

CLINTON COUNTY SOLID WASTE AUTHORITY  
**WAYNE TOWNSHIP LANDFILL**



**Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age (40 or older), disability, genetic information, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Desired Wage	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	Referred by _____

**PERSONAL INFORMATION**

Last Name	First Name	Middle Name
Address	City	State Zip Code
Home Telephone Number	Social Security Number	
Cell Telephone Number	- -	

**GENERAL INFORMATION**

If you are under 18 years of age, can you provide proof of your eligibility to work?.....  Yes  No

Have you ever filed an application with us before?.....  Yes  No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon hire. ....  Yes  No

Can you perform all job functions for the position you are applying for with or without reasonable accommodation?.....  Yes  No

Special Trainings or Certifications

Special Skills

**EDUCATION**

	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

**PRESENT AND FORMER EMPLOYERS**

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

DATE MONTH / YEAR	NAME & ADDRESS Of EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (Give below the names of three persons not related to you, whom you have known for at least one year.)

NAME	PHONE #
1.	
2.	
3.	

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, and that the employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

If you are applying for a **Heavy Equipment Operator** position, you **must** complete this section.

List the amount of experience in hours you have for each piece of equipment listed below.

Do you have a CDL Class "A"?  Yes  No **If yes, complete the "Application for CMV Employment" page, also.**

NAME of EQUIPMENT	Amount of Experience in Hours	NAME of EQUIPMENT	Amount of Experience in Hours
Track Hoe Excavator	_____ Hrs.	Rubber Tired Backhoe	_____ Hrs.
Rubber Tired Excavator	_____ Hrs.	Dirt Roller	_____ Hrs.
Track Loader	_____ Hrs.	Wheel Loader	_____ Hrs.
Track Dozer	_____ Hrs.	Fork Lift	_____ Hrs.
Grader	_____ Hrs.	CDL Lowboy	_____ Hrs.
Articulated Haul Truck	_____ Hrs.	CDL Dump Truck	_____ Hrs.
Skid Steer	_____ Hrs.	CDL Tractor Trailer Dump	_____ Hrs.

Do you have any experience with surveying equipment?  Yes  No  A Little  
 Do you have any experience reading blueprints?  Yes  No  A Little  
 Do you have any experience with GPS for surveying?  Yes  No  A Little

If you are applying for a **CDL Class "A" Truck Driver** position, you **must** complete this section.

List the amount of experience in hours you have for each piece of equipment listed below.

Do you have a CDL Class "A"?  Yes  No **If yes, complete the "Application for CMV Employment" page, also.**

NAME of EQUIPMENT	Amount of Experience in Hours	NAME of EQUIPMENT	Amount of Experience in Hours
Dump Trailer	_____ Hrs.	Tanker Truck	_____ Hrs.
Low Boy Trailer	_____ Hrs.	Tri Axle Dump Truck	_____ Hrs.
Roll Off Truck	_____ Hrs.	Walking Floor Trailer	_____ Hrs.