# Upper Sabine Valley Solid Waste Management District

P. O. Box 1499 Quitman, TX 75783

## **EMPLOYMENT APPLICATION**

Our entity fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provided employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability of any other basis prohibited by federal, state or local laws.

It is our policy to provide reasonable accommodation upon request during the application process to eligible applicates in order that they may be given a full and fair opportunity to be considered for employment. An Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested in this application will only be used for purposes consistent with these laws.

POSITION APPLIED FOR		DATE
PERSONAL DATA		
Salary expectations:		
Name:		
Last	Middle	First
Street Address:		MODINATION NAMED AND DE
City:	State:	Zip Code:
Telephone:	Email Address	
If you are under 18 years of age, please specifor child labor law purposes).	ecify your age: (This	information will be used only
Are there any days, shifts or hours you will n	ot work? ☐ Yes ☐ No	
If yes, please explain:		
Are you available for out of town work? ☐ Ye	es 🗆 No	
Will you work overtime, if required? ☐ Yes	s 🗆 No	
When will you be able to start work?	3	

### **EDUCATION**

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Graduated	Degree Degree	Type of Degree	Major	Minor	Grade Point/		
Educational Institution	Yes	No	Credits Earned		Major	William Co.	Overall GPA
High School							
College or University			<b>S</b> INTERPORTED AND AND AND AND AND AND AND AND AND AN				weekendographical resident nach despession of the second nach desp
Technical/GED							
Licenses/ Certification/Other							

#### EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

	Telephone:
Name of Supervisor: To: Dates Employed: From: To: State job titles and describe job duties:	May we contact: ☐ Yes ☐ No Rate of Pay: Start:Last:
	Telephone:
	May we contact: ☐ Yes ☐ No
	Rate of Pay: Start:Last:

Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: ☐ Yes ☐ No
Dates Employed: From: To	:Rate of Pay: Start: Last:
Reason for leaving:	
-	Tolophone:
	Telephone:
Address:	
	May we contact: ☐ Yes ☐ No
	o: Rate of Pay: Start: Last:
Reason for leaving:	
Company Name	Telephone:
	May we contact: ☐ Yes ☐ No
Dates Employed: From: To	:Rate of Pay: Start:Last:
Reason for leaving:	
	Talankana
	Telephone:
Address:	
	May we contact: ☐ Yes ☐ No
	Rate of Pay: Start:Last:
Reason for leaving:	
Company Name:	Telephone:
Address:	текерпоне.
	May we contact: ☐ Yes ☐ No
Dates Employed: From: To	o: Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	

Company Name:	Telephone:
	May we contact: □ Yes □ No
Dates Employed: From: To:	Rate of Pay: Start: Last:
Reason for leaving:	
	Telephone:
Address:	
Name of Supervisor:	May we contact: ☐ Yes ☐ No
Dates Employed: From: To:	Rate of Pay: Start: Last:
State job titles and describe job duties: _	
Reason for leaving:	
Have you ever been discharged or forced If yes, explain:	To resign: - Tes - No
	months of active employment with your previous employer?
REFERENCES (Please list three	persons not related to you who know your qualifications.)
(Flease list tillee	persons not related to you who know your qualifications.)
NAME	ADDRESS PHONE RELATIONSHIP

How did you learn of the Entity?			
If referral, who were you referred by?			
Do you have a relative who serves on the entity's board or is an employee of the District?  Yes No Circle One			
If yes, please proved the relative's name and relationship –			
Are you legally authorized to work in the United States? Yes No Circle One			
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa Status?  Yes No Circle One			
Note: The Federal Immigration and Reform and Control Act of 1986 requires a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.			
Have you ever been convicted of, pled guilty or no contest (Nolo contender) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling and indecency with a minor)? Yes No Circle One			
If yes, please state where, when and the nature of the offense			
(A felony convictions is not an automatic bar to employment. The entity will consider the nature, date, and relationship between the offense and the position for which you are applying.)			
DRIVING RECORD  (Answer only if driving is a requirement of the job for which you are applying).			
Do you have a valid driver's license?			
Have you had any tickets? ☐ Yes ☐ No			
If yes, please explain:			

### APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement if applicable) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of the facts or incomplete answers in any application document may disqualify me from further considerations for employment.

I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this entity to contact my former employers, reference, and any and all other persons and organizations for information, bearing upon my qualifications for employment.

I further authorized the listed employers, school, and personal references to give the information about my previous employment and education, along with any other pertinent information that they may have and hereby waive any actions which I may have against either party(les) for providing good faith reference.

I expressly agree and understand that, if employed, my employment is **not for a specific term**, is based on mutual consent and may be terminated by me or the entity with or **without notice** or cause at any time.

I understand that no oral promise, employer policy or handbook, custom, business handbook or any personnel Manual constitutes an employment contract or modification of the at-will employment relationship between me and the entity.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background criminal investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I authorize the entity and the selected provider to release the results of the background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and release the entity and selected provided for any and all claims related to the lawful release of this information. I further authorize the release of any background check results and any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature	Date