

EMPLOYMENT APPLICATION

The Solid Waste Disposal Authority of Baldwin County Alabama, Inc. is an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, age, physical or mental disability, genetic information, veteran or uniformed service-member status, or any category protected by federal, state, or local law. It is the intent of the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. to guarantee equal opportunity to allow disabled employees a bias-free work environment. The Solid Waste Disposal Authority of Baldwin County Alabama, Inc., upon request, will provide reasonable accommodation in compliance with the ADA. Recruitment and selection processes will grant equal opportunity for employment to qualified applicants and will not discriminate on the basis of disability. Reasonable accommodation will be provided upon request during the application, testing, and interview process.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Personal Email Address: _____

Position applying for: _____ Salary/Hourly Rate Desired: _____

Date available: _____

Can you perform the essential functions of the position for which you are applying for, with or without accommodation? YES NO

Applicants may be required to be insurable by the employer's insurance carrier, may be required to pass a criminal and motor vehicle background check, may be required to pass a consumer credit check, and may be subject to a pre-employment drug test. All applicants will be subject to a pre-employment physical.

Do you hold a valid Driver's License YES NO Driver's License State/Province: _____

Driver's License Number: _____ Driver's License Class: _____
(A, B, C, D)

Driver's License Expiration Date: _____

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required)

Do you have any relatives who work for the Company? YES NO If yes, who and where do they work?

Special Skills: List all pertinent skills and equipment that you can operate: _____

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed/Credits Earned	Diploma or Degree Received
High School				
College				
Vocational or Trade School				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO

Do you hold any special certifications directly relating to the position for which you are applying for? YES NO If yes, please include license type, state, certification/registration, number, expiration date:

EMPLOYMENT HISTORY

Start with your current or most recent position.

Name of Employer #1		Position Held:
Full Address (Including Street, City, State & Zip)		
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Reason for Leaving:		
Supervisor's Name, Title Telephone Number:		
Specific Job Duties:		
Name of Employer #2		Position Held:
Full Address (Including Street, City, State & Zip)		
Dates Employed:	From Month/Day/Year	To Month/Day/Year

Reason for Leaving:		
Supervisor's Name, Title Telephone Number:		
Specific Job Duties:		
Name of Employer #3		Position Held:
Full Address (Including Street, City, State & Zip)		
Dates Employed:	From Month/Day/Year	To Month/Day/Year
Reason for Leaving:		
Supervisor's Name, Title Telephone Number:		
Specific Job Duties:		

REFERENCES

Provide two references. (No relatives)

Name and Occupation	Years Known	Telephone Number

IMPORTANT, PLEASE READ AND SIGN

By signing below, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identify and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. and will not be returned. I understand the Solid Waste Disposal Authority of Baldwin County Alabama, Inc. may contact prior employers and other references.

If employed by the SWDA, I understand and agree that I may be required to take a pre-employment drug and alcohol screening test. I also consent to the release of the test results to the SWDA for its use, and I understand that any positive drug or alcohol result may preclude my employment. The SWDA may conduct a pre-employment background check, including, but not limited to, criminal, drivers' license, motor vehicle report, and reference checks.

By typing or signing my name in the following space, I certify the above statements to be true and correct, to the best of my knowledge, and I agree that this information can be used for the purpose of processing my employment application and information.

Signed: _____

Date: _____