

CLINTON COUNTY AREA SOLID WASTE AGENCY

Employment Application



Application Date _____/_____/_____

PERSONAL INFORMATION

EMAIL Address : _____

Name _____
Last First Middle

Current Address _____
Street/Apt/No. City State Zip

Current Telephone No. (____) _____ Social Security # _____

Given name, address & telephone number of three references:

1. _____
2. _____
3. _____

How were you referred to us? _____

EMPLOYMENT INFORMATION

Position for which you are applying: _____

Are you over 18 years of age? Yes No

If under 18 years old of age, can you furnish a work permit? Yes No

Have you ever applied for employment or worked for Clinton County Area Solid Waste Agency in the past? Yes No

If yes, when? _____ Where _____

Are you employed now? Yes No

May we contact your current employer? Yes No

Are you available to work:: Full Time Part Time Rotating Shift Night Work

Temporary: How long? _____

Do you have any pre-existing condition, current physical, mental or medical limitation or impairment which may preclude you from performing any work or for which you are being considered? Yes No

If yes, explain: _____

*****PLEASE ATTACH A RESUME WHEN SUBMITTING YOUR APPLICATION. THANK YOU.**

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EDUCATIONAL EXPERIENCE (School Name, City, State)	Highest Grade Completed
High School _____	_____
College _____	_____
Other (Trade/Business) _____	_____

Please add any additional education or other information which might be helpful in considering your application:

Employment History:

1. Employer _____ Address _____
Phone _____ Dates of Employment _____
Reason for Leaving _____
2. Employer _____ Address _____
Phone _____ Dates of Employment _____
Reason for Leaving _____
3. Employer _____ Address _____
Phone _____ Dates of Employment _____
Reason for Leaving _____
4. Employer _____ Address _____
Phone _____ Dates of Employment _____
Reason for Leaving _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained in this application to verify such statements in order to arrive at an employment decision and release all parties from all liabilities for any resulting damage.

I understand that my application will be given every consideration, but that such consideration does not necessarily mean that I will be employed. If hired, I understand my employment is for no definite period of time and may be terminated by me or by the Company at my or its discretion at any time without prior notice.

Signature: _____

Date: _____

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