

THREE RIVERS SOLID WASTE AUTHORITY
AT-WILL EMPLOYMENT APPLICATION
(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the Authority to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the Authority to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment is contingent upon the successful completion of a drug test. This application will remain active for 180 days.

PERSONAL INFORMATION

Name:	Social Security #:
Home Phone #:	Work and/or Cell Phone #:
Current Address: Street	City State Zip Since (Mo/Yr)

EDUCATION

High School Attended	City, State	Did you earn a diploma?
Undergraduate College	City, State	Areas of Study
Graduate School	City, State	Areas of Study
Trade, Business School	City, State	Areas of Study
		Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary:
		\$ _____ per
Referred By:		
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanation.

1. Are you at least 18 years of age and legally eligible for work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will you work overtime when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you understand the job requirements of the job you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can you travel if required by this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been discharged or asked to resign from a job? (If yes, please explain.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please list below your last three employers beginning with the most recent.

Most Recent Employer	City	State	Zip Code	Phone #
Position Held	Dates From To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip Code	Phone #
Position Held	Dates From To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip Code	Phone #
Position Held	Dates From To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle.

1. Do you have a valid driver's license? Yes No Class A – CDL Yes No

If Yes, Driver's License Number:

Date of Issue:

Issuing State:

2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? Yes No

3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?

Yes No If Yes, please explain:

4. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for. Drivers should list types of vehicles operated and length of time.

1. _____
2. _____
3. _____
4. _____

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

1. _____
2. _____
3. _____
4. _____
5. _____

PERSONAL REFERENCES

List 3 references' names, telephone numbers, & years known. Do not list relatives or employers.

1. _____
2. _____
3. _____

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Authority from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Authority rules and regulations, and I understand **THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

Three Rivers Solid Waste Authority ■ 227 Gateway Drive, Suite 213 ■ Aiken SC 29803
803-652-2225 ■ 803-652-7811 (fax)

If applying for a CDL Driver Position, please SIGN the consent form on the following page. Do not fill in the other information. This will be sent to former employers per DOT Regulations 49 CFR, Part 40.

**CONSENT FORM FOR RELEASE OF DRUG & ALCOHOL TESTING RESULTS
(DOT COVERED EMPLOYEES)**

Prospective Employer:

Three Rivers Solid Waste Authority
Lib Scott, Administration Manager
227 Gateway Drive, Ste 213
Aiken SC 29803

Phone: 803/652-2225, x22

Fax: 803/652-7811

Date: _____

Previous Employer

Company Name: _____

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Date: _____

I hereby authorize my previous employer(s) listed above to release and forward all information on my Drug and Alcohol testing records to my prospective employer listed above. This request is required and authorized in accordance with DOT Regulations 49 CFR, Part 40.

Applicant's Name (please print): _____

Applicant's Signature: _____

Social Security #: _____

Date: _____

To be answered by previous employer:

In the past two years, has this person taken an alcohol test with a result of 0.04 or higher? _____

In the last two years, has this person had a verified positive drug test? _____

In the last two years, has this person refused to take any drug or alcohol test or provided verified adulterated or substituted drug test results? _____

In the last two years, has this person violated any DOT agency drug and alcohol testing regulations? _____

If this person violated a DOT drug and alcohol regulation in the last two years, please provide documentation of the employee's successful completion of DOT Return-to-Duty requirements (including follow up tests). _____

Completed by (please print): _____

Title: _____

Signature: _____

Date: _____