

COCKEY'S ENTERPRISES, INC.

P.O. BOX 126

BALTIMORE, MD 21153

Phone: 410-242-3344

Fax: 410-242-5566

Date of Application: _____ Position Desired: _____

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Phone: _____ Alternate Phone: _____

Email: _____

Length at Address:

Current

Address:

Number, Street and Apt.

City, State, Zip.

Yrs.

Previous

Address(es):

Number, Street and Apt.

City, State, Zip.

Yrs.

Number, Street and Apt.

City, State, Zip.

Yrs.

Are you at least 18 years or older? ___Yes ___No (If no, you will need to provide authorization to work.)

Are you legally eligible for employment in the United States? ___Yes ___No

Do you have a valid driver's license? ___Yes ___No

Driver's License Information: Optional: Specific positions require approval from our insurance company. Completing the following information could speed up your application process.

License Number: _____ State of Issue: _____

Birth Date: _____ Expiration Date: _____

Do you have a CDL? ___Yes ___No If yes, Class A or Class B Endorsements: _____

How long have you had your CDL? _____ Restrictions: _____

EMPLOYMENT PREFERENCE

Have you ever worked for our Company before? ___Yes ___No

If yes, please provide job title and dates of employment: _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___Yes ___No

If no, describe the essential functions that cannot be performed: _____

Date you can start: _____ Hourly Rate/Salary desired: _____

Can you work any shift? Yes No If no, please explain: _____

Can you work Saturdays? Yes No Every other Week Can you work Sundays? Yes No

Can you work overtime? Yes No

What is your ideal number of hours per week to maintain a healthy work-life balance? _____

What is your ideal start and end time? Start: _____:_____AM/PM End: _____:_____AM/PM

** Please put a "1, 2, 3 and 4" in the preference box in the order of preference for your desired shifts:

<i>Example</i>	<i>Preference</i>	<i>Shift</i>
Option 4		Monday – Friday
Option 1		Tuesday – Saturday
Option 3		Monday – Saturday
Option 2		Monday – Friday and every other Saturday

MISCELLANEOUS

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

How did you hear about us? Walk In Advertisement Referral Online Truck/ Container
 Our sign out front

Do you know anyone employed with our company? Yes No If yes, who? _____

Have you ever been convicted of a crime that would affect your ability to work on a military base, in the Port of Baltimore, or on school property? Yes No

Do you have a TWIC Card? Yes No If yes, what is the expiration date? _____

If no, have you ever had or applied for a TWIC Card? Please explain. _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If yes, please explain: _____

Have you ever had a license, permit, or privilege revoked or suspended? Yes No

If yes, please explain: _____

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

As a condition of employment, Cockey's Enterprises, Inc. requires all candidates to undergo a Pre-Employment Drug and Alcohol test. If considered for employment, are you willing to take a Pre-Employment Drug and Alcohol test? Yes No

For CDL applicants, in order to take the DOT Pre-Employment drug test, you must be registered with the FMCSA Clearinghouse. Are you currently registered with the FMCSA Clearinghouse? Yes No

Have you ever tested Positive on a DOT Drug and Alcohol test, or refused to take a DOT Drug and Alcohol test at any other employer that you have applied for employment with or have worked for? Yes No
If yes, please explain: _____

If you have ever tested positive on a DOT Drug or Alcohol test, have you completed an ASAP program?
 Yes No

WORK EXPERIENCE

Starting with your most recent employment and working backwards in time, please provide your employment history.

- Please share (at least) your last ten (10) years of employment history.
- Add all jobs, regardless of industry.
- Add any other relevant experience (even if it is further than 10 years back).
- Please include periods of unemployment, if applicable.

Incomplete information could disqualify you from further consideration.

Employer Name: _____

Employer Address: _____

From: _____ To: _____ Position Held: _____

Supervisor: _____ Telephone: (_____) _____

Rate of pay: _____ DOT Regulated: ___ Yes ___ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: ___ Yes ___ No

Summarize the nature of work performed and job responsibilities: _____

Average Hours/ Week: _____ Average # Days/ Week: _____ Shift Start Time: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

From: _____ To: _____ Position Held: _____

Supervisor: _____ Telephone: (_____) _____

Rate of pay: _____ DOT Regulated: ___ Yes ___ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: ___ Yes ___ No

Summarize the nature of work performed and job responsibilities: _____

Average Hours/ Week: _____ Average # Days/ Week: _____ Shift Start Time: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

From: _____ To: _____ Position Held: _____

Supervisor: _____ Telephone: (_____) _____

Rate of pay: _____ DOT Regulated: ___ Yes ___ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: ___ Yes ___ No

Summarize the nature of work performed and job responsibilities: _____

Average Hours/ Week: _____ Average # Days/ Week: _____ Shift Start Time: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

From: _____ To: _____ Position Held: _____

Supervisor: _____ Telephone: (_____) _____

Rate of pay: _____ DOT Regulated: ___ Yes ___ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: ___ Yes ___ No

Summarize the nature of work performed and job responsibilities: _____

Average Hours/ Week: _____ Average # Days/ Week: _____ Shift Start Time: _____

Reason for leaving: _____

Employer Name: _____

Employer Address: _____

From: _____ To: _____ Position Held: _____

Supervisor: _____ Telephone: (_____) _____

Rate of pay: _____ DOT Regulated: ___ Yes ___ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: ___ Yes ___ No

Summarize the nature of work performed and job responsibilities: _____

Average Hours/ Week: _____ Average # Days/ Week: _____ Shift Start Time: _____

Reason for leaving: _____

TRASH INDUSTRY EXPERIENCE

Drivers:	Years/ Months of Experience	Name of Company(s)
<input type="checkbox"/> Front End		
<input type="checkbox"/> Rear Load <input type="checkbox"/> Commercial Containers <input type="checkbox"/> Residential Neighborhoods		
<input type="checkbox"/> Roll-Off <input type="checkbox"/> Cable-Hoist <input type="checkbox"/> Stinger Tail <input type="checkbox"/> Hook Lift		
<input type="checkbox"/> Laborer		
<input type="checkbox"/> Mechanic		
<input type="checkbox"/> Welder <input type="checkbox"/> Stick <input type="checkbox"/> MIG <input type="checkbox"/> TIG		
<input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Walking Floor <input type="checkbox"/> Tipper <input type="checkbox"/> End Dump		
<input type="checkbox"/> Side Loader (ASL)		
<input type="checkbox"/> Curotto-Can Front Loader		
<input type="checkbox"/>		

DRIVING EXPERIENCE

Type of Equipment:	Dates Operated:	Miles Run:
1.		
2.		
3.		
4.		

Which states have you operated in? _____

Transmission experience: Automatic Manual - ____ 8 Speed ____ 10 Speed ____ Other

Please provide Traffic Convictions for the past 3 years (excluding parking tickets):			
Location:	Date:	Charge:	Penalty:
1.			
2.			
3.			
4.			

Please list any accidents that you have been involved in within the past 3 years:			
Location:	Date:	Type:	Injuries/ Fatalities:
1.			
2.			
3.			
4.			

OTHER: Please describe any other relevant work experience that you have whether it is Trash Industry or not:

STRENGTHS: Please describe what you consider your strengths to be and why Cockey's Enterprises, Inc should hire you:

Please read carefully before signing.

- For all CDL applicants, in addition to a completed application, we request that all **Drivers** provide a copy of their:
 - License
 - DOT Card
 - Motor Vehicle Driving Record
 - Social Security Card
- Cockey's Enterprises, Inc. is an equal opportunity employer. Cockey's Enterprises, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.
- Cockey's Enterprises, Inc. has a Zero-Tolerance Policy for drug and alcohol related incidences. A positive pre-employment drug and alcohol test will disqualify any candidate from being considered for employment and a positive test result during your employment will result in immediate dismissal.
- I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cockey's Enterprises, Inc. to hire me. If I am hired, I understand that either Cockey's Enterprises, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cockey's Enterprises, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Cockey's Enterprises, Inc. true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____