

SOUTHEASTERN INDIANA SOLID WASTE DISTRICT

APPLICATION FOR EMPLOYMENT

SKILLED LABOR

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Phone Number _____ Date of Application _____

Position(s) Applied For _____

Name _____ Social Security No. _____

Address _____
Street _____ City _____ Zip _____ County of Residence _____

In Case of Emergency Notify _____
Name _____ Address _____ Phone _____

Have you worked for any City, Town or County within this District before? _____

If yes, where _____ Dates: From _____ To _____

Rate of Pay _____ Position _____

Reason for Leaving _____

Are you now employed _____ If not, how long since leaving last employment _____

Who referred you _____

Do you have a valid driver's license? Yes _____ No _____

License No. _____ State _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain _____

PHYSICAL HISTORY

THE JOB WHICH YOU ARE APPLYING FOR WILL REQUIRE THAT YOU LIFT UP TO 50 POUNDS REPETITIVELY AND MOVE/MANIPULATE HEAVIER OBJECTS TO INCLUDE REFRIGERATORS, TELEVISIONS, FURNITURE AND TRUCK TIRES. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS THAT WOULD PREVENT YOU FROM PERFORMING THIS TYPE OF TASK? YES _____ NO _____

EMPLOYMENT HISTORY

ALL APPLICATIONS MUST PROVIDE THE FOLLOWING INFORMATION ON EMPLOYERS DURING THE PRECEDING 10 YEARS.

Employer _____

Supervisor _____

Address _____
Street _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reason for Leaving _____ Final Rate of Pay _____

Employer _____

Supervisor _____

Address _____
Street _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reason for Leaving _____ Final Rate of Pay _____

Employer _____

Supervisor _____

Address _____
Street _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____

Reason for Leaving _____ Final Rate of Pay _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THE DISTRICT. THE OPERATION OF A FORKLIFT IS A ROUTINE PART OF THIS JOB. ARE YOU CERTIFIED TO OPERATE A FORKLIFT? YES NO DO YOU HAVE ANY IMPAIRMENT THAT WOULD PREVENT YOU FROM OPERATING A FORKLIFT?

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

EDUCATION

Circle highest grade completed 8 9 10 11 12 College 1 2 3 4

Last school attended _____
Name _____ City _____

DRIVING RECORD

Accident record for past 3 years or more (attach sheet if more space is needed)

Date	Nature of Accident	Fatalities	Injuries
------	--------------------	------------	----------

Last Accident _____

Next Previous _____

Next Previous _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes No Has any license, permit or privilege ever been suspended or revoked? Yes No If you answered yes to either question please give date

and details _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

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 company, as permitted by law.

I further understand that, if I am employed by the company, my employment will be at will – that either the District or I may terminate my employment at anytime with or without cause.

Signature _____ Date _____

IF APPLYING FOR DRIVER

ATTENTION ALL APPLICANTS

Beginning 1-1-90, all commercial truck drivers will be required to submit to several different drug tests. One of the drug tests required by D.O.T. standards is a “pre-employment drug test”. You will be tested for the presence of marijuana, cocaine, amphetamines, opiates and P.C.P.

The pre-employment drug test is given as the last step in the process to gain full time employment. If you fail to pass the pre-employment drug test you will be denied employment.

If you pass the drug test and are hired you will be refunded the cost of the test.

Please read carefully and sign the following statement. Your application will not be considered unless this page is completed.

“I understand that drug testing is a requirement for full time employment at SISWD. I further understand that if I fail the pre-employment drug test, I will be denied employment.”

Signature