



Chesapeake Environmental Services

29631 Foskey Lane
Delmar, Maryland 21875
410-742-2718

To: Environmental Technician Applicants

From: CES Management

Please be advised in advance of the following requirements:

- 1. All applications must be completed entirely. If an area does not apply (Not Applicable) shall be used. If blanks are left on the application, it will be considered incomplete.**
- 2. All applicants will be required to complete a DOT Drug and Alcohol test prior to consideration.**
- 3. All applicants will be required to complete a fit for duty and respirator physical.**
- 4. All applicants will be required to provide professional references. References will be contacted.**
- 5. All applicants shall provide a recent copy of their driving record.**

A conditional offer may be given after the above requirements are satisfied. If a conditional offer is accepted the following further requirements will need to be accomplished:

- 1. Copy of social security card.**
- 2. Copy of driver's license.**
- 3. Copy of DOT Physical Card (For DOT Drivers)**
- 4. Road driving test.**

Once the second set of requirements are satisfied the last step in the process will be to complete the following:

- 1. Human Resource Orientation**
 - a. Complete W-4 and payroll tax withholding information.**
 - b. Learn about holidays and benefits.**
 - c. Review of the employee handbook with signature.**
- 2. General Safety Orientation**
 - a. Review of the Occupational Health and Safety Manual with signature.**
 - b. Review of the Standard Operating Procedures with signature.**
 - c. General Safety Orientation Class.**

Thank you for your interest in CES.

**Regards,
Management**



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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

If address above is not for three years please list additional addresses below:

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment – FMSCA & DOT Requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Driver Licenses

<u>State</u>	<u>License No.</u>	<u>Type</u>	<u>Expiration Date</u>

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment (Van, Tank, Flat, Etc.)</u>	<u>Dates From / To</u>	<u>Approximate Number of Miles (Total)</u>
Straight Truck			
Tractor & Semi-trailer			
Tractor & Two trailers			
Other			

Accident Record for Past 3 Years (Attach Sheet if More Space is Needed)

<u>Dates</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>

Traffic Violations and Forfeitures for the Past 3 Years

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Supplemental Questions

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____
- B. Has any license, permit or privilege ever been suspended or revoked? YES ____ NO ____

Certification

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. My signature also authorizes Chesapeake Environmental Services, LLC to obtain information regarding my services, character, and conduct from any professional reference or previous employer that I have acknowledge on this application that may be contacted and any previous employer or professional reference is released from any and all liability which may result from furnishing such information to CES.

Applicant's Printed Name

Applicant's Signature

Date

Applicant's Phone Number