



Application for Employment

P. O. Box 2159
Salinas, CA 93902-2159
128 Sun Street, Suite 101
Salinas, CA 93901
831-775-3000
831-755-1322 Fax
www.svswa.org

THE SALINAS VALLEY SOLID WASTE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

Please answer all questions completely and accurately. False or misleading statements during the selection process and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly or type. Use additional pages as necessary.

- Name:** _____
Last First Middle
- Mailing Address:** _____
Street City State Zip
- Telephone Number:** () - _____
- Email Address** _____
- Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No
- Do you have a legal right to work in the United States?** Yes No *Proof will be required if employed.*
- Do you have any relatives currently employed by SVSWA?** Yes No
If yes, who? _____ What relation to you? _____
- Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No *If yes, indicate such name and the date the name changed:*

- Can you perform the essential functions of this position with or without reasonable accommodations?** Yes No
- Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?**
Do not disclose convictions related to the possession or use of marijuana more than two years ago. NOTE: Conviction of a crime is not necessarily a bar to employment. Each case is considered separately based upon job requirements. Inaccurate information, though, may result in disqualification from consideration for hire or continued employment.
 Yes No **If yes, state when, where, and the nature of such conviction:**

POSITION

- Position for which you are applying:** _____
- Are you available to work:**
 Full-Time Part-Time Temporary On-Call
 Evenings Weekends Overtime Split Shift
- If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No
License #: _____ Class: _____ State: _____ Expiration Date: _____

4. If you are fluent in a language other than English, state which language(s) _____

EDUCATION AND SPECIAL LICENSES/REGISTRATION

NAME OF SCHOOL	SCHOOL ADDRESS AND ATTENDANCE DATES	COMPLETED?	DEGREE AND MAJOR
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Trade:	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List current certifications and/or professional licenses that you possess, if any, expiration date and where registered:

EMPLOYMENT EXPERIENCE

List your previous positions beginning with your present or last job. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION. PLEASE DO NOT WRITE "SEE RESUME" IN ANY OF THE FOLLOWING BOXES. IF YOU REQUIRE MORE SPACE, ATTACH ADDITIONAL PAGES AND CLEARLY LABEL EACH PAGE.

1.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name and Title			
	Job Title		Hourly Salary		
		Starting	Final		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged					
Why?					
2.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name and Title			
	Job Title		Hourly Salary		
		Starting	Final		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged					
Why?					
3.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name and Title			
	Job Title		Hourly Salary		
		Starting	Final		
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged					
Why?					

Name: _____ Position Title: _____

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH SECTION BEFORE SIGNING THIS APPLICATION FORM.

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of the Salinas Valley Solid Waste Authority (SVSWA) regardless of the time that has elapsed before discovery.

I authorize SVSWA or its designated agents to contact my references and to investigate my current and past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to SVSWA from all liability or responsibility with respect to information supplied to SVSWA.

I understand that a separate consent form will be requested to authorize the procurement of an Investigative Consumer Report for credit history and to conduct a pre-employment drug screening.

I understand that filing this application in no way assures me a position with SVSWA and that this application is not, and is not intended to be, a contract of employment.

If employed by SVSWA, I agree to abide by the rules, policies and procedures of SVSWA and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

COMPLETION OF THIS PAGE IS VOLUNTARY. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT HAVE ANY EFFECT UPON YOUR APPLICATION.

Position Title

The Authority is asking all applicants to complete this form in order to comply with United States Government Equal Employment Opportunity requirements. **This information will be detached from this application and will be available to authorized personnel only for research and evaluation purposes.** We appreciate your cooperation in providing this information.

ETHNIC ORIGIN (Please check one)

- AMERICAN INDIAN OR ALASKAN NATIVE** - Persons descended from the original people of North America and who maintain cultural identification through tribal affiliation or community organization.
- ASIAN** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
Specify nationality _____
- BLACK** - Persons having origins in any of the black racial groups of Africa.
- FILIPINO** - Persons having origins in any of the original peoples of the Philippine Islands.
- HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Latino culture or origin, regardless of race.
Specify nationality _____
- PACIFIC ISLANDERS** – Persons having origins in the Pacific Islands (Polynesia).
- WHITE** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- OTHER** (Specify) _____

RECRUITMENT RESEARCH: Indicate how you learned about this recruitment.

- Media** (TV, radio) Specify: _____
- Print Media** Specify: _____
- Authority Employee
- Internet
- Friend or Relative
- Authority Bulletin Board**
- Other Source:** _____