

**SOUTH TAHOE REFUSE COMPANY, INC.
TAHOE BASIN CONTAINER SERVICE
DOUGLAS DISPOSAL, INC.**

**2140 Ruth Avenue
South Lake Tahoe, CA 96150**

**Important Information To Know When Filling
Out An Application for Employment With
SOUTH TAHOE REFUSE COMPANY, INC.
TAHOE BASIN CONTAINER SERVICE
DOUGLAS DISPOSAL, INC.**

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "see resume".
2. Applications are destroyed after six (6) months. If you have not been contacted by that time, you are welcomed to submit a new application.
3. If you are offered a position with STR, TBC or DDI, be aware that we may verify all of the information that you have written on the application and any resume with a background check. If there is a discrepancy in your information, the job offer may be withdrawn or your employment may be terminated. It is important to be sure that what you have written is correct.
4. Positions with STR, TBC or DDI are employment at will. Employment at will may be terminated at the will of either the employer or the employee. Employment may be terminated with or without cause and with or without notice at any time by you or your Company.
4. If you have any questions about completing the application, it is important to please ask the STR, TBC or DDI representative who has been assisting you. Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date

**SOUTH TAHOE REFUSE COMPANY, INC.
TAHOE BASIN CONTAINER SERVICE
DOUGLAS DISPOSAL, INC.
2140 Ruth Avenue
South Lake Tahoe, CA 96150
APPLICATION FOR EMPLOYMENT**

Thank you for considering our companies (STR, TBC, DDI) in your job search. STR, TBC and DDI are equal employment opportunity employers and do not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service or any state or federally protected classifications. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink, complete all questions, and sign your initials and name on the last page where indicated.

Date _____

PERSONAL INFORMATION

| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-------------------|----------------------|--------------------|
| | | |
| STREET ADDRESS | CITY AND STATE | ZIP CODE |
| | | |
| HOME PHONE NUMBER | WORK PHONE NUMBER | DATE YOU CAN BEGIN |
| | | |
| E-MAIL ADDRESS | POSITION APPLIED FOR | SALARY DESIRED |
| | | |

| LEVEL AND TYPE OF EDUCATION | SCHOOL NAME | CITY AND STATE | LAST YEAR COMPLETED | DID YOU GRADUATE? |
|-----------------------------|-------------|----------------|---------------------|------------------------|
| HIGH SCHOOL | | | __9 __10 __11 __12 | __ YES __ NO |
| COLLEGE OR UNIVERSITY | | | | DEGREE |
| OTHER SCHOOLS | | | | CERTIFICATE OR LICENSE |

| SPECIAL SKILLS |
|------------------------|
| Software Applications: |
| Other Skills: |

EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form, but complete this page with the requested information.

| | |
|--------------------|--------------------------------------|
| Employer | Address |
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: To: |
| | |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

| | |
|--------------------|--------------------------------------|
| Employer | Address |
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: To: |
| | |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

| | |
|--------------------|--------------------------------------|
| Employer | Address |
| | |
| Telephone Number | Supervisor's Name |
| | |
| Job Title | Dates of Employment (month and year) |
| | From: To: |
| | |
| | |
| Reason for Leaving | Essential Job Duties |
| | |

GENERAL INFORMATION

| | |
|---|--|
| May we contact your present employer? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have the legal right to work in the United States? If hired, you will be required to provide identification to prove eligibility for employment. | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you been employed or attended school using any other name? If yes, please indicate names previously used: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | |
| Are you able to perform the primary duties of the job as outlined in the job description, with or without reasonable accommodation? If no, please explain: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain: | <input type="checkbox"/> yes <input type="checkbox"/> no |

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below:

initial I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

initial I authorize STR, TBC and DDI to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize the references I have listed to furnish information about my employment record, including a statement of the reason for any termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, without giving me prior notice of such disclosure. In addition, I release STR, TBC and DDI, 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 the request for and furnishing of such pertinent information.

initial I authorize STR, TBC and DDI to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. STR, TBC and DDI have advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

initial If hired, I recognize the rules and policies of STR, TBC and DDI. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of STR, TBC, DDI or myself. I understand that the General Manager or other officer of the company are the only persons who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies, including wages, hours and working conditions, as it deems appropriate.

initial I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to STR, TBC and DDI for their use in evaluating my suitability for employment. Further, I release the examining facility and STR, TBC and DDI from any and all liability, and from any damage that may result from the release of such information.

Date

Signature