

## WEST CENTRAL SANITATION APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION – Incomplete information could disqualify you from further consideration. Please complete all fields.**

Name: _____					
Last	First	Middle	Any Other Name Used		
Present Address: _____					
Number	Street	City	State	Zip	
How long at this address: _____		Are you eligible to work in the U.S.? Yes ___ No ___			
Telephone: (____) _____		Are you at least 18 years or older? Yes ___ No ___			
E-mail: _____		If no, you may be required to provide authorization to work.			
Are you a high school graduate or equivalent? Yes ___ No ___					
Have you ever been terminated from employment or asked to resign by an employer? Yes ___ No ___					
If yes, please provide termination details below: _____ _____					
Can you work any shift? Yes ___ No ___ If no, explain: _____					
Can you work overtime, including evenings and weekends? Yes ___ No ___					
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes ___ No ___					
If hired, would you have reliable means of transportation to and from work? Yes ___ No ___					
Did you complete this application yourself? Yes ___ No ___					

### EMPLOYMENT DESIRED

Position Desired/Applied For: _____	
Employment Desired (mark one): Full Time Only ___	Part Time Only ___ Full Time or Part Time ___
Date when are you available to start: _____	Hourly Rate/Salary Desired: _____
Are you currently employed? Yes ___ No ___ If so, may we contact your current employer? Yes ___ No ___	

### EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED / MAJOR
High School				
College				
Business or Trade School				
Professional or Graduate School				

## EMPLOYMENT HISTORY / WORK EXPERIENCE

Please list your work experience for the past ten years, beginning with your most recent job and working backwards in time. If you were self-employed, give company name. Attach additional pages if necessary.

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Immediate Supervisor	Employment Dates	
		From:	To:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job responsibilities, skills used or learned, and advancements or promotions while you worked at this company.			

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Immediate Supervisor	Employment Dates	
		From:	To:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job responsibilities, skills used or learned, and advancements or promotions while you worked at this company.			

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Immediate Supervisor	Employment Dates	
		From:	To:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job responsibilities, skills used or learned, and advancements or promotions while you worked at this company.			

## EMPLOYMENT HISTORY / WORK EXPERIENCE

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Immediate Supervisor	Employment Dates	
		From:	To:
	Job Title:		
Reason for Leaving (be specific):			
Summarize the nature of the work performed, job responsibilities, skills used or learned, and advancements or promotions while you worked at this company.			

## ADDITIONAL INFORMATION

Do you have any special skills, experience, training and/or certifications that would enhance your ability to perform the position applied for? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? Walk-In\_\_\_ Advertisement \_\_\_ Referral \_\_\_ Online \_\_\_ Facebook \_\_\_ Other \_\_\_

Have you ever been employed with this company previously? Yes \_\_\_ No \_\_\_

Do you have any friends or relatives employed by this company? Yes \_\_\_ No \_\_\_

If yes, please provide their names and relationship to you. \_\_\_\_\_

## REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-mail:		Years Acquainted:

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-mail:		Years Acquainted:

Name:		Occupation:	
Company Name:		Address:	
Telephone:	E-mail:		Years Acquainted:

**DRIVER APPLICANTS ONLY:**

DRIVERS LICENSE INFORMATION: All licenses held, last 3 years:(Driver applicants only)

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

License Class \_\_\_\_\_ Endorsements \_\_\_\_\_

DRIVING EXPERIENCE: Type of Vehicle	Dates	Number of Miles
_____	_____ to _____	_____
_____	_____ to _____	_____

**APPLICATION WAIVER**

Please read each paragraph closely, initial each, and sign below.

Initial	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize West Central Sanitation to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools, and other references I have listed to disclose to West Central Sanitation any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release West Central Sanitation, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.
Initial	I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and West Central Sanitation, other than one that is "at will." I understand and agree that if I am employed, my employment will be of an "at will" nature, whereby either the employee or the employer may terminate the employment relationship at any time, and for any reason, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or West Central Sanitation, and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the company's designated representative.

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

This application is valid only for 90 days from the date above.

West Central Sanitation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex (including sexual harassment), sexual orientation, marital status, national origin, citizenship status, ancestry, age, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law. We assure you that your opportunity for employment with West Central Sanitation depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

A COPY OF THIS FORM MAY SERVE AS THE ORIGINAL