



 *Striving Toward A Cleaner Tomorrow* 

mpnyc.com

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Phone (718) 257-8584 • Fax (718) 257-6225

METROPOLITAN PAPER RECYCLING EMPLOYMENT APPLICATION

Name: _____

Address: _____

Position: _____

Date: ____ / ____ / ____

An Equal Opportunity Employer M/F/D/V

EMPLOYMENT APPLICATION

General Instructions:

- Please **PRINT** and **COMPLETE all** questions in each section per instructions.
- Do not leave any blank spaces or sections. If the question is not applicable to you, enter "N/A."
- If the application is not complete, it will not be considered.
- Include any additional information regarding your qualifications that you think might be relevant in the consideration of your application.
- If you need more room, feel free to attach extra sheets, noting the number of extra sheets attached when you sign and date the application.
- **IF YOU DO NOT SIGN AND DATE PAGE THREE (3) OF THIS APPLICATION, THIS APPLICATION WILL NOT BE CONSIDERED.**
- This application will be active for a period of 45 days from the date you sign and date page three (3) of the application. Following the expiration of the 45 day period, you must complete a new application to be considered for other open positions with the Company. No Company personnel may make representations or statements that effectively modify or extend the period of time during which your application remains active.

SECTION A – CANDIDATE IDENTIFICATION

Name: _____
First Middle Last (if known)

Phone: _____ Email: _____

Are you legally authorized to work in the United States? ___ Yes ___ No
 How did you learn of our organization? _____

Name and affiliation of any relatives employed by our organization (please state their relationship to you): _____

SECTION B – POSITION APPLIED FOR

IF "POSITION APPLIED FOR" IS NOT COMPLETED, THIS APPLICATION WILL NOT BE CONSIDERED

Position Applied For: _____

Section B. Type of Employment Desired

| Days Available* | Sun | Mon | Tues | Wed | Thur | Fri | Sat | Total Hours |
|-----------------|-------------|-----|------|-----|------|-----|-----|-------------|
| | | | | | | | | |
| Hours Available | From: _____ | | | | | | | |
| | To: _____ | | | | | | | |

* You are not required to indicate on this application your unavailability or need for absence due to a religious practice.

SECTION C – QUALIFICATION AND EXPERIENCE SUMMARY

Briefly explain how you meet the required qualifications for the position:

Please list any job related military experience or skills.

Business Skills

Testing may be required to verify skills.

| | | | |
|-------------------|-------------------|------------------------|--------|
| Computer Hardware | Computer Software | Other Office Equipment | Typing |
|-------------------|-------------------|------------------------|--------|

Comments and Accomplishments

Use the space below to note any other job-related skills or details that you feel are relevant to the position for which you are applying. These may include professional affiliations, honors, awards, etc.

SECTION D – EDUCATION

Your educational record will be considered only if it is relevant to the job for which you are applying.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED
 Circle highest education completed: High School / GED / Associate's Degree / Bachelor's Degree / Graduate Degree

Please list any degrees or certificates received:

| Name & City/State of Colleges or Trade Schools: | Academic Major(s): | Degree(s): |
|---|--------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION E – EMPLOYMENT HISTORY

List the details of current and prior employment. Candidates for driver positions who are not currently in a driver job title also must complete the DOT attachment on page 4 of this application.

1. Present position

| | |
|--|---|
| Current supervisor's name and phone: _____ | Position Began(Mo/Yr): _____ |
| Current responsibilities: _____ | Current base pay: _____ |
| _____ | Other compensation (incentive pay, commissions, bonuses, etc.): _____ |
| _____ | _____ |

2. Previous position

| | |
|----------------------------------|-------------------------------|
| Previous job title: _____ | |
| Previous Employer: _____ | |
| Previous responsibilities: _____ | Position Began (Mo/Yr): _____ |
| _____ | Position Ended (Mo/Yr): _____ |
| _____ | |

3. Previous position

| | |
|----------------------------------|-------------------------------|
| Previous job title: _____ | Position Began (Mo/Yr): _____ |
| Previous Employer: _____ | Position Ended (Mo/Yr): _____ |
| Previous responsibilities: _____ | |

SECTION F – Employment References & Other Background Information

List **ONLY** those individuals who we may contact, and who can attest to your professional abilities and work accomplishments. Do **NOT** include friends, relatives or any other individual with whom you have not worked.

| Name & Position: Company, City, & State: | Known | Yrs | Reference's Business Relationship to you: | Area Code & Phone: |
|--|-------|-------|---|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Have you ever been employed by Metropolitan Paper Recycling? Yes ___ No ___

If yes, give dates of employment: _____

Do you have relatives employed by Metropolitan Paper Recycling? Yes ___ No ___

If yes, give Name(s): _____

SECTION G – EEO POLICY STATEMENT

It is the policy of Metropolitan Paper Recycling to promote equal employment opportunities. This means that Metropolitan Paper Recycling will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, religion, marital status, sex, sexual orientation, national origin, age, disability, veteran status, or other classification protected by law.

SECTION H – CERTIFICATION

Read the certifications below carefully to be certain you understand and agree with each one.

- I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with the Company at any time for any reason with or without notice. I understand and agree that, unless I am employed under a written employment agreement, my employment may be terminated at will. I understand that means that either I or the Company may terminate my employment at any time, with or without cause or notice. If I am employed on an at-will basis, I understand that no one at the Company has the authority to change the at-will status of my employment, unless it is in a written agreement, signed by an executive officer of the Company. I also understand that any handbooks, manuals, policies, and procedures maintained by the Company are not contractual in nature, and may be amended or abolished at the sole discretion of the Company at any time.
- I authorize the Company to make investigations and inquiries of my personal, employment, criminal, financial, or medical histories and other related matters needed to make an employment decision. (Inquiries regarding medical history will be made only if they are job-related and consistent with business necessity and after a conditional employment offer has been extended.) Should inquiries regarding my criminal and medical history and/or status be necessary, I agree to sign all authorizations necessary for the Company to obtain that information.
- I release all employers, schools, health care providers, and other persons and entities from any and all liability in responding to inquiries and releasing information in connection with my application.
- Should I become an employee of the Company, I will follow all terms of the Company's policy regarding drugs and alcohol. As a condition of potential employment, I agree to take a pre-employment drug screen in accordance with federal, state and Department of Transportation regulations, as applicable. I agree that I will submit to any drug and/or alcohol tests appropriate under the Company's policy and that I will provide any authorization necessary to ensure release of those test results to the Company.
- Should I become an employee of the Company, I will conduct the Company's business in a strictly ethical and legal manner. In addition, I will

obey all of the laws of the United States and of all localities and states where the Company does business or seeks to do business.

- I agree that I will completely and accurately report any hours that I work, unless the Company advises me that I do not have to record my hours because I am employed in a position the Company classifies as "exempt."
- Under the Immigration Reform and Control Act, the Company employs only those individuals who are authorized and eligible to work in the United States. Accordingly, if I am offered and choose to accept a position with the Company, I understand I will be required to demonstrate my eligibility to work in the United States within three days of my start date. I understand that if I fail to demonstrate my eligibility to work in the United States, my employment will be terminated.
- I also certify that the information I have provided in this application including all supporting documents and any discussions and/or interviews with Company representatives are true and complete to the best of my knowledge, and I understand that any misrepresentation or omission of fact in those discussions or interviews and/or on this or any other record relating to my consideration for employment will constitute grounds for immediate dismissal.

Date: ____/____/____ Print Name: _____ Signature: _____

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DOT ATTACHMENT

All candidates for driver positions who are not currently in a driver job title must complete this attachment or the application will not be considered. If offered a driver position, you will be required to provide proof of a valid commercial driver's license.

Candidate Information

Name: _____ Date: _____
 First Middle Last

Driver License

| State | License # | Type | Expiration Date |
|-------|-----------|------|-----------------|
| | | | |

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No _____ Yes _____, attach a statement giving details
 B. Has any license, permit, or privilege ever been suspended or revoked? No _____ Yes _____, attach a statement giving details

Driving Experiences. If none, write none.

| Equipment Class | Equipment Type (Van, Tank, Flat, etc.) | Date From | Date To | Approximate # of Miles (Total) |
|-------------------------|--|-----------|---------|--------------------------------|
| Straight Truck | | | | |
| Tractor & Semi-Trailer | | | | |
| Tractor -- Two Trailers | | | | |
| Other | | | | |

Accident record for the past three (3) years. If more, attach sheet. If none, write none.

| Accidents | Dates | Nature of Accident (Head-on, Rear-end, etc.) | Fatalities | Injuries |
|---------------|-------|--|------------|----------|
| Last | | | | |
| Next Previous | | | | |
| Next Previous | | | | |

Traffic convictions, and forfeited bond or collateral for the past three (3) years. If none, write none. Do not list parking violations. (If you are applying for employment in Illinois, you are not obligated to disclose sealed or expunged records of conviction.)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Experience and other qualification not shown elsewhere in this employment application or history attachment.

List states operated in for last five (5) years: _____

Which safe driving awards do you hold and from whom? _____

List special equipment or technical materials you can work with _____

List special courses or training that have helped you as a driver _____

List CDL endorsements _____

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