

MONTGOMERY REGIONAL SOLID WASTE AUTHORITY

APPLICATION FOR EMPLOYMENT

Please print or type

THE MONTGOMERY REGIONAL SOLID WASTE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER. ALL PERSONNEL ACTIONS BY THE AUTHORITY ARE MADE WITHOUT REGARD TO POLITICAL AFFILIATION, AGE, RACE, GENDER, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, MARITAL STATUS, OR DISABILITY STATUS.

Date: _____ Position Applied for: _____

Full Name: _____
Last First Middle

Address: _____

Home Phone: _____ Business Phone: _____ E-mail Address: _____

License (to include driver's), certificate or other skills to practice a trade or profession:

Name of High School Last Attended: _____

Highest Grade Completed: _____

If you did not graduate, do you have a high school equivalency diploma? ___ Yes ___ No

Name of College Last Attended: _____

Did You Graduate? _____ Type of Degree or Training Program: _____

Major Program of Study: _____

List three references of persons not related to you who know your qualifications:

1. _____	_____	_____
Name	Address	Phone No.
2. _____	_____	_____
Name	Address	Phone No.
3. _____	_____	_____
Name	Address	Phone No.

EXPERIENCE:

Starting with the most recent, describe all paid, military and applicable voluntary experience.

May we contact your present supervisor? ___ Yes ___ No.

1. Job Title: _____

Duties: _____

Employer: _____

Address: _____

Phone: _____

Type of Business: _____

Immediate Supervisor: _____

Title: _____

Salary (start) _____ (finish) _____

Dates: _____ to _____

Full-time ___ Part-time ___ Hrs./wk _____

No. of persons supervised: _____

Equipment Used: _____

Reason for Leaving: _____

2. Job Title: _____

Duties: _____

Employer: _____
Address: _____
Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start) _____ (finish) _____
Dates: _____ to _____
Full-time ___ Part-time ___ Hrs./wk _____

No. of persons supervised: _____
Equipment Used: _____
Reason for Leaving: _____

3. Job Title: _____
Employer: _____
Address: _____
Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start) _____ (finish) _____
Dates: _____ to _____
Full-time ___ Part-time ___ Hrs./wk _____

Duties: _____

No. of persons supervised: _____
Equipment Used: _____
Reason for Leaving: _____

4. Job Title: _____
Employer: _____
Address: _____
Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start) _____ (finish) _____
Dates: _____ to _____
Full-time ___ Part-time ___ Hrs./wk _____

Duties: _____

No. of persons supervised: _____
Equipment Used: _____
Reason for Leaving: _____

If you are applying for a Clerical position, complete the following: Typing Speed: _____ Shorthand Speed: _____
Office Equipment you can operate: _____
Computer Skills: _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends

Check which job you will accept: ___ Full-time ___ Part-time

Check which employment status you would accept: ___ Salaried ___ Hourly

Are you willing to accept employment that requires you to travel? ___ Yes ___ No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identify. Further you will be required to provide documentation to that effect should you be employed.

Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who was required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ___ Yes ___ No. If no, state reason: _____

For compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active duty in the armed forces of the United States or reserve components thereof,

including the National Guard or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs: ? ___ Yes ___ No

If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ___ Yes ___ No

Have you ever been convicted* for any law violation(s), including moving traffic violations? ___ Yes ___ No. If yes, please provide the following: Description of offense: _____
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City and State of Conviction: _____

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

What minimum yearly salary will you accept? _____ When will you be available to start work? _____

The Authority is committed to providing a drug-free work place, and successfully completing a drug test is a precondition of employment. Do you consent to and agree to take a drug test at the Authority's expense if offered employment? ___ Yes ___ No.

I hereby certify that I have given true, accurate and complete information on this application to the best of my knowledge, and with the understanding that such information will be relied upon in considering my application for employment and that any deliberate falsification, misstatement or omission will be grounds and can result in the termination of my employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I authorize all law enforcement, credit, educational institutions, employers, friends, neighbors and business acquaintances to furnish the Authority or a third party a complete history of my record including (but not limited to) my character, habits, and ability and release each and the Authority from liability for damages to me by reason of compliance with your request whether such be due to negligence or error or any other cause. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further agree that the Authority shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.

I understand and agree that any employment resulting from this application is continuable solely at the Authority's option and that such employment may be changed or terminated by the Authority at any time in its sole discretion with or without notice and with or without cause. My work schedule, job duties and location are subject to modification by the Authority at any time. Any representation by any person to the contrary is null and void, except by written contract executed by the Executive Director.

Date: _____ **Applicant Signature:** _____

THIS APPLICATION SHALL REMAIN ACTIVE FOR 90 DAYS AFTER SUBMISSION

How did you find out about this employment opportunity?

- Newspaper*
 - Radio/TV*
 - Virginia Employment Commission
 - Department of Human Resource Management web page
 - State RECRUIT system
 - Agency web page
 - Local Library
 - Other (Please Specify)
-

* Specify name of newspaper or other media

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This optional information will **NOT** be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian decent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indian (includes Alaskans)

Check the appropriate block

- Female
- Male

Please indicate your date of birth: _____

Position applied for: _____

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6/5/07