



# CLAY TOWNSHIP REGIONAL WASTE DISTRICT

## APPLICATION FOR EMPLOYMENT

Clay Township Regional Waste District ("CTRWD") is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. CTRWD will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone (\_\_\_\_) \_\_\_\_\_

If you have resided at your present address less than three years, list your prior address:

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Temporary  
 On-Call  Overtime  Any Shift

On what date would you be available for work? \_\_\_\_\_

Are you on a layoff and subject to recall at another employer?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date(s) \_\_\_\_\_

Do you have any relatives or friends that are employed here?  Yes  No If yes, please list them by name and relationship.

Why did you apply for a position at Clay Township Regional Waste District? \_\_\_\_\_

Why do you think you would make a valuable employee of Clay Township Regional Waste District? \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?  Yes  No

Are you 18 years or older?  Yes  No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.)  Yes  No

If yes, state the nature of the conviction or plea, the date, and explain \_\_\_\_\_

Name of person to notify in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ **Emergency Phone No.** \_\_\_\_\_

For purposes of verifying past employment and schools attended, please list any other names you have used.

### EDUCATION

Type of School	Name of School City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
			Yes	No	
High School					
College or University					
Business, Trade, Technical, or Correspondence School or College					

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service. \_\_\_\_\_

List specific skills or office machines, tools, machinery or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying \_\_\_\_\_

### PERSONAL REFERENCES

List the name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

1. \_\_\_\_\_ ( )  
Name Address Telephone No.
2. \_\_\_\_\_ ( )  
Name Address Telephone No.
3. \_\_\_\_\_ ( )  
Name Address Telephone No.

## EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience. Do not omit any employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **RESUMES MAY BE INCLUDED BUT WILL NOT BE ACCEPTED IN PLACE OF THE INFORMATION REQUESTED BELOW.**

Employer	Employment Dates	Kind of Work Performed:  Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Address	From	
Telephone (      )	To	
Job Title	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	
	Final:	
Employer	Employment Dates	Kind of Work Performed:  Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Address	From	
Telephone (      )	To	
Job Title	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	
	Final:	
Employer	Employment Dates	Kind of Work Performed:  Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Address	From	
Telephone (      )	To	
Job Title	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	
	Final:	
Employer	Employment Dates	Kind of Work Performed:  Reason for Leaving: <input type="checkbox"/> Discharged <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Address	From	
Telephone (      )	To	
Job Title	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	
	Final:	

If you need additional space, please continue on a separate sheet of paper

May we contact the employers listed above?  Yes  No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?  
 Yes  No If yes, please state the employer, and the reason for the discharge or resignation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of your previous jobs have you liked best? \_\_\_\_\_  
 Why? \_\_\_\_\_

Which of your previous jobs have you liked least? \_\_\_\_\_

Why? \_\_\_\_\_

How did you learn of this employment opportunity?  Friend  Relative  Job Posting  
 Website  Clay Township Regional Waste District  Friend  Other \_\_\_\_\_

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### APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

Initials

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If Clay Township Regional Waste District decides to obtain a consumer credit report, I understand that Clay Township Regional Waste District will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to Clay Township Regional Waste District personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Clay Township Regional Waste District takes on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Clay Township Regional Waste District. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Clay Township Regional Waste District has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of Clay Township Regional Waste District, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

\_\_\_\_\_ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by Clay Township Regional Waste District, nor am I in possession of nor will I at any time reveal to Clay Township Regional Waste District, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

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THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER 60 DAYS