

Application for Employment



CANYONLANDS
SOLID WASTE AUTHORITY

Canyonlands Solid Waste Authority is an Equal Opportunity Employer and is committed to excellence through diversity. Please type or print. This application must be fully completed to be considered. Please complete each box, even if you attach a resume.

Position(s) that you are applying for

Position/Job title(s): _____ Part Time Full Time Temporary
 Date of Application: _____ Date you can start work: _____ Expected Pay Rate: _____

About you

Please print your legal name.

Last Name: _____	First Name: _____	Middle Name: _____
Preferred Name: _____ Phone Number: _____ E-Mail Address: _____ Preferred Contact Method: _____	Physical Address: _____ City: _____ State: _____ Zip Code: _____	Mailing Address <i>(check if same as physical)</i> _____ City: _____ State: _____ Zip Code: _____
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If under 18, the applicant will be required to submit a birth certificate or work certificate as required by state or federal laws.</small>	Will you be able to show evidence of identity and work authorization within three days of your hire date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a current, valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> State _____ Class _____

Have you ever been employed at Canyonlands Solid Waste? Yes No

Location _____ Dates of Employment _____ Reason for Leaving _____

Name employed under (if your name is now different) _____

How did you hear about this position? _____

List any special skills or certifications you possess: _____

Education (check the highest level or equivalent completed)

Please check the highest level of education completed	GED	High School (grade level)	College/University/Technical (years)
		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 4+ Yrs/Graduate
Are you currently a student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of the college, university or technical school attended/attending: _____		

Availability Days Evenings Overnights Saturdays Sundays

To help us consider you for a job that matches your availability, tell us the earliest time and latest time that you can work each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time							
Latest Time							

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Employment History: Please list your entire employment history, beginning with your current employer. For any unemployed or self-employed periods, provide dates and locations. (Attach additional sheets if necessary.)

May we contact your current and former employers? Yes No

Company Name: _____ Address: _____ City, State: _____ Zip: _____ Phone: _____	Your job: _____ Supervisor: _____ Dates Employed: From _____ To _____	Last pay rate: _____ Reason for leaving: _____ _____
Company Name: _____ Address: _____ City, State: _____ Zip: _____ Phone: _____	Your job: _____ Supervisor: _____ Dates employed: From _____ To _____	Last pay rate: _____ Reason for leaving: _____ _____
Company Name: _____ Address: _____ City, State: _____ Zip: _____ Phone: _____	Your job: _____ Supervisor: _____ Dates employed: From _____ To _____	Last pay rate: _____ Reason for leaving: _____ _____
Company Name: _____ Address: _____ City, State: _____ Zip: _____ Phone: _____	Your job: _____ Supervisor: _____ Dates employed: From _____ To _____	Last pay rate: _____ Reason for leaving: _____ _____

References

Please list three people (not relatives) whom you have worked with who we may contact for a reference.

Name: _____	E-mail: _____	Phone: _____
Name: _____	E-mail: _____	Phone: _____
Name: _____	Email: _____	Phone: _____

IMPORTANT – We are glad you are interested in joining the team at Canyonlands Solid Waste Authority. Please read the following statements carefully and return this application.

Canyonlands Solid Waste Authority, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background including . I have read, understand and agree to this statement.(Please initial here.) _____

I understand that Canyonlands Solid Waste Authority has a commitment to maintain an alcohol/drug-free workplace and that Canyonlands Solid Waste Authority, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. I have read, understand, and agree to this statement. (Please initial here.) _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be an at will employee and be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. My at-will employment can be changed only by a written agreement signed by the Board. I have read, understand and agree to this statement. (Please initial here.) _____

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to complete a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Date of Application _____

Signature _____
(Please sign your full legal name)