

# APPLICATION FOR EMPLOYMENT

770-326-6000 Office  
770-326-6009 Fax

Metro Green Recycling, LLC  
An Equal Opportunity Employer.  
Reasonable accommodation will be provided as required by law.

4351 Pleasantdale Rd.  
Doraville GA 30340

Last Name	First Name	Middle Initial	Social Security Number:	
Street Address	City/State	Zip Code	Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position Desired:	Wage/Salary Desired:	Are you willing to travel?		
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?				
If yes, please explain.				
Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.		
Name of high school attended:	City & State	Graduate?	GED?	
Name of college or technical school:	City & State	Graduate?	Degree?	Major:
List any job-related skills or accomplishments, including military service:				
<b>- Provide Three References Who Are Not Former Employers Who We May Contact -</b>				
Name and Occupation	How do you know them, and for how long?		Phone Number	
Referred by:				

## Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
<b>CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM</b>	
<p>I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.</p> <p>I have read, understand, and agree to the above statements.</p>	
<b>Signature:</b>	<b>Date:</b>

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of the consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in pen only.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License #. \_\_\_\_\_ State \_\_\_\_\_ Phone # (Day) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Current address  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

List other cities or towns you have lived in the past 7 years. Use additional form if necessary

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*\*

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: \_\_\_\_\_

Return Info To: \_\_\_\_\_ Fax # \_\_\_\_\_

Information Requested, Please check all that you wish completed:

Criminal History  Credit Report  Social Security Verification  Driving Report  Previous Employer Verification

**Disclaimer:**

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by AllCheck Screening Services, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository AllCheck Screening Services, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of AllCheck Screening Services, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify AllCheck Screening Services, Inc., its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.