

RECYCLING & WASTE REDUCTION DISTRICT OF PORTER COUNTY APPLICATION FOR EMPLOYMENT

Date:		
Applicant Name:		
Present Address:		
Telephone:	Social Security No.:	
Permanent Address (If different from present address):		
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you either a U.S. citizen or an alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked or attended school under another name? If so, under what name?		
Have you ever been convicted of a crime? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details, including date(s):		
* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.		
POSITION DESIRED		
Position:	Date you can start:	Hourly rate/monthly salary desired:
Do you prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours you are available to work:	
If part-time, hours per week desired:	Days of week you are available to work:	
Are you able to work:		
Weekends* <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays* <input type="checkbox"/> Yes <input type="checkbox"/> No Nights* <input type="checkbox"/> Yes <input type="checkbox"/> No		
* if required for the position for which you're applying		
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously worked for this company? If so, from _____ to _____		
Reason for leaving:		
Former supervisor(s) at this company:		
How did you learn about this opening?		

EDUCATION		
High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education or training:		
Other special skills:		
MILITARY EXPERIENCE		
Branch of Service:	Dates Served:	Rank at Discharge:
Education and Training:		
WORK EXPERIENCE		
Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
Employer:		Address:
From to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:

Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Hourly Pay:		Final Hourly Pay:	
AUTHORIZATION AND ACKNOWLEDGMENTS			
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p> <p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.</p> <p>Applicant Signature:</p> <p>Date:</p>			