



**CLEAN CAN PORTABLE TOILETS, LLC**

**JOB APPLICATION**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**EMPLOYMENT POSITION**

Position(s) applying for:     Driver     Shop Hand

What days are you **available** for work? Please specify times

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

If needed, are you available to work overtime?     Yes     No

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work?     Yes     No

Salary desired: \_\_\_\_\_



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**PERSONAL INFORMATION**

Have you ever applied to or worked for Clean Can Portable Toilets before? If yes, when?

\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Clean Can? If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Do you have any condition which would require job accommodations? If yes, please describe accommodations required below

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**JOB SKILLS/QUALIFICATIONS**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

(Note: Clean Can complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)



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**MILITARY:**

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

\_\_\_\_\_

**EDUCATION AND TRAINING**

High School:

NAME	LOCATION	YEAR GRADUATION	DEGREE

College/University

NAME	LOCATION	YEAR GRADUATION	DEGREE

Vocational/Trade/Training

NAME	LOCATION	YEAR GRADUATION	DEGREE



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**PREVIOUS EMPLOYMENT/REFERENCES**

1. Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_



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**AT-WILL EMPLOYMENT**

The relationship between you and the Clean Can Portable Toilets is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Clean Can Portable Toilets. No representative of Clean Can Portable Toilets has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

**Applicant Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_