

MONTGOMERY REGIONAL SOLID WASTE AUTHORITY

APPLICATION FOR EMPLOYMENT

Please print or type

Rev. 10/2021

The Montgomery Regional Solid Waste Authority is an Equal Opportunity Employer. All aspects of employment are made without regard to race, color, religion, political affiliation, national origin, disability, marital status, veterans' status, sexual orientation, gender identity, or age and any other category protected by law.

Please complete all fields. Failure to do so may eliminate you from consideration.

Date: _____ Position Applied for: _____

Full Name: _____
Last First Middle

Address: _____

Home Phone: _____ Business Phone: _____ Email Address: _____

License (to include driver's), certificate or other skills to practice a trade or profession:

Name of High School Last Attended: _____

Highest Grade Completed: _____ Date of Completion: _____

If you did not graduate, do you have a high school equivalency diploma? ___ Yes ___ No

Name of College Last Attended: _____

Did You Graduate? _____ Type of Degree or Training Program: _____

Major Program of Study: _____

List three references of persons not related to you who know your qualifications within the past three years:

1.	_____	_____	_____
	Name	Address	Phone No.
2.	_____	_____	_____
	Name	Address	Phone No.
3.	_____	_____	_____
	Name	Address	Phone No.

EXPERIENCE:

Starting with the most recent, describe all paid, military, and applicable voluntary experience.

May we contact your present supervisor? ___ Yes ___ No.

Job Title: _____

Duties: _____

Employer: _____

Address: _____

Phone: _____

Type of Business: _____

Immediate Supervisor: _____

Title: _____

No. of persons supervised: _____

Salary (start) _____ (finish) _____

Equipment Used: _____

Dates: _____ to _____

Reason for Leaving: _____

Full-time ___ Part-time ___ Hrs./wk _____

Job Title: _____
Employer: _____
Address: _____
Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start) _____ (finish) _____
Dates: _____ to _____
Full-time ___ Part-time ___ Hrs./wk _____

Duties: _____

No. of persons supervised: _____
Equipment Used: _____
Reason for Leaving: _____

Job Title: _____
Employer: _____
Address: _____
Phone: _____
Type of Business: _____
Immediate Supervisor: _____
Title: _____
Salary (start) _____ (finish) _____
Dates: _____ to _____
Full-time ___ Part-time ___ Hrs./wk _____

Duties: _____

No. of persons supervised: _____
Equipment Used: _____
Reason for Leaving: _____

Office Equipment you can operate: _____
Computer Skills: _____

Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends
Check which job you will accept: ___ Full-time ___ Part-time
Check which employment status you would accept: ___ Salaried ___ Hourly
Are you willing to accept employment which requires you to travel? ___ Yes ___ No

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. As part of the hiring process, MRSWA verifies employment eligibility. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identify. Further you will be required to provide documentation to that effect should you be employed.

For compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States? ___ Yes ___ No. If yes, give dates _____

Have you ever been convicted of a law violation(s), including moving traffic violations, but **excluding** marijuana possession offenses, and **excluding** offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ___ Yes ___ No. If yes, list all and explain _____

What minimum yearly salary will you accept? _____ When will you be available to start work? _____

The Authority is committed to providing a drug-free workplace, and successfully completing a drug test is a post offer precondition of employment. Do you consent to and agree to take a drug test at the Authority's expense if offered employment? ___ Yes ___ No.

I certify that I have given true, accurate and complete information on this application to the best of my knowledge, and with the understanding that such information will be relied upon in considering my application for employment and that any deliberate falsification, misstatement, or omission will be grounds and can result in the denial of employment or termination of employment. I authorize all law enforcement, credit, educational institutions, employers, friends, neighbors and business acquaintances to furnish the Authority or a third party a complete history of my record including (but not limited to) my character, habits, and ability and release each and the Authority from liability for damages to me by reason of compliance with your request whether such be due to negligence or error or any other cause. I further agree that the Authority shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.

I understand that completing this application does not establish any obligation for the Authority to hire me. I understand and agree that any employment relationship resulting from this application is considered as an "at will" relationship which means employment is voluntarily entered into and the employee is free to resign at any time for any reason or no reason. Likewise, the Authority has a right to discontinue the employment relationship at any time for any reason or no reason with or without notice. My work schedule, job duties and location are subject to modification by the Authority at any time. Any representation by any person to the contrary is invalid, except by written contract executed by the Executive Director.

Date: _____ Applicant's Signature: _____

THIS APPLICATION SHALL REMAIN ACTIVE FOR 90 DAYS AFTER SUBMISSION