



APPLICATION FOR GENERAL EMPLOYMENT

This Application cannot be used for mining, heavy equipment, driver and mechanic DOT related positions or any position that includes driving for Kimble.

This Application will remain active for 90 days from the date this application is submitted. **Date:** _____

To submit application: Please email to recruiting@kimblecompanies.com or fax to 330-343-7560.

You are welcome to call our Recruiting Department at 330-343-1226

KIMBLE RECYCLING & DISPOSAL, INC.
(Customer Service/General Administrative)

KIMBLE COMPANY
(Human Resources,
General Administrative,
Recycle Center)

CHECK ONLY ONE OF THE ABOVE AS THE COMPANY YOU WISH TO APPLY Hereinafter ("Kimble")

REFERRAL SOURCE INFORMATION:

- | | | | | |
|------------------------------------|--|--|--|---|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Sign on Truck | <input type="checkbox"/> Sign in Front | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> School | <input type="checkbox"/> Radio Station | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Gov't Agency | <input type="checkbox"/> Billboard Location |
| <input type="checkbox"/> Job Board | <input type="checkbox"/> Staffing Agency | <input type="checkbox"/> Sign Location | <input type="checkbox"/> Company Website | <input type="checkbox"/> Social Media |

It is important to know specifically where you heard about Kimble, please tell us who, where, when for the answer you selected:

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, gender identity, genetic information, age, marital status, military/veteran status, sexual orientation, non-job related disability, or any other status protected by law.

LOCATION YOU ARE INTERESTED IN OBTAINING EMPLOYMENT: (check all that apply)

- DOVER CAMBRIDGE CANTON CARROLLTON TWINSBURG

I. GENERAL INFORMATION

Name: _____
Last First Middle

Cell Phone #: _____ Other Phone #: _____ Email: _____

(Current Address: _____
Street City State Zip

Have you ever been employed here? YES NO If yes, what position? _____

Have you submitted an application here before? YES NO (If yes, please list dates and positions)

Type of Employment desired: Full-Time Part-Time Educational Co-Op Seasonal Intern Temporary

Position(s) Applied For: _____

If necessary, the best time to contact you is _____ AM PM at the following # _____

Previous Address: (List residency for at least 7 years)

| | | | | |
|--------|------|-------|-----|------------|
| Street | City | State | Zip | Time Frame |
| Street | City | State | Zip | Time Frame |
| Street | City | State | Zip | Time Frame |

II. REFERENCES

(Please list 3 work references that are not related or friends, unless you have worked with them)

| Name | Telephone | Email Address: | How long have you known them? | How do they know you? |
|-------|-----------|----------------|-------------------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

III. BACKGROUND INFORMATION

Are you employed? YES NO If not, specify date last worked? _____

Have you been convicted of a crime (other than a minor traffic misdemeanor that has not been expunged or sealed by a court of law) in the last 10 years or are any arrests or criminal cases currently pending (other than minor traffic misdemeanors?)

YES NO If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

If hired, will you be able to produce documentation to establish your legal right to work in the United States, as determined by the U.S. Government? YES NO

IV. EMPLOYMENT SOUGHT

Date available for work: _____ Desired salary range or hourly rate of pay: \$_____ per/_____

Will you relocate if the job requires it? YES NO Will you travel if the job requires it? YES NO

Will you work overtime if required? YES NO

If no for any of the above, Please explain: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, Restrict your ability to work for our company? YES NO

V. SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and /or certificates (including safety awards): _____

VI. EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

| School (include City and State) | Years Completed | Completed | GPA & Class Rank | Major/Minor |
|---------------------------------|-----------------|--|------------------|-------------|
| | | Diploma _____ or GED _____ Degree _____ Certification _____ Other _____ | | |
| | | Diploma _____ or GED _____ Degree _____ Certification _____ Other _____ | | |
| | | Diploma _____ or GED _____ Degree _____ Certification _____ Other _____ | | |

VIII. EMPLOYMENT HISTORY

READ THESE INSTRUCTIONS CAREFULLY

All applicants must provide the following information on all employers during the preceding 10 years: complete mailing address, street number, city, state, zip code and phone number. If you have a gap in employment, please identify such below. **For example: unemployed May 2017 – June 2017, Attending School August 2017- September 2017.** Failure to provide this information will result in your application not being processed.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

| | |
|------------------------------------|---------------------------------|
| Employer Name | Date: Month/Year From: _____ |
| Address | To: _____ |
| City State Zip | Position held |
| Contact Person Phone Number | Salary/Wage |
| Who was your Immediate Supervisor? | Reason for leaving |
| Describe your job duties | |

| | |
|------------------------------------|---------------------------------|
| Employer Name | Date: Month/Year From: _____ |
| Address | To: _____ |
| City State Zip | Position held |
| Contact Person Phone Number | Salary/Wage |
| Who was your Immediate Supervisor? | Reason for leaving |
| Describe your job duties | |

| | |
|------------------------------------|---------------------------------|
| Employer Name | Date: Month/Year From: _____ |
| Address | To: _____ |
| City State Zip | Position held |
| Contact Person Phone Number | Salary/Wage |
| Who was your Immediate Supervisor? | Reason for leaving |
| Describe your job duties | |

TO BE READ AND SIGNED BY APPLICANT

The undersigned agrees to the following:

1. **Background check:** I authorize Kimble Company and its subsidiary, Kimble Recycling & Disposal, Inc. ("Employer") to make such investigations and inquiries of my personal, employment, financial, character, accident history, identification and employment verification, general reputation, personal characteristics, prior employment, prior drug test results within the last three years, SAP completion history, drug and alcohol testing violations occurring after SAP completion, mode of living, and other related matters as may be necessary in arriving at any employment decision, which includes personal interviews with references, friends, prior employers and others with whom I may be acquainted. Inquiries regarding medical history will be made only as authorized by law. Kimble has requested its current insurance company, currently Great Midwest and Employers Mutual Casualty, and may request its future insurance carriers (collectively "Insurance Company") to secure and service its commercial/automobile insurance. To determine if such insurance is available to the insured, and from time to time continue such insurance, Insurance Company must obtain, and you authorize Kimble and Insurance Company to obtain, a copy of your motor vehicle record from the State Division of Motor Vehicles, as part of the pre-employment process, and on an ongoing basis should you become employed by Kimble. The undersigned gives his/her consent to release of his/her driving record for the use by Kimble, AssureHire, Inc., Insurance Company, and their respective agents, employees, contractors, insurers, and other insurance support organizations in connection with claim investigation activities, anti-fraud activities, rating and underwriting. Federal and State laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specified circumstances. Two of those circumstances which you are consenting to are: (1) upon the written consent of the driver; and (2) for the use by an insurer or insurance support organization or its agents, employees, or contractors, in connection with claim investigation activities; anti-fraud activities, insurance rating or underwriting.
2. **False information:** In the event of employment, I understand that providing false or misleading information in my application or interview(s) constitutes ground for discipline, including termination, when such falsification is discovered.
3. **At Will Employment/Company Rules:** I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process or my employment shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, the Employer may change any of the terms and conditions of my employment at any time, and that either I or the Employer may terminate my employment at any time with or without notice or cause. I understand, also, that I am required to abide by all rules and regulations of Employer. I further understand, the Employer reserves the right to change my compensation at any time for any reason, with or without cause. I understand only the President or the Board of Directors of the Employer may modify the terms in this Paragraph 3. I consent to receive career updates via text message and email from Employer.
4. **Drug Test:** The undersigned, as an applicant/employee of Employer, hereby acknowledges that Employer's Drug & Alcohol Policy ("Policy") requires me to submit to urine drug testing and/or alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program. **I hereby and herewith release Employer, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, the furnishing of such test results to third parties, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.** I further understand that strict standards are in place for drug testing: Any diluted positive test results, refusal to test, positive test results, or adulterating/falsification of test results are considered a positive result and will result in disqualification of applicant or termination. No retests are available. I hereby authorize the release of my drug/alcohol test results to the Employer's Medical Review Officer (MRO), and/or to the Employer's examining physician, as provided by the Policy. I further acknowledge that Employer has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.
5. **Drug Test Cost:** I agree to be responsible for the cost of drug-screen (\$35.00) should the results of said screening be positive. I further understand that if hired and if I voluntarily leave the Employer's employ before completing the 90 day probationary period, I authorize the cost of drug screening to be deducted from any final wages due.
6. **Waiver:** I agree that any lawsuit arising out of my employment with, or my application for employment with Employer must be filed no more than 180 days after the date of the employment action that is the subject of the lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I agree to be bound by the 180 day period of limitations and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Signing a subsequent application shall not revive any previously expired claims pursuant to the terms of the prior application.

This certifies that this application was completed by the undersigned, that all entries on it and information in it are true and complete to the best of my knowledge, and that in consideration of the review of my application and addendums, I agree to the above items 1-6. If you complete this document electronically, you agree to conduct this transaction by electronic means and be bound by your electronic signature with respect to this entire Application for Employment.

Signature _____ Date _____

Print _____

Fair Credit Reporting Act Background Check Disclosure

In connection with your employment application and for other employment purposes, Kimble Company and its subsidiary, Kimble Recycling & Disposal, Inc., ("Kimble") may seek background information about you from a consumer reporting agency. This information will be in the form of both consumer reports and investigative consumer reports.

These reports may be obtained at any time after Kimble receives authorization from you, including any time during the period of your employment if Kimble hires you.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other personal characteristics that is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records, and driving records, among other resources.

Investigative consumer reports include similar information as consumer reports (including information as to character, general reputation, personal characteristics, mode of living, previous drug and alcohol test results and reports of prior employment), which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

AssureHire, Inc., or another consumer reporting agency, will obtain the reports for Kimble.

You have the right to request information from Kimble about the nature and scope of any investigative consumer report on you that is requested by Kimble. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.

Authorization to Obtain Consumer Reports Under the Fair Credit Reporting Act

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act*, and this authorization. I certify that I understand the documents I have received.

I hereby authorize Kimble or its authorized agents, for employment purposes, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization, including any time that I may be employed by Kimble.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by AssureHire, Inc., other consumer reporting agencies, or Kimble.

The Consumer Reporting Agency that supplies Kimble with consumer reports and investigative consumer reports is AssureHire, Inc. whose address is 2206 Plaza Dr., Suite 100, Rocklin, CA 95765, phone (855)-906-HIRE. AssureHire, Inc. does not make the decision to take adverse action on you and is unable to provide you the specific reason why adverse action is taken.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application or that I otherwise disclose during my employment may be used to obtain consumer reports and investigative consumer reports.

Please read, fill in and sign below to signify receipt of the foregoing disclosure and authorization. The terms "you" and "I" used through refer to the undersigned. If you complete this document electronically, you agree to conduct this transaction by electronic means and be bound by your electronic signature with respect to this Authorization.

Applicant First name

Middle Name or Initial

Last Name

Driver's License Number

State Driver's License Issued

Last Name on Driver's License

Applicant's signature acknowledging and certifying this Authorization

Today's Date