please review and sign where indicated.

I certify that the facts contained in this application are true and complete for all practical purposes. It may be verified by the Company. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Company is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

I understand and agree that if I am offered employment, Vision Recycling is an "AT WILL" employer, which means my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the Company or myself. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of Vision Recycling to the contrary is not authorized or binding upon Vision Recycling unless in writing and signed by the President of Vision Recycling.

Any verbal arrangements communicated to me by any employee or officer of Vision Recycling shall be void unless put in writing and signed by the President of Vision Recycling.

Release: I hereby authorize any prior employers to provide such information about my employment record or any information they having concerning my employment record and authorize such employees to supply you, upon request at any time, with any information they have regarding my character, ability, job performance and reasons for leaving employment. I will hold such employers and the company harmless for such disclosures.

<b>I have read and understand these conditions of employment.</b> ▶	Applicant Signature _____	Date Prepared _____
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<b>Office Use Only</b>	<input type="checkbox"/> Referred to Department: _____
	<input type="checkbox"/> Drug Test Complete <input type="checkbox"/> Background Check Compete <input type="checkbox"/> References Checked
	<input type="checkbox"/> Not Qualified for Opening <input type="checkbox"/> Recommend Employment <input type="checkbox"/> Hold for Future Opening
Date _____	Interviewed by _____

**APPLICATION QUESTIONNAIRE**

1. What is your full legal name (PRINT)?

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

2. Can you provide us today with two (2) forms of identification?  
(valid drivers license, social security card or birth certificate)  YES  NO
3. Can we reach you by telephone?  YES  NO
4. Do you have reliable transportation everyday?  YES  NO
5. Are you willing to take a drug test according to our policy?  YES  NO
6. Are you willing to release your criminal records, if applicable?  YES  NO
7. Are you willing to submit to a physical examination, if required?  YES  NO
8. What job or jobs are you applying for at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. In which of the following locations are you willing to work (check all locations)?

- East Bay  South Bay  North Bay  Peninsula  
 Santa Cruz County  Monterey County  Central Valley

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## ESSENTIAL JOB FUNCTION QUESTIONNAIRE

The following checked physical requirements are some of the basic essential functions (with or without reasonable accommodation) of most of our job assignments.

You must be able to perform the functions or tasks that are indicated. Please check the appropriate answer next to the functions or tasks that apply to many of your potential assignments.

### INITIAL JOB FUNCTIONS

The following highlighted questions apply to the essential functions of your requested job(s). Please check the appropriate response to only the checked questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Stand for long periods of time.                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Lift and/or carry 15lb. or more.                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Lift and/or carry 50lb. or more.                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Wear proper safety equipment as required.                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Work near moving mechanical parts.                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Work in all types of weather conditions.                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Work in loud noisy environment while wearing hearing protection. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Climb stairs with loads.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Do you have any conditions or have you sustained any injury that would have an effect on your ability to perform the duties of this position with or without reasonable accommodations?

YES  NO

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# **DRUG SCREENING AUTHORIZATION & CONSENT FORM**

## **NO DRUG POLICY**

Vision Recycling strives to maintain a drug free work environment. Therefore, we enforce a strict NO DRUG POLICY. ALL EMPLOYEES must adhere to this policy. Failure to comply will result in immediate termination.

Due to the nature of several job assignments, if you are offered employment at Vision Recycling, a drug screen will be required as part of your job offer, before you can begin work. Furthermore, it is Vision Recycling's policy to require a drug screen whenever an on-the-job accident or injury occurs.

## **DRUG SCREENING AUTHORIZATION & CONSENT**

If offered employment by Vision Recycling, I hereby authorize and give full permission to Vision Recycling and/or their medical representative to send a specimen of my urine and/or blood to a designated laboratory of my employer's choice for the purpose of conducting a screening test to determine the presence of illegal drugs, alcohol, and/or prescription medication taken without a prescription.

I understand that my application and/or employment will be terminated if I fail to comply with my employer's drug screening requirements and policies as outlined above. I further understand that my potential employment may be terminated due to the results of this drug screening.

I further agree to hold all parties concerned harmless (not initiate a lawsuit) for any alleged harm due to termination of my potential employment resulting from these captioned conditions.

I UNDERSTAND VISION RECYCLING WILL REQUIRE A DRUG SCREEN FOR CERTAIN JOB ASSIGNMENTS AND WILL ALWAYS REQUIRE A DRUG SCREEN WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH THIS AUTHORIZATION AND CONSENT.

\_\_\_\_\_  
FULL NAME OF APPLICANT (PRINT)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE