

Application for Employment/Equal Opportunity Employer

1st Odyssey Group

Knight Waste Services

If hired, Federal Law requires that you furnish documentation showing your identity and that you are legally authorized to work in the USA. 1st Odyssey Group, Inc. (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status, or another basis that is prohibited by federal, state or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

To Applicant: You must personally complete the application for it to be considered.

Date: _____		Social Security Number _____		
Name in full (first, middle, last): _____				
Current Address: _____				
Street	City	State	Zip	
Phone (home): _____		Position(s) for which you are applying: _____		
Previous Address (if moved past 3 years): _____				
Street	City	State	Zip	
<small>(Attach sheet if more space is needed or if you have moved more than once in the past three -3- years)</small>				
What type of TX drivers license do you have? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator Class _____ Operator #: _____				

Employment History

Note: DOT requires that employment for last three (3) years and/or commercial driving experience for past 10 years be shown.

Employer: _____	Dates of Employment: _____
Address: _____	Phone: _____
Position: _____	Supervisor: _____
Reason for Leaving: _____	Describe nature of your work: _____
Salary: _____	
Employer: _____	Dates of Employment: _____
Address: _____	Phone: _____
Position: _____	Supervisor: _____
Reason for Leaving: _____	Describe nature of your work: _____
Salary: _____	
Employer: _____	Dates of Employment: _____
Address: _____	Phone: _____
Position: _____	Supervisor: _____
Reason for Leaving: _____	Describe nature of your work: _____
Salary: _____	

Driving Experience

Class of Equipment	Type of Equipment	From	To	Total Miles (Approximate)
Garbage Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Accident Record for past 3 years (Attach sheet if more space is needed)

Date of accident	Describe nature of accident	Your Fault	Injuries	Fatalities
Last				
Previous				
Previous				
Previous				

Traffic Convictions and Forfeitures for past 3 years (other than parking violations)

Location	Date	Charge	Penalty

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Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
2. Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to either question is Yes, attach a statement giving the details.

Education & Training

High School	College(s)	Trade School
School: _____	School: _____	School: _____
Circle Last Year Completed: 1 2 3 4	Circle Last Year Completed: 1 2 3 4	Circle Last Year Completed: 1 2 3 4
Graduated? _____	Graduated? _____	Graduated? _____
Degree: _____	Degree: _____	Degree: _____
List any professional/technical/certifications you have obtained:		
List any additional skills:		

Other Information

Are you currently authorized to work in the USA? _____

Have you previously been employed by 1st Odyssey, Inc.? _____ If Yes, list companies you worked for: _____

Will you abide by the safety rules of this company? _____

Since you have been 18, have you ever been convicted of a felony? _____ If Yes, please specify: _____

Note: A conviction will not necessarily bar you from employment but will only be considered in relation to specific job requirements. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Professional References

Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	
Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	
Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	

Emergency Contact

Name: _____ Relation: _____ Phone: _____

Understanding

Please read the following carefully and sign

I declare that the information provided on the application is correct and that any misstatement of fact or omission will be cause for rejection or dismissal if discovered at a later date.

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I further understand that my employment is for no fixed time period and may be discontinued with or without cause or notice by the Company or myself. I understand that no employee, officer, or agent of the Company may enter into any binding agreement, whether by oral or printed statements, including handbooks, benefits books or bulletins, contrary to the above.

I agree to submit to a physical exam, urinalysis and/or blood test or other examinations requested the by Company at any time prior to, or subsequent to, my employment. I authorize any medical provider or drug screening company to provide my employer with such information as reasonably requested, subsequent to an offer of employment.

I authorize the Company to make a thorough investigation of my previous employment, training, criminal history and MVR in connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institutions, union, company or other entity to give the Company, any and all information they might have, and I release and indemnify all parties from liabilities for any damages that may result from furnishing any of this information to the Company. I also indemnify the Company, its officers, employees and shareholders against any liability, which might result from the investigation, or inquiry they make, or in connection with the information that they receive. I further authorize without reservation, ongoing procurement of all reports described above during my employment.

I also understand that no firearms, alcohol or drug are permitted on Company premises or property and that being under the influence of illicit drugs or alcohol and having identifiable traces of them in my system during working hours is strictly prohibited.

I agree not to accept wages or compensation directly from 1st Odyssey Group, Inc.'s client, Knight Waste Services. If I accept wages or compensation from Knight Waste Services, I will be deemed to have immediately resigned my employment with 1st Odyssey. I agree to immediately notify 1st Odyssey of any written agreement between me and Knight Waste Services regarding compensation, commissions, bonuses or other compensation. Changes in my compensation will be effective only when approved by Knight Waste Services' General Manager, who will then communicate those changes to 1st Odyssey. All hours that I work (including overtime) must be reported to 1st Odyssey on your timecard. No one has the authority to require me to work unreported hours. If I am asked to submit an inaccurate timesheet, I must immediately call 1st Odyssey toll free at (866) 508-7361 extension 7530. If my paycheck does not correctly reflect the hours I worked or all compensation I have been promised by a Knight Waste Services Supervisor, I must contact my Supervisor, General Manager or Office Manager at 817-477-2260.

This agreement supersedes any and all prior agreements, either oral or written, regarding your employment. All disputes will be governed the Federal Arbitration Act (laws of the USA) and the laws of Knight Waste Services.

This certifies that this application was completed by me, and that all entries on it are true and complete.

_____	_____	_____
Date	Applicant's Signature	Applicant's Date of Birth (M/D/Y)
Client 9118	_____	
	Applicant's Name (Print)	
Knight Waste Services	_____	
	Applicant's Social Security Number	