



# TRUE BLUE ENVIRONMENTAL SERVICES, INC.

## Application

True Blue Environmental is an Equal Opportunity Employer.

Notice: All applicants are subject to a pre-employment drug screen.

5 Northfield Road  
Wallingford, Connecticut 06492

### Basic Information

Name: _____	Date: _____
Telephone: _____	Date of Birth: _____
Email Address: _____	Social Security No. _____
Address: _____ Street Town/City State Zip Code	
Address: _____ Street Town/City State Zip Code	
Address: _____ Street Town/City State Zip Code	

List your current home address and your home address for the last three years.

Position Applying For: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Experience & Qualifications

License Number	State	CDL (Y/N)	Class	Endorsements	Expiration

### Equipment Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates	Approximate Miles (Estimate total miles driven )

### Traffic Violations

List all traffic violations & convictions in the last three years ONLY if you are applying for a driver position and hold a valid CDL.

Location	Date	Charge	Penalty or Fine

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes ☐ No ☐

Has any license, permit or privilege to operate a motor vehicle been suspended or revoked?

Yes ☐ No ☐



**TRUE BLUE ENVIRONMENTAL SERVICES, INC.**  
Application (continued)

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**Traffic Accidents**

List all traffic violations & convictions in the last three years ONLY if you are applying for a driver position and hold a valid CDL.

Nature of Accident (head-on, rear-end, roll over, etc.)	Date	Fatalities	Injuries

**Employment History**

Use a separate sheet if necessary.

Last Employer		Can we contact your current employer?		Yes	No
Name: _____				Position: _____	
Address: _____				Salary/Wage: _____	
Street	Town/City	State	Zip Code		
Supervisor: _____		Telephone: _____		From: _____	
Reason for Leaving: _____		Subject to FMCSRs? _____		To: _____	

Previous Employer					
Name: _____				Position: _____	
Address: _____				Salary/Wage: _____	
Street	Town/City	State	Zip Code		
Supervisor: _____		Telephone: _____		From: _____	
Reason for Leaving: _____		Subject to FMCSRs? _____		To: _____	

Previous Employer					
Name: _____				Position: _____	
Address: _____				Salary/Wage: _____	
Street	Town/City	State	Zip Code		
Supervisor: _____		Telephone: _____		From: _____	
Reason for Leaving: _____		Subject to FMCSRs? _____		To: _____	

Previous Employer					
Name: _____				Position: _____	
Address: _____				Salary/Wage: _____	
Street	Town/City	State	Zip Code		
Supervisor: _____		Telephone: _____		From: _____	
Reason for Leaving: _____		Subject to FMCSRs? _____		To: _____	



## TRUE BLUE ENVIRONMENTAL SERVICES, INC.

5 Northfield Road  
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Education			
College	Date	Did you graduate	Subject of Study
Trade, Business or Correspondence School	Date	graduate	Subject of Study
Other	Date	graduate	Subject of Study

**Applicants Certification**

Pursuant to 49 CFR 391.21 you are required to answer the above inquiry to the best of your ability and knowledge and to attest to this by signing below. You are required to provide a statement of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle or to provide a statement that no such denial revocation or suspension has occurred.

My signature below certifies that this application was completed by me, and that all of the entries on it and information provided in it are true and complete to the best of my knowledge. I authorize my previous employer, regulatory body, or State agency, to provide all of the information regarding the investigation of my employment history, character, conduct, and/or driving history, as requested by True Blue Environmental Services, Inc. With my signature below, I hereby release said employer, regulatory body, State agency, or individual from harm and liability which may result from furnishing such information to the requesting employer.

I attest under penalty of perjury that I am a United States citizen ☐ lawful permanent resident ☐ , or alien ☐ authorized to work in the United States.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that all prospective commercial drivers must pass a pre-employment drug test in order to be hired. After hire, all drivers are subject to random drug and/or alcohol testing.

All applicants, including operators and laborers must pass a pre-employment drug test and physical prior to hiring. This physical includes a physical demand screening, audiogram, hearing test, OSHA Questionnaire, blood screening and other analysis.

In accordance with Federal Regulations, specifically the Immigration Reform Control Act, we require all new employees to provide Valid Identification when hired.

The hiring supervisor or human resources supervisor must verify employment eligibility by photocopying two forms of identification. Copies of documents reviewed must be attached to this application.



CDL Drivers Only - sign in the highlighted area, do not complete.



## TRUE BLUE ENVIRONMENTAL SERVICES, INC.

203-269-3355

5 Northfield Road Wallingford, Connecticut 06492

Former Employer

True Blue is required by the FMCSA to review past employment if you are applying for a driver's position. Please complete Section A only and sign where it says "Applicant's Signature" below.

### Statement of Inquiry

The individual named below has applied to True Blue Environmental Services for employment. Pursuant to 49 CFR 391.23 we are requesting information regarding the applicant's employment, driving, and licensing history. Please provide the information requested below. Your prompt response will ensure a quick confirmation of the applicant's statements.

*Environmental Compliance, Health & Safety Manager*

#### SECTION A

Former Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Position Held with your company: \_\_\_\_\_ From: \_\_\_\_\_  
To: \_\_\_\_\_

1 Is the information provided above accurate and correct according to your records? Yes ☐ No ☐  
If the information is incorrect, please provide the correct information.

2 What kind of work did the applicant do for you? \_\_\_\_\_

3 Did the applicant drive a commercial motor vehicle as defined by 49 CFR 383.5?

4 Was the applicant a safe driver? Yes ☐ No ☐

5 Was the applicant involved in any motor vehicle accidents while at work? Yes ☐ No ☐  
If yes, please provide the details: \_\_\_\_\_

6 Did the applicant have any motor vehicle violations while employed with you? Yes ☐ No ☐  
If yes, please provide the details: \_\_\_\_\_

7 Did the applicant drink alcohol or use controlled substances while on duty? Yes ☐ No ☐  
If yes, please provide the details: \_\_\_\_\_

8 Was the applicants conduct and work satisfactory? Yes ☐ No ☐

9 What was the reason for the applicant's departure from your employment? \_\_\_\_\_

10 Please provide information for the last three (3) years regarding the following:

Positive Drug Tests ☐  
Blood Alcohol Above 0.04 ☐  
Refusal to be tested ☐

If you check off any of the boxes below, please provide copies of records or information.

### Statement of Authorization

Date \_\_\_\_\_

*Applicant's Signature:* \_\_\_\_\_

This waiver does not permit the release or use of disability-related or medical information that does not pertain to the Federal Motor Carrier Safety Regulations.

Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

**Exhibit B**  
**True Blue Environmental**  
**Disclosure and Authorization for the Release of Information**

True Blue Environmental (hereinafter, "THE EMPLOYER") will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to THE EMPLOYER. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC, may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, and Research Services, LLC, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. **This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment.** According to the Fair Credit Reporting Act, I will be notified by THE EMPLOYER if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to THE EMPLOYER. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon, CT., 06001. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

HAVE YOU EVER BEEN CONVICTED OF A CRIME?      YES \_\_\_\_\_      NO \_\_\_\_\_      (If "YES", in what State? \_\_\_\_\_ Year \_\_\_\_\_)

Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b-146, 54-76o or 54-142a, the criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

\*\*\*\*\*PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\*

Print Name: \_\_\_\_\_

List ALL other first & last names ever used: \_\_\_\_\_  
(PRINT NAME)      (YEAR LAST USED)      (PRINT NAME)      (YEAR LAST USED)

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires \_\_\_\_\_

CURRENT Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

PREVIOUS Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

School/College Attended \_\_\_\_\_ State \_\_\_\_\_ Last Year Attended \_\_\_\_\_  
Did you Graduate? \_\_\_\_\_ If you graduated, indicate \_\_\_\_\_ Certificate \_\_\_\_\_ GED \_\_\_\_\_ Diploma \_\_\_\_\_  
Registered and/or Graduated under what name? \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For EMPLOYER Use Only:** Requested by \_\_\_\_\_ PH: \_\_\_\_\_ FX: \_\_\_\_\_

Criminal (Indicate States) \_\_\_\_\_ National Criminal \_\_\_\_\_ Driver History \_\_\_\_\_ Employment \_\_\_\_\_ (#)  
Education \_\_\_\_\_ (#) Social Security \_\_\_\_\_ Professional License \_\_\_\_\_ Sex Offender Registry \_\_\_\_\_ Credit \_\_\_\_\_  
Phone: 860-678-0066 Fax: 860-678-1996 or 860-678-0099



U.S. Office of Personnel Management Guide to Personnel Data Standards		<b>ETHNICITY AND RACE IDENTIFICATION</b> (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
<b>Privacy Act Statement</b> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U.S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<b>Specific Instructions:</b> The two questions below are designed to identify your ethnicity and race. <b>Regardless of your answer to question 1, go to question 2.</b>			
<b>Question 1. Are You Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Question 2.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
<b>RACIAL CATEGORY</b> (Check as many as apply)		<b>DEFINITION OF CATEGORY</b>	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181  
Revised August 2005  
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446