



Application for Employment

KARD Recycling Service, Inc. dba KARD Shredding

2925 S 163rd Street New Berlin WI 53151

262-786-7307 www.KardShredding.com

**Thank you for applying
to join our team at
KARD.**

**Please READ carefully and
PRINT or TYPE all information
clearly,
except signature.**

**False or invalid information will
exclude you from employment
consideration or immediate
termination.**

CONFIDENTIAL & PROPRIETARY



Application for Employment

KARD Recycling Service, Inc. dba KARD Shredding
 2925 S 163rd Street New Berlin WI 53151
 262-786-7307 www.KardShredding.com

I am applying for						Applicant requests start date of _____ and pay of _____
Driver Driver with CDL Office Warehouse Intern						
Circle all that you may be interested in: Full-Time Part-time Seasonal Contracted						
Last Name			First Name		Middle Initial	
Mailing Address			City		County	
State	Zip	Cell Number (Voice/Text)	Other Contact Number	E-Mail Address		
Driver's License #		State	Expiration Date	<input type="checkbox"/> Non-CDL <input type="checkbox"/> CDL		Social Security Number
						Date of Birth
Have you received any criminal traffic violations or license suspensions in the past 10 years? Explain.						Yes No
Are you a Veteran? (Attach a copy of DD214)						Yes No
Have you been convicted of a felony since your 18th birthday or within the past 10 years? Explain. Note: Conviction is not an automatic bar to employment. Each case is considered individually. Nature of Offense or Statute County and State of Court Date of Conviction						Yes No
Are any of your educational, residential, or employment records found under a different name? List.						Yes No
Are you currently employed by another shredding or recycling company? Name.						Yes No
Are you a former employee of KARD?						Yes No
Have you ever been involuntarily terminated (fired, forced to resign) from <u>any</u> position with any employer?						Yes No
Are you authorized to work in the United States? <i>For non-citizens of USA, a copy of your work authorization permit from the U.S. Immigration and Naturalization Service must be submitted prior to hiring.</i>						Yes No
Do you consent to and hold harmless KARD's and its designated vendor's conducting comprehensive background checks before and during employment of criminal, credit, civil, educational, and motor vehicle records, and agree to KARD's and its designated vendor's drug testing prior to and during employment as a condition of employment?						Yes No Initial Here _____
List at least 3 Personal, Professional or Academic						This Space for Office Use Only
Name	Telephone		Email			



Application for Employment

KARD Recycling Service, Inc. dba KARD Shredding
 2925 S 163rd Street New Berlin WI 53151
 262-786-7307 www.KardShredding.com

EMPLOYMENT HISTORY

	From	To	Employer (Above Line) Job Title or Role (Below Line)	Complete Address Including <u>County</u>	Reason for Leaving
1					
2					
3					
4					
5					
6					

RESIDENCY HISTORY

	Starting Date Mon/Year	Ending Date Mon/Year	Complete Address including <u>County</u>
1			
2			
3			
4			
5			
6			



Application for Employment

KARD Recycling Service, Inc. dba KARD Shredding
 2925 S 163rd Street New Berlin WI 53151
 262-786-7307 www.KardShredding.com

BASIC EDUCATION AND TRAINING

Highest Grade Completed 6 7 8 9 10 11 12	Did you graduate from High School or obtain a GED/HSED? YES NO	Name and Location of Last School Attended
---	---	---

Describe any training or education after high school.

OFFICE, TRADE, SAFETY & COMPUTER SKILLS

Filing	Google Maps	E-mail	Excel	Smartphone	Tablet	
Telephone	Fax	QuickBooks	Word	Forklift	Baler	Shredder
Typing _____wpm		Google	PowerPoint			

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary exams and supplements are true, complete and accurate. I understand that I must be able to lift 50 pounds and push 350 pounds (wheeled cart) and pass a drug screen prior to employment. I am aware that the results will be made available a duly authorized representative of KARD. I acknowledge that KARD is committed to a drug-free workplace to protect the safety of workers and the public and complies with the Federal Drug Free Workplace Act. I understand that this application, related documents and attachments become a part of KARD's records and will not be returned, reused or copied for me once submitted. I am also aware that my application may be subject to various open records law and may be released as a public document.

I waive all claims, known or unknown, and hold harmless KARD, its owners, directors, employees, contractors, and customers, from all liability arising from or related to this application for employment and related investigatory acts. I understand that the completion of this application does not assure me of a position with KARD and does not obligate KARD to me in any way. I further understand that any misrepresentation in this application by me may cause my application to be rejected, my name to be removed from employment eligibility, and subject me to dismissal any time after being hired.

By my signature, I certify, authorize and acknowledge the above Statements as true and complete.

Signature _____ Print _____ Date _____

AUTHORIZATION FOR PRE-EMPLOYMENT AND TENURE INVESTIGATION

I give KARD and its designates, including but not limited to background investigation companies and law enforcement agencies, the right to verify all information given and to secure additional information as needed. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment.

In accordance with Federal and State laws and my understanding of this statement, I authorize my current and former employers, references, and other listed individuals, businesses, governments, and other institutions to give all information regarding me and my association with them, and hereby release from all liability or responsibility all persons, businesses, governmental units, and institutions furnishing such information in good faith.

Signature _____ Print _____ Date _____