



Metro Waste Authority

Online Form Instructions

This form may be filled out electronically and saved to your computer at any time, however, we suggest saving the form to your computer prior to filling it out. Check to make sure form fields are working properly by filling in one or two fields, saving the document, then reopening it to continue filling in the form.

BROWSER ISSUES: Google Chrome is known for compatibility issues with online Adobe forms. We suggest using an alternate browser such as Internet Explorer when you fill out the form and submit it.

Tips to fill out and submit the form:

- Cursor will blink in the box currently being used
- Use the “tab” key to advance to the next field
- To go back, place your cursor in that field
- When using check boxes, use the cursor and click the correct box. The “enter” key will also work to place or remove a check in a check box
- For signature, either use your digital signature (previously set up in Adobe) or print the completed form, sign it, scan it to a .pdf file and then submit to MWA



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, religion, sex, marital status, national origin, age, disability that does not prohibit performance of essential job functions, veteran status, sexual orientation or gender identity, consistent with applicable state and federal policies and regulations.

Date: _____

I. PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

If you have ever used a name other than that shown above, list the name and dates used: _____

Do you possess a valid Drivers License? Yes No State: _____ Operators Number: _____

Is it a Commercial Drivers License (CDL)? Yes No

Are you a U.S. Veteran? Yes No Dates of Active Duty _____ to _____
Mo/Yr Mo/Yr

Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD214) which includes dates of active duty.

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position applied for: _____ Date available for work: _____

What is your desired salary range or hourly rate of pay? _____

Type of employment desired: Full Time Part-Time Seasonal Temporary Educational Co-Op

May we contact you at work? Yes No If yes, work number: _____ Best time to call: _____: _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

Have you ever been bonded? Yes No

NOTE: Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date/s and details _____

How were you referred to Metro Waste Authority? Internet Employment Agency Employee Newspaper Ad
Other: _____

II. EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information:

Employer: _____ Phone: _____ Dates Employed: _____ to _____
Mo/Yr Mo/Yr
Street Address: _____ City: _____ State: _____

Starting job title: _____ Final job title: _____

Starting compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Final compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Immediate supervisor & title (for your most recent position): _____

May we contact for references? Yes No

Why did you leave?

Summarize the type of work performed and job responsibilities:

What did you like most and least about your position?

Employer: _____ Phone: _____ Dates Employed: _____ to _____
Mo/Yr Mo/Yr
Street Address: _____ City: _____ State: _____

Starting job title: _____ Final job title: _____

Starting compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Final compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Immediate supervisor & title (for your most recent position): _____

May we contact for references? Yes No

Why did you leave?

Summarize the type of work performed and job responsibilities:

What did you like most and least about your position?

Employer: _____ Phone: _____ Dates Employed: _____ to _____
Mo/Yr Mo/Yr
Street Address: _____ City: _____ State: _____

Starting job title: _____ Final job title: _____

Starting compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Final compensation: Salary: \$ _____ /Yr. **OR** Hourly: \$ _____ /Hr. Commission/Bonus/Other: \$ _____

Immediate supervisor & title (for your most recent position): _____

May we contact for references? Yes No

Why did you leave?

Summarize the type of work performed and job responsibilities:

What did you like most and least about your position?

II. EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

III. SKILLS AND QUALIFICATIONS

Summarize any special training, skills, and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Please list by program, years of experience and proficiency)

Software Program:	Years of Experience:	Proficiency Level:		
_____	_____	Basic	Intermediate	Advanced
_____	_____	Basic	Intermediate	Advanced
_____	_____	Basic	Intermediate	Advanced
_____	_____	Basic	Intermediate	Advanced
_____	_____	Basic	Intermediate	Advanced

IV. EDUCATION

High School Name: _____ Address: _____

Received Diploma? Yes No GED

College, University, Other Name and Location	Dates Attended Mo/Yr to Mo/Yr	Degree/Certificate Received	Degree/Certificate Date	Major/Minor Field	Credits Earned (Qtr or Sem)

Certifications, Licensing (engineering, CPA), Other	Certification/License Type	Certification Completion Date	Date Licensed

V. REFERENCES

List two business/work references who are not related to you. If not applicable, list two school or personal references who are not related to you.

Name	Title	Relationship to You	Years Known	Phone

VI. RELATED INFORMATION

List job-related organizations (professional, trade, etc.). (Exclude memberships that reveal race, creed, color, religion, sex, marital status, national origin, age, disability, sexual orientation or gender identity, veteran/reserve national guard or any other similarly protected status.)

List special accomplishments, publications, awards, etc. (Exclude memberships that reveal race, creed, color, religion, sex, marital status, national origin, age, disability, sexual orientation or gender identity, veteran/reserve national guard or any other similarly protected status.)

APPLICANT STATEMENT

I certify that this application (and any copy or facsimile of same) and contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employee or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's authority.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand and agree that if conditionally offered employment, I will be required to take an entrance medical examination which includes a drug screen based on analysis of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I authorize and give Metro Waste Authority permission to check all references listed on this application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____