

ALTO RECYCLING, LLC APPLICATION OF EMPLOYMENT

It is the policy of Alto Recycling, LLC to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status. Applicants may be subject to testing for illegal drugs.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ E-mail: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State: _____
Expiration Date: _____
 Operator Commercial (CDL) Chauffer

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a felony? Yes No
If you answered yes, please explain:

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____

Special Honors:

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name _____ Title _____

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name _____ Title _____

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Name _____ Title _____

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ Date _____

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$	
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	\$	
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	\$	
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	\$	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

II. APPLICANT INFORMATION

CAUTION: FAILURE TO ACCURATELY COMPLETE THIS FORM MAY AFFECT YOUR WORKERS COMPENSATION BENEFITS.

- a. Do you know of any condition (physical or mental) that you have which could affect or interfere with your ability to safely perform the essential job functions?

_____ YES _____ NO

- b. If "YES," describe all accommodations necessary for you to safely perform the essential job functions

Job Function:

Accommodation:

- B. Describe all job functions, which you feel you may be unable to safely perform, including all functions that may affect your safety or the safety of others, and other functions, which may aggravate or worsen a past or present condition.

1. If no accommodations are made, I may be unable to perform the following functions safely

2. Even if the accommodations noted in (b.) (2) above are made, I may be unable to safely perform:

- C. Describe any condition or concern not otherwise noted above which you have, or which we should be aware, regarding your physical and mental ability to meet the essential job functions of the position.

By signing below I acknowledge that I have read, understand and agree to the above, and have accurately completed this form to the best of my ability.

Applicants Signature

Date

MEDICAL HISTORY QUESTIONNAIRE

I herewith affirm that the employer has made an offer of employment to me, conditioned on the satisfactory completion of this questionnaire, and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated on the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions found in the attached medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and have been offered a job.

Name: _____

Social Security Number: _____

Signature: _____

Witness

Witness

STATE OF

COUNTY OF

1. Have you ever had or been treated for any of the following conditions or diseases?

	Yes	No
Epilepsy		
Diabetes		
Cardiac disease (heart trouble)		
Amputation of foot, leg, arm or hand		
Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally		
Residual disability from poliomyelitis (polio)		
Cerebral palsy		
Multiple sclerosis		
Parkinson's disease		
Hemophilia		
Chronic osteomyelitis (bone infection)		
Hyperinsulinism (low blood sugar)		
Muscular dystrophy		
Thrombophlebitis (Inflammation of a vein with a blood clot formed in the vein)		
Herniated intervertebral disk (slipped disk)		
Surgical removal of an intervertebral disk or spinal fusion		
Total deafness		
Mental retardation		
Menisectomy		
Patellectomy		
Ruptured Cruciate Ligament		
Surgical or Spontaneous Fusion of a major weight bearing joint		
One or more back injuries or diseased process of the back resulting in disability over a total of 120 or more days		
Prior industrial accidents with this company or affiliated company		
Any permanent physical condition which constitutes a 20 percent impairment of a member or of the body as a whole		
Rheumatic fever		
High blood pressure		
Varicose veins or leg ulcer		
Chest pain		
Tuberculosis		
Allergies		
Hay fever or Asthma		
Skin trouble		
Reaction to serum or drug		
Kidney or bladder trouble		
Ulcers		
Head injury		
Cancer		
Dizziness or fainting spells		
Arthritis or rheumatism		
Knee injury		
Backache		
Shoulder injury		
Alcoholism		
Drug addiction		
Severe headaches		
Chronic cough		
Shortness of breath		
Nervous breakdown		
Mental illness, psychiatric treatment or professional counseling		

2. Please list any condition or diseases for which you have been treated in the past 3 years. If no treatment has been provided, state "none." _____
3. Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized, if none, state none." _____
4. Has a psychiatrist or psychologist ever treated you? If so, for what condition? If no such treatment has been received state "none." _____
5. Have you ever been treated for any mental condition? If no such treatment has been received, state "none." _____
6. Is there any health-related reason you may not be able to perform the job for which you are applying? If yes, please explain. _____
7. Have you had a major illness in the past 5 years? If none, state "none." _____
8. How many days were you absent from work because of illness last year? If none, state "none." _____
9. Do you have any physical defects, which preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations. If none, state "none." _____
10. Do you have any disabilities or impairments, which may affect your performance in the position for which you are applying? _____
11. Are you taking any prescribed drugs? If yes, state the medication and the reason for taking it. If no medications are being taken, state "none." _____
12. Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical care provider and dates of treatment. If no treatment has been provided, state "none." _____
13. Have you ever filed for workers' compensation insurance? _____

Applicant for Employment

Date

Conditional Offer of Employment

Applicant: _____
Position: _____ Wage/Salary: _____
Tentative Start Date: _____ Employer Representative: _____

Congratulations on being conditionally offered the above referenced position. The next step in the application process is for you to successfully complete the required physical examination and drug test which have been scheduled on your behalf at the following Occupational Health Clinic:

Clinic: _____ Location: _____
Date: _____ Time: _____

The clinic performing your physical exam and drug test will have a copy of your job description which has been shared with you during the interview process. Based on the physician's opinion of you to safely perform the job duties with or without reasonable accommodations, a final determination of your job offer will be made known to you. *We will reasonably accommodate any physical or mental disability you have unless it should create an undue hardship for the company.* This conditional offer of employment may be withdrawn prior to the effective date of your employment if, based upon the outcome of your physical exam and/or drug test and/or medical information and medical opinion provided to our organization indicates that you are unable to safely or properly perform the job duties for which you are being considered for with or without reasonable accommodations.

1. Do you know of any conditions (physical or mental) that you have which could affect or interfere with your ability to properly or safely perform your job related duties? Yes or No

2. If yes, please describe: _____

3. Have you ever had any occupational injuries, accidents or illnesses? Yes or No

4. If yes, please describe: _____

5. Have you ever lost time from work for a work related injury or illness? Yes or No

6. If yes, please describe: _____

7. Have you ever seen a physician, chiropractor or other medical provider for a work related injury or illness? Yes or No

8. If yes, please describe: _____

9. Describe any condition or concern not otherwise noted above for which you have, or for which we should be aware, regarding your physical and mental ability to meet the duties and demands of this position: _____

By signing below I acknowledge that I have read, understand and agree to the above. I declare that the information I have provided on this questionnaire is true and correct.

Applicant Signature

Dated