

Centre County Solid Waste Authority  
 253 Transfer Road  
 Bellefonte, PA 16823

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Date
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Last Name	First	Middle	Social Security No.
Street Address			Home Phone ( )
City	State	Zip	How Long at Present Address?
Position Applying For			Wages Expected
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s) <input type="checkbox"/> No			Department
List any relatives or friends working for This organization		Name	Relationship
_____		_____	_____
_____		_____	_____
In case of accident notify			Phone

EDUCATION	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate	Diploma or Degree
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you served an apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type or Trade	How Long?
Where did you serve?	When did you serve?	
Mechanical and/or Technical Experience (Describe any and all qualifications): _____		
_____		
Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please describe in full detail: _____		
_____		
_____		

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Continued on Other Side

Do you have a physical or mental condition or disability which precludes or limits your ability to perform the job(s) for which you are applying?

Yes  No

If "Yes", please explain and describe whether there is a method or appliance which can overcome the disability to enable you to perform the job: \_\_\_\_\_

**EXPERIENCE – List Present and Former Employers for last 10 years beginning with most recent.**

NAME AND ADDRESS OF COMPANY	SUPERVISOR	DESCRIBE YOUR WORK	LAST WAGES	DATE		REASON FOR LEAVING
				STARTED	LEFT	

May we contact the above employers?  Yes  No If "No", indicate which one(s) you do not wish us to contact.

Additional Remarks: \_\_\_\_\_

**APPLICANT'S CERTIFICATION – Please read carefully before signing.**

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW – FOR COMPANY USE ONLY**

Interview?  Yes  No Date \_\_\_\_\_ Time \_\_\_\_\_

Results of the interview? \_\_\_\_\_

Acceptable for Employment?  Yes  No Starting Rate \_\_\_\_\_ Starting Date \_\_\_\_\_ Shift \_\_\_\_\_

Interviewed By \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_