

# Tiger Sanitation, Inc.

6315 US Hwy 87 E  
San Antonio, TX 78222

## Employment Application

Tiger Sanitation, Inc. (the "Company") is an equal opportunity employer and does not discriminate against qualified applicants or employees because of race, color, religion, sex, pregnancy, age, national origin, disability, genetic information, veteran status, or any other factor protected by state, local or federal law.

Applicants with a disability who need assistance completing an application or using this site may contact the Payroll/Benefits Coordinator at 210-333-4287 x 142 to request a reasonable accommodation.

APPLICANT INFORMATION				DATE	
Last Name		First		M.I.	
Other Names					
Current Street Address				Apartment/Unit #	
City		State	ZIP	How long?	
Previous Street Address				Apartment/Unit #	
City		State	ZIP	How long?	
Phone ( )	Mobile ( )	E-mail Address			
Position Applying for (1) _____		(2) _____		Date available to begin employment / /	
Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		What is your availability for work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other			
Have you previously worked with the Company? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes: From _____ To _____					
Reason for leaving: _____					
Do you plan to work for another organization while employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate organization, position and days/hours of the week employed _____ _____					
Please state all languages (including English) that you speak, read and write proficiently:					
	Speak	Read	Write	Comments:	
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/ Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

**REFERRAL PROGRAM**

How did you hear about Tiger Sanitation?  Tiger Sanitation employee  Online  Truck advertisement  Other

If referred by an employee, what is their name?

Provide complete information on all employment during the *past 10 years*. Begin with your current and most recent employment. Include full-time, part-time, and temporary employment. Explain all gaps in your employment history. *Use additional sheet if necessary.*

**EMPLOYMENT HISTORY**

Company	Phone ( )
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Address	Supervisor
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City	State	Zip
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Job Title	Responsibilities: _____ _____
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Subject to FMCSR regulations?  YES  NO      Safety sensitive position subject to DOT drug & alcohol testing?  YES  NO

Dates of Employment From                      To	Reason for leaving: _____ _____
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If this is your current employer, may we contact them for employment verification purposes?  YES  NO  Not Applicable

Company	Phone ( )
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Address	Supervisor
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City	State	Zip
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Job Title	Responsibilities: _____ _____
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Subject to FMCSR regulations?  YES  NO      Safety sensitive position subject to DOT drug & alcohol testing?  YES  NO

Dates of Employment From                      To	Reason for leaving: _____ _____
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Company	Phone ( )
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Address	Supervisor
---------	------------

City	State	Zip
------	-------	-----

Job Title	Responsibilities: _____ _____
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Subject to FMCSR regulations?  YES  NO      Safety sensitive position subject to DOT drug & alcohol testing?  YES  NO

Dates of Employment From                      To	Reason for leaving: _____ _____
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Company	Phone ( )
---------	-----------

Address	Supervisor
---------	------------

City	State	Zip
------	-------	-----

Job Title	Responsibilities: _____ _____
-----------	----------------------------------

Subject to FMCSR regulations?  YES  NO      Safety sensitive position subject to DOT drug & alcohol testing?  YES  NO

Dates of Employment From                      To	Reason for leaving: _____ _____
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Provide complete information on all employment during the *past 10 years*. Begin with your current and most recent employment. Include full-time, part-time, and temporary employment. Explain all gaps in your employment history. *Use additional sheet if necessary.*

**EMPLOYMENT HISTORY (CONT.)**

Company		Phone ( )	
Address		Supervisor	
City		State	Zip
Job Title	Responsibilities: _____ _____		
Subject to FMCSR regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		Safety sensitive position subject to DOT drug & alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates of Employment From To		Reason for leaving: _____ _____	

Company		Phone ( )	
Address		Supervisor	
City		State	Zip
Job Title	Responsibilities: _____ _____		
Subject to FMCSR regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		Safety sensitive position subject to DOT drug & alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates of Employment From To		Reason for leaving: _____ _____	

(Use additional sheets if necessary)

Have you ever been terminated from employment or asked to resign by *any* employer? If yes, please provide employer, location, dates and describe circumstances.

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\_\_\_\_\_

\_\_\_\_\_

**DRIVING EXPERIENCE**  I have not driven for a previous employer (if so, please proceed to the next section)

Please explain the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, tractor trailer, semitrailers, company vehicle, full trailer, and trash vehicles) which you have operated for a previous employer.

Company Vehicle  Passenger bus (school or otherwise)  Box truck  Straight Truck  Other

Describe the nature and extent (example: Company vehicle for 5 years, box truck for 10 years, etc.)

\_\_\_\_\_

\_\_\_\_\_

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**SPECIALIZED SKILLS**

List all specialized skills you possess, certifications you have obtained, and equipment (to including computer programs) which you operate

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\_\_\_\_\_

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\_\_\_\_\_

**CRIMINAL HISTORY**

Conviction of a crime is not an automatic bar to consideration for employment, except where state law prohibits employment. Determinations of suitability based on criminal record checks will be considered if job-related for the position in question, consistent with business necessity, and with any applicable laws or regulations. If the Company is inclined to make an adverse decision based on the results of the criminal background check, you may be advised on the part(s) of the record that make(s) you unsuitable for the position and given an opportunity to provide additional information. Unless otherwise provided by law, the Company will consider, among other things, the nature and gravity of the offense, the length of time that has passed since the conviction, and the relationship of the conviction to the particular duties and responsibilities of the position sought.

You must include information on **ALL** convictions, pleas, alternative disposition programs that have occurred during *the previous 7 years*. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how the criminal offense was classified. State the approximate date and your understanding of the criminal classification.

Have you *in the previous 7 years* (check all that apply) ( ) pled guilty or ( ) nolo contendere (no contest) or ( ) been convicted of any criminal offense other than traffic violations? Criminal offenses include any felony or misdemeanor punishable by imprisonment greater than 1 year (even if you only received probation).

Have you ever been subject to judicial or non-judicial punishment under the Uniform Code of Military Justice? \_\_\_ Yes \_\_\_ No

If yes, provide complete information on criminal offense(s), date(s), location(s) (city and state), and disposition: (use additional sheets if necessary)

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**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES (PLEASE LIST PROFESSIONAL AND/OR PERSONAL REFERENCES)**

Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

**MOTOR VEHICLE RECORD** I do not have a valid driver license (if so, please proceed to the next section)

Driver License #	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	State	Expiration Date
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Has your driver's license ever been denied, suspended, or revoked?  YES  NO

If yes, provide information on action(s), date(s), location(s), and current license status:

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List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years:

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**ACCIDENT RECORD** I am not applying for a driving position (if so, please proceed to the next section)Provide a list of all motor vehicle accidents in which you have been involved in during the *past 3 years*, specifically the date and the nature of each accident and any fatalities or personal injuries it caused. *Use additional sheet if necessary.* I have had NO motor vehicle accidents in the last 3 years. If so, please proceed to the next section.

Date of accident	Nature of incident (example: rear collision, sideswipe, etc.) _____
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Accident description:

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Citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, offense? _____	Vehicle towed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many? _____
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Fatalities? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many? _____	Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many? _____
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Date of accident	Nature of incident (example: rear collision, sideswipe, etc.) _____
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Accident description:

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Citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, offense? _____	Vehicle towed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many? _____
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Fatalities? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how many? _____	Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how many? _____
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Date of accident	Nature of incident (example: rear collision, sideswipe, etc.) _____
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Accident description:

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Citation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, offense? _____	Vehicle towed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many? _____
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Fatalities? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how many? _____	Injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, how many? _____
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**ADDITIONAL INFORMATION**

Provide any additional information that you believe will assist the Company in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships, or other qualifications.

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**APPLICATION PROCESS**

Applications for employment will be actively considered for the positions listed for 60 days after the submission to the Company. Applicants seeking other positions or consideration after the 60-day time period has expired must submit another application. The Company may not interview all applicants for vacancy. Those applicants to be interviewed will be contacted by the Company.

**APPLICANT VERIFICATION**

I certify that all the information provided on this employment application and all exhibits and resumes submitted to the Company was completed by me and is true, correct, and complete to the best of my knowledge. I understand that false, misleading, incomplete, or omitted information on this application or exhibits and resumes may result in rejection of my application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the Company and its agents with complete information concerning my character, employment record, safety performance history, and suitability for employment with the Company. Additionally, I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Company desires to conduct a consumer report or background check about me under the federal Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or any employment contract with the Company. I further understand that employment with the Company is "at will" and based on mutual consent. Either the Company or I can terminate any employment relationship at any time, with or without prior notice or cause. I understand that no employee of the Company, other than the President is authorized to enter into any contract or create any employment relationship other than "at will."

I understand that if I am hired by the Company, I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States. Further, I understand that any conditional employment offer by the Company is subject to successful completion of all employment prerequisites, including but not limited to, verifying employment and professional/personal references, testing for the illegal use of drugs, and verifying criminal and driving record through a consumer reporting agency in accordance with the requirements of the Fair Credit Reporting Act of 1970, as amended.

If employed, I will comply with the Company's policies, rules and procedures. I further understand that, if employed, I will be required as a condition of my employment to sign a binding arbitration agreement for all disputes which may arise because of my employment with the Company, as set forth in the Arbitration Agreement.

Signature

Date