

# HARDIN COUNTY SOLID WASTE & RECYCLING APPLICATION FOR EMPLOYMENT

Position(s) Desired: \_\_\_\_\_  
[Specific Job Titles]

Salary Expected: \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Full-Time

Part-Time

If Part-Time, specify days and hours per week: \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_

3. Is any additional information relative to your name, such as names used in previous employment, necessary to enable a check on your work record?  Yes  No If Yes, please explain: \_\_\_\_\_

4. Address: \_\_\_\_\_  
Street City State and Zip Code

5. Telephone number(s) where you can be reached [specify Home, Work, Cell]: \_\_\_\_\_

6. Person(s) to be notified in case of emergency: \_\_\_\_\_

7. Are you 18 years or older?  Yes  No 8. Are you lawfully eligible to work in the United States?  Yes  No

9. List all previous addresses for the past five (5) years:

Number and Street	City	State and Zip Code	Dates From - To

Number and Street	City	State and Zip Code	Dates From - To

Number and Street	City	State and Zip Code	Dates From - To

Number and Street	City	State and Zip Code	Dates From - To

Number and Street	City	State and Zip Code	Dates From - To

### OFFICE USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_

Time Received: \_\_\_\_\_ a.m. p.m.

10. SCHOOLS ATTENDED:

High School: Name/Address: \_\_\_\_\_

Did you Graduate?  Yes  No Major Studies: \_\_\_\_\_

Business or Trade School: Name/Address: \_\_\_\_\_

Did you Graduate?  Yes  No Major Studies: \_\_\_\_\_

College: Name/Address: \_\_\_\_\_

Did you Graduate?  Yes  No Years Attended/Major Studies: \_\_\_\_\_

Other [Specify]: \_\_\_\_\_ Name/Address: \_\_\_\_\_

Special Qualifications [Include technical and professional licenses, academic and professional awards, etc.]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. OFFICE SKILLS

List all of your office skills [computer, typing, etc.]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. ARE YOU A VETERAN?  Yes  No Branch of Service: \_\_\_\_\_

Date of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

List Duties Performed in Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. EMPLOYMENT RECORD - List all present and past employment with the most recent first.

Employer's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT RECORD - List all present and past employment with the most recent first.

Employer's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EMPLOYMENT RECORD - List all present and past employment with the most recent first.

Employer's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EMPLOYMENT RECORD - List all present and past employment with the most recent first.

Employer's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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14. May we contact your present employer?  Yes  No

15. Have you ever been dismissed or asked to resign from any position?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been convicted of a felony?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17. List any friends or relatives currently working our Entity: \_\_\_\_\_  
\_\_\_\_\_

18. Have you been previously employed by our Entity?  Yes  No If Yes, when? \_\_\_\_\_

19. Do you have a reliable means of transportation to work?  Yes  No

20. PERSONAL REFERENCES - Do not list former employers or relatives. Only those who can provide education or character references:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_

21. How did you learn of this position? \_\_\_\_\_  
\_\_\_\_\_

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I also understand that if hired, I may be required to submit to a physical and/or mental examination, **AND THAT IF HIRED IN A PERMANENT POSITION I WILL BE REQUIRED TO HAVE A DRUG/ALCOHOL TEST.** In such event, I agree to authorize any physician, institution or other treatment provider to release information as to my medical history. In the course of such examination and investigation, I will cooperate with all required testing, and will execute any required releases and/or authorizations. **THE ENTITY WILL MAKE REASONABLE ACCOMMODATION TO ENABLE QUALIFIED INDIVIDUALS WITH DISABILITIES TO PERFORM THE JOB IN QUESTION, AS REQUIRED BY LAW.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.