

# COCKEY'S ENTERPRISES, INC.

P.O. BOX 126

BALTIMORE, MD 21153

Phone: 410-242-3344

Fax: 410-242-5566

Date of Application: \_\_\_\_\_ Position Desired: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Length at Address:

Current

Address:

\_\_\_\_\_  
*Number, Street and Apt.*

\_\_\_\_\_  
*City, State, Zip.*

Yrs.

Previous

Address(es):

\_\_\_\_\_  
*Number, Street and Apt.*

\_\_\_\_\_  
*City, State, Zip.*

Yrs.

\_\_\_\_\_  
*Number, Street and Apt.*

\_\_\_\_\_  
*City, State, Zip.*

Yrs.

Are you at least 18 years or older? \_\_\_Yes \_\_\_No (If no, you will need to provide authorization to work.)

Are you legally eligible for employment in the United States? \_\_\_Yes \_\_\_No

Do you have a valid driver's license? \_\_\_Yes \_\_\_No

**Driver's License Information:** Optional: Specific positions require approval from our insurance company. Completing the following information could speed up your application process.

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

Birth Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a CDL? \_\_\_Yes \_\_\_No If yes, Class A or Class B Endorsements: \_\_\_\_\_

How long have you had your CDL? \_\_\_\_\_ Restrictions: \_\_\_\_\_

## EMPLOYMENT PREFERENCE

Have you ever worked for our Company before? \_\_\_Yes \_\_\_No

If yes, please provide job title and dates of employment: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

If no, describe the essential functions that cannot be performed: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Hourly Rate/Salary desired: \_\_\_\_\_

Can you work any shift?  Yes  No If no, please explain: \_\_\_\_\_

Can you work Saturdays?  Yes  No  Every other Week Can you work Sundays?  Yes  No

Can you work overtime?  Yes  No

What is your ideal number of hours per week to maintain a healthy work-life balance? \_\_\_\_\_

What is your ideal start and end time? Start: \_\_\_\_\_:\_\_\_\_\_AM/PM End: \_\_\_\_\_:\_\_\_\_\_AM/PM

\*\* Please put a "1, 2, 3 and 4" in the preference box in the order of preference for your desired shifts:

<i>Example</i>	<i>Preference</i>	<i>Shift</i>
Option 4		Monday – Friday
Option 1		Tuesday – Saturday
Option 3		Monday – Saturday
Option 2		Monday – Friday and every other Saturday

## MISCELLANEOUS

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

How did you hear about us?  Walk In  Advertisement  Referral  Online  Truck/ Container  
 Our sign out front

Do you know anyone employed with our company?  Yes  No If yes, who? \_\_\_\_\_

Do you have a TWIC Card?  Yes  No If yes, what is the expiration date? \_\_\_\_\_

If no, have you ever had or applied for a TWIC Card? Please explain. \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

## PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

As a condition of employment, Cockey's Enterprises, Inc. requires all candidates to undergo a Pre-Employment Drug and Alcohol test. If considered for employment, are you willing to take a Pre-Employment Drug and Alcohol test?  Yes  No

For CDL applicants, in order to take the DOT Pre-Employment drug test, you must be registered with the FMCSA Clearinghouse. Are you currently registered with the FMCSA Clearinghouse?  Yes  No

Have you ever tested Positive on a DOT Drug and Alcohol test, or refused to take a DOT Drug and Alcohol test at any other employer that you have applied for employment with or have worked for?  Yes  No  
If yes, please explain: \_\_\_\_\_

If you have ever tested positive on a DOT Drug or Alcohol test, have you completed an ASAP program?  
 Yes  No

## WORK EXPERIENCE

Starting with your most recent employment and working backwards in time, please provide your employment history.

- Please share (at least) your last ten (10) years of employment history.
- Add all jobs, regardless of industry.
- Add any other relevant experience (even if it is further than 10 years back).
- Please include periods of unemployment, if applicable.

**Incomplete information could disqualify you from further consideration.**

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

Employer Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

DOT Regulated: \_\_\_ Yes \_\_\_ No

DOT Safety Sensitive Position which required Drug & Alcohol Testing: \_\_\_ Yes \_\_\_ No

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Average Hours/ Week: \_\_\_\_\_ Average # Days/ Week: \_\_\_\_\_ Shift Start Time: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**TRASH INDUSTRY EXPERIENCE**

Drivers:	Years/ Months of Experience	Name of Company(s)
<input type="checkbox"/> Front End		
<input type="checkbox"/> Rear Load <input type="checkbox"/> Commercial Containers <input type="checkbox"/> Residential Neighborhoods		
<input type="checkbox"/> Roll-Off <input type="checkbox"/> Cable-Hoist <input type="checkbox"/> Stinger Tail <input type="checkbox"/> Hook Lift		
<input type="checkbox"/> Laborer		
<input type="checkbox"/> Mechanic		
<input type="checkbox"/> Welder <input type="checkbox"/> Stick <input type="checkbox"/> MIG <input type="checkbox"/> TIG		
<input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Walking Floor <input type="checkbox"/> Tipper <input type="checkbox"/> End Dump		
<input type="checkbox"/> Side Loader (ASL)		
<input type="checkbox"/> Curotto-Can Front Loader		
<input type="checkbox"/>		

**DRIVING EXPERIENCE**

Type of Equipment:	Dates Operated:	Miles Run:
1.		
2.		
3.		
4.		

**Which states have you operated in?** \_\_\_\_\_

**Transmission experience:**  Automatic  Manual - \_\_\_\_ 8 Speed \_\_\_\_ 10 Speed \_\_\_\_ Other

<b>Please provide Traffic Convictions for the past 3 years (excluding parking tickets):</b>			
Location:	Date:	Charge:	Penalty:
1.			
2.			
3.			
4.			

<b>Please list any accidents that you have been involved in within the past 3 years:</b>			
Location:	Date:	Type:	Injuries/ Fatalities:
1.			
2.			
3.			
4.			

**OTHER:** Please describe any other relevant work experience that you have whether it is Trash Industry or not:

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**STRENGTHS:** Please describe what you consider your strengths to be and why Cockey's Enterprises, Inc should hire you:

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**Please read carefully before signing.**

- For all CDL applicants, in addition to a completed application, we request that all **Drivers** provide a copy of their:
  - License
  - DOT Card
  - Motor Vehicle Driving Record
  - Social Security Card
- Cockey's Enterprises, Inc. is an equal opportunity employer. Cockey's Enterprises, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.
- Cockey's Enterprises, Inc. has a Zero-Tolerance Policy for drug and alcohol related incidences. A positive pre-employment drug and alcohol test will disqualify any candidate from being considered for employment and a positive test result during your employment will result in immediate dismissal.
- I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cockey's Enterprises, Inc. to hire me. If I am hired, I understand that either Cockey's Enterprises, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cockey's Enterprises, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Cockey's Enterprises, Inc. true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_