



## Applicant Release, Acknowledgement, And Authorization

I acknowledge that I have a copy of the NOTICE REGARDING BACKGROUND INVESTIGATION and that I have read and understood that notice.

I hereby give my consent and authorize Casella to conduct an investigation of my personal and employment history, including obtaining information from my previous employers, schools, and references. I release all persons, schools, and employers of any and all claims and liability for providing such information, and release the Company from liability with respect to such inquiries. I understand and agree that Casella's inquiry, if made, may include a request for information about my past employment, education, character, general reputation, and criminal record, and may include personal interviews.

I hereby give the Company permission to obtain such information as described above to be used for employment purposes at any time during the application process and, if I am hired, throughout the tenure of employment.

▼ APPLICANT SIGNATURE	▼ DATE: <i>mm / dd / yy</i>
	/ /

▼ REFERRED BY

▼ POSTION APPLYING FOR	<input type="radio"/> Temporary <input type="radio"/> Part-Time <input type="radio"/> Full-Time

Are you able to work overtime?	<input type="radio"/> yes <input type="radio"/> no											
Are you under 18 years of age?	<input type="radio"/> yes <input type="radio"/> no											
Are you legally eligible to work in the United States?	<input type="radio"/> yes <input type="radio"/> no											
Are you able to perform the essential duties of the job for which you are applying with or without reasonable accommodation?	<input type="radio"/> yes <input type="radio"/> no											
Rate of pay expected:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											

Have you worked for the Company, under your current or any other name, before?	<input type="radio"/> yes <input type="radio"/> no
▼ WHERE	▼ REASONS FOR LEAVING:
▼ POSITION	
▼ DATE FROM: <i>mm / dd / yy</i>	▼ DATE TO: <i>mm / dd / yy</i>
/ /	/ /

▼ NAMES OF ANY RELATIVES EMPLOYED BY THE COMPANY: <i>first / last</i>
1
2
3
4

▼ ARE YOU CURRENTLY EMPLOYED? <input type="radio"/> yes <input type="radio"/> no	▼ IF SO, FOR HOW LONG? <input style="width: 100%;" type="text"/>
▼ IF NOT, ON WHAT DATE DID YOUR LAST EMPLOYMENT END? <input style="width: 100%;" type="text"/>	

**Former employers**

List all previous employers for at least three years. Applicants for driving positions must list all employers, for whom they drove a commercial motor vehicle, over the last 10 years. If more space is needed, use the Additional Space page provided in the application.

<b>1</b>	▼ NAME OF COMPANY <input style="width: 100%;" type="text"/>			
	▼ SUPERVISOR'S NAME: <i>first / last</i> <input style="width: 100%;" type="text"/>			
	▼ POSITION HELD <input style="width: 100%;" type="text"/>			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">           ▼ DATE FROM: <i>mm / dd / yy</i>  <input style="width: 100%;" type="text"/> </td> <td style="width: 33%; border: none;">           ▼ DATE TO: <i>mm / dd / yy</i>  <input style="width: 100%;" type="text"/> </td> <td style="width: 34%; border: none;">           ▼ REASONS FOR LEAVING:  <input style="width: 100%; height: 40px;" type="text"/> </td> </tr> </table>	▼ DATE FROM: <i>mm / dd / yy</i> <input style="width: 100%;" type="text"/>	▼ DATE TO: <i>mm / dd / yy</i> <input style="width: 100%;" type="text"/>	▼ REASONS FOR LEAVING: <input style="width: 100%; height: 40px;" type="text"/>
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">           ▼ PHONE  <input style="width: 100%;" type="text"/> </td> <td style="width: 55%; border: none;">           ▼ MAY WE CONTACT:  <input type="radio"/> yes   <input type="radio"/> no         </td> </tr> </table>	▼ PHONE <input style="width: 100%;" type="text"/>	▼ MAY WE CONTACT: <input type="radio"/> yes <input type="radio"/> no	
▼ PHONE <input style="width: 100%;" type="text"/>	▼ MAY WE CONTACT: <input type="radio"/> yes <input type="radio"/> no			

<b>2</b>	▼ NAME OF COMPANY <input style="width: 100%;" type="text"/>			
	▼ SUPERVISOR'S NAME: <i>first / last</i> <input style="width: 100%;" type="text"/>			
	▼ POSITION HELD <input style="width: 100%;" type="text"/>			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">           ▼ DATE FROM: <i>mm / dd / yy</i>  <input style="width: 100%;" type="text"/> </td> <td style="width: 33%; border: none;">           ▼ DATE TO: <i>mm / dd / yy</i>  <input style="width: 100%;" type="text"/> </td> <td style="width: 34%; border: none;">           ▼ REASONS FOR LEAVING:  <input style="width: 100%; height: 40px;" type="text"/> </td> </tr> </table>	▼ DATE FROM: <i>mm / dd / yy</i> <input style="width: 100%;" type="text"/>	▼ DATE TO: <i>mm / dd / yy</i> <input style="width: 100%;" type="text"/>	▼ REASONS FOR LEAVING: <input style="width: 100%; height: 40px;" type="text"/>
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▼ PHONE <input style="width: 100%;" type="text"/>	▼ MAY WE CONTACT: <input type="radio"/> yes <input type="radio"/> no			

<b>3</b>	▼ NAME OF COMPANY <input style="width: 100%;" type="text"/>			
	▼ SUPERVISOR'S NAME: <i>first / last</i> <input style="width: 100%;" type="text"/>			
	▼ POSITION HELD <input style="width: 100%;" type="text"/>			
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▼ PHONE <input style="width: 100%;" type="text"/>	▼ MAY WE CONTACT: <input type="radio"/> yes <input type="radio"/> no			

## Additional Residences

If your current residence is less than three years, list all residences for the past three years.

1	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			
2	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			
3	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			

## References

Please list three references that can comment on your work who are not related to you

1	▼ NAME: <i>first / last</i>																						
	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			
	▼ PHONE NUMBER	(		)		-																	
2	▼ NAME: <i>first / last</i>																						
	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			
	▼ PHONE NUMBER	(		)		-																	
3	▼ NAME: <i>first / last</i>																						
	▼ STREET ADDRESS																						
	▼ CITY																▼ STATE			▼ ZIP/POSTAL CODE			
	▼ PHONE NUMBER	(		)		-																	

## Education

▼ THE HIGHEST GRADE COMPLETED												▼ COLLEGE							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4				
▼ LAST SCHOOL ATTENDED																			
▼ DEGREES, CERTIFICATES, DIPLOMAS, GED, LICENSES, ETC. OBTAINED																			
1																			
2																			
3																			
4																			

My signature below certifies that this application was completed by me, and that I have read, understand, and agree to the terms of **THE ENTIRE** application.

▼ SIGNATURE												▼ DATE: <i>mm / dd / yy</i>							





## Driving Experience

	▼ TYPE OF EQUIPMENT (van, tank, flat, Etc)	▼ CLASS	▼ DATES FROM/TO: mm/yy	▼ ANNUAL TOTAL MILES
1			/	
2			/	
3			/	
4			/	
5			/	

## Accident Review for past 3 years. If none, initial here \_\_\_\_\_.

	▼ DATE OF ACCIDENT: mm/yy	▼ STATE OF OCCURANCE	▼ NATURE OF ACCIDENT (head-on, rear-end, overturn, etc.)	▼ INJURIES	▼ FATALITIES
1	/				<input type="radio"/> yes <input type="radio"/> no
2	/				<input type="radio"/> yes <input type="radio"/> no
3	/				<input type="radio"/> yes <input type="radio"/> no
4	/				<input type="radio"/> yes <input type="radio"/> no

## Traffic convictions for past 3 years other than parking violations. If none, initial here \_\_\_\_\_.

	▼ DATE OF CONVICTION: mm/yy	▼ STATE OF OCCURANCE	▼ CONVICTED OF
1	/		
2	/		
3	/		
4	/		

My signature below certifies that this application was completed by me, and that I have read, understand, and agree to the terms of the entire application.

▼ SIGNATURE	▼ DATE: mm / dd / yy
	/ /



## Invitation to Identify for Affirmative Action Purposes

Casella Waste Systems, Inc., (“Casella”) is an equal opportunity, affirmative action employer and supports workforce diversity. Casella does not discriminate against any person on the basis of race, color, religious creed, sex, national origin, age, place of birth, ancestry, genetic information, marital or veteran status, sexual orientation, a physical or mental impairment that limits a major life activity, or any other non-merit factor in employment. All Casella policies, practices, and procedures comply with federal and state regulations, including Section 503 and 504 of the Rehabilitation Act of 1973.

Completion of this form is STRICTLY VOLUNTARY – you are asked to provide this information to help Casella Companies and its affiliates meet its commitment to these efforts and fulfill reporting requirements. This form is kept separate from the employment application. This information is used in accordance with the Casella’s affirmative action plan and applicable federal and state laws. Your eligibility for employment is not affected by failure to complete this form.

▼ NAME: <i>first / middle initial / last</i>											
<input type="text"/>											
▼ POSITION APPLYING FOR											
<input type="text"/>											
<input type="radio"/> Temporary <input type="radio"/> Part-Time <input type="radio"/> Full-Time											
▼ DATE APPLYING FOR: <i>mm / dd / yy</i>						▼ GENDER: <i>male / female</i>					
<input type="text"/>						<input type="radio"/> male <input type="radio"/> female					

### Ethnic Category

<input type="radio"/> <b>American Indian or Alaskan Native</b> A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.	▼ NAME OF ENROLLED OR PRINCIPAL TRIBAL AFFILIATION: <input type="text"/>
<input type="radio"/> <b>Asian Or Pacific Islander</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This includes, for example, China, Japan, Korea, and Philippine Islands, and Samoa. Also, this origin includes persons from the Indian subcontinent, as well as all persons with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim, and Sri Lanka.	
<input type="radio"/> <b>Black Or African-American</b> (not of Hispanic origin) A person having origins in any of the Black racial groups of Africa.	
<input type="radio"/> <b>Hispanic</b> All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.	
<input type="radio"/> <b>White</b> (not of Hispanic origin) All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.	
<input type="radio"/> <b>Two or more races</b>	

My signature below certifies that this application was completed by me, and that I have read, understand, and agree to the terms of the entire application.

▼ SIGNATURE	▼ DATE: <i>mm / dd / yy</i>
<input type="text"/>	<input type="text"/>