The Solid Waste District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulations. It is our intention that all qualified applicants are given equal opportunity and that selectio decisions be based on job-related factors.

**GENERAL**

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of this application. In reading and answering the following questions, be awr that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

|  |  |  |  |
| --- | --- | --- | --- |
| Position applying for |  | Todays Date |  |
| Are you seeking: | Full Time 🞏 | Part-time 🞏 | Temporary 🞏 | employment?  | Date you can start |  |
| Name |  |  |  |  |  | / |  | / |  |
|  | LAST | First | Middle |  | Social Security Number |
| Physical Address |  |  |  |  |
|  | Street | City | State | Zip |
| Mailing Address |  |  |  |  |
|  | Street | City | State | Zip |
| Phone Number (Home) |  |  | (Cell) |  |
| Have you ever applied to this district before? | Yes 🞏 No 🞏 | Is so, when? |  |
| Were you ever employed here? | Yes 🞏 No 🞏 | Is so, when? |  |
| Have you ever been convicted of any law violation? |  |
| Include any plea of “guilty” or “no contest” (Exclude minor traffic violations) | Yes 🞏 No 🞏 |
| If yes, give details |  |
| (A conviction will not necessarily disqualify an applicant for employment.) |  |
| If employed, do you expect to be engaged in any additional business or employment outside of our job?? | Yes 🞏 No 🞏 |
| Are you employed now? | Yes 🞏 No 🞏 | If yes, may we inquire of your present employer? | Yes 🞏 No 🞏 |
| Do you have a valid driver’s license? | Yes 🞏 No 🞏 | Driver’s License Number: |  |
| State licensed in: |  | Class of License |  | Expiration Date |  |
| Have you had your driver’s license suspended or revoked in the last 3 years? | Yes 🞏 No 🞏 |
| If yes, give details |  |

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **List Name and Address of School (s)** | Number of Years Completed | Diploma /Degree / Certificate | Subjects Studied |
| High School or GED: |  |
| College or University |  |
| Vocational or Technical |  |

|  |  |
| --- | --- |
| What skills or additional training do you have that relate to the job for which you are applying? |  |
|  |  |
| What machines or equipment can you operate that relate to the job for which you are applying? |  |
|  |  |

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Use additional paper if needed. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer |  | Dates: From |  | To |  |  |
|  |  |  |  |  |  |
|  | Address | City | State | Zip | Telephone |
| Job Title:  |  | Responsibilities and Duties: |  |
|  |  |
| Reason for Leaving |  | Salary (upon leaving): |  |  |
|  |  |  |
| Firm Name |  | Dates: From |  | To |  |  |
|  |  |  |  |  |  |
|  | Address | City | State | Zip | Telephone |
| Job Title:  |  | Responsibilities and Duties: |  |
|  |  |
| Reason for Leaving |  | Salary (upon leaving): |  |  |
|  |  |  |
| Firm Name |  | Dates: From |  | To |  |  |
|  |  |  |  |  |  |
|  | Address | City | State | Zip | Telephone |
| Job Title:  |  | Responsibilities and Duties: |  |
|  |  |
| Reason for Leaving |  | Salary (upon leaving): |  |  |
|  |  |  |
| Firm Name |  | Dates: From |  | To |  |  |
|  |  |  |  |  |  |
|  | Address | City | State | Zip | Telephone |
| Job Title:  |  | Responsibilities and Duties: |  |
|  |  |
| Reason for Leaving |  | Salary (upon leaving): |  |  |
|  |  |  |
| Have you ever been fired from a job or asked to resign? | Yes 🞏 No 🞏 |
| If yes, please explain |  |

**REFERENCES**

(List three persons whom you have known for at least one year is not an employer or anyone related to you .

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Telephone** |
|  |  |  |
|  |  |  |
|  |  |  |

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required. I understand that I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medication information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMNTS BY MANAGEMENT, OR SUBSEQUENT EMPOLOIYHMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACDT OF EMPLOYMENT NOR GUANTEE EMPLOYMEN FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CHAIRMAN OF THE ADMINISTRATIVE CONTROL BOARD HAS THE AUTHORITY TO ENTER INTO AN AGEEMENT OF EMPOLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHAIR AND THE EMPLOYEE, IF EMPLOYEE. I UNDERSTAND THAT I HAVE BEEN HIRED A THTE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINIATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

This application for employment will remain active for limited time.