

Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information

| | | | | |
|---|----------------------|--|-----------|-----|
| Name: | | | Date: | |
| Last | | | SS # | |
| First | | | | |
| Middle | | | | |
| Address | | City | State | Zip |
| Home Phone Number: | Mobile Phone Number: | Are you 18 years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Email Address: | | | | |
| Do you currently Obtain a valid Drivers License? | | If yes what state? | License # | |
| Are You A U.S. Citizen? Yes No | | Have You Ever Been Convicted Of A Felony? Yes No | | |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes No | | | | |

In Case of an Emergency Contact Info

| | | |
|-------|----------|---------|
| Name: | Address: | Phone # |
|-------|----------|---------|

Employment Desired

| | | |
|---------------------------------------|------------------------|---|
| Position: | Desired Pay: | Employment Desired: Full Time <input type="checkbox"/> Part time <input type="checkbox"/> |
| | Available Starte Date: | |
| Are you currently employed and Where? | | If yes may we contact your current employer? |

Referred By:

Education

| School Name | Location | Years Attended | Did you Graduate? | Major |
|--------------------------------|----------|--|-------------------|-------|
| High School: | | | | |
| College: | | | | |
| Trade School: | | | | |
| U.S Military or Naval Service? | Rank: | Are you an active Nation Guard or Reserve? | | |

General

| | | | |
|------------------------------------|---------|---------|-----------|
| Skills: | | | |
| Activities:(Civic, Athletic, Etc.) | | | |
| CDL License? | Class A | Class B | License # |

(Continue on back side)

| | | | |
|---------------------------|------------------------------|----------------------------------|------|
| Employment History | | Date: (Month and Year) | |
| Employer (1) | | Job Title | From |
| | | | To |
| Work Phone: | Salary/ Ending Pay Per Hour: | | |
| Reason for leaving: | | Location: (City & State) | |
| Employer (2) | | Job Title | From |
| | | | To |
| Work Phone: | Salary/ Ending Pay Per Hour: | | |
| Reason for leaving: | | Location: (City & State) | |
| Employer (3) | | Job Title | From |
| | | | To |
| Work Phone: | Salary/ Ending Pay Per Hour: | | |
| Reason for leaving: | | Location: (City & State) | |

| | | | |
|---|---------|---------|------------------|
| References | | | |
| Give 3 persons not related to you, whom you have known for no less then 1 year. | | | |
| Name | Phone # | Company | Years Acquainted |
| | | | |
| | | | |
| | | | |

Authorization and Understanding:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history/background check, credit history, or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of Spencer County Solid Waste Management District and I agree that I shall be bound by the rules, policies, regulations, terms, and conditions of employment of Spencer County Solid Waste Management District as they are from time to time changed without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the manager or director of the Spencer County Solid Waste Management District. I further agree that my employment is conditional until such time as the results of my pre-employment drug test, driving record, & background check (if required for position) are known.

I have read the above and understand

Applicant's Signature _____ Date: _____

Office Use Only:
 Date App. Turned in: _____ Date Interviewed: _____
 Remarks: _____