

**COCKEY'S ENTERPRISES, INC**  
**3300 TRANSWAY RD**  
**BALTIMORE, MD 21227**  
**Tel: 410-242-3344 Fax: 410-242-5566**

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**EMPLOYMENT APPLICATION**

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address for the Past 3 Years:

Most Current \_\_\_\_\_

Previous \_\_\_\_\_

Drivers License Information:

Current:

License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Type of License \_\_\_\_\_ Endorsements \_\_\_\_\_

Expiration Date \_\_\_\_\_

List other licenses you have held for the last 3 years:

State	Type of License	Endorsements	Reason for Turning In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List in reverse order your employment history for the past 10 years. If work history is not that long, list back to the first job and note in the margin that this was your first job.

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position Held \_\_\_\_\_

DOT Regulated: Yes No

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Contact Person \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

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

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever tested Positive on a DOT Pre-employment Drug or Alcohol test, or refused to take a DOT Pre-employment Drug or Alcohol test at any other employer that you applied for employment with, within the past 3 years? Yes No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**DRIVING EXPERIENCE**

Type of Equipment	Dates Operated	Miles Run
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What States have you operated in? \_\_\_\_\_

**List Traffic Convictions for the past 3 years (exclude parking tickets)**

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List any accidents that you have been involved in within past 3 years**

Location	Date	Type	Injuries/Fatalities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRASH INDUSTRY EXPERIENCE**

	Check If yes	Years/Months of Experience	Name of Company	Position Desired?
Drivers:				
Front End	_____	_____/____	_____	_____
Roll-off	_____	_____/____	_____	_____
Rear load commercial	_____	_____/____	_____	_____
Residential	_____	_____/____	_____	_____
Other:				
Laborer	_____	_____/____	_____	_____
Mechanic	_____	_____/____	_____	_____
Welder	_____	_____/____	_____	_____
Other (describe):	_____	_____/____	_____	_____
_____	_____	_____/____	_____	_____

**OTHER EXPERIENCE** – Describe work experience if you do not have Trash Industry Experience

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**STRENGTHS** – Describe what you consider your strengths to be and why Cockey's Enterprises, Inc should hire you

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information within are true and complete to the best of my knowledge. It is also understood that the company will contact my previous employers and verify the information on this application as required by Federal and State DOT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date