

RUTLAND COUNTY SOLID WASTE DISTRICT EMPLOYMENT APPLICATION

Position(s) Applied For		Date of Application
How did you hear about RCSWD?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip
Telephone Number(s)		Social Security No. (voluntary)

Best time to contact you at home: _____:_____ am / pm

If you are under 18 years of age, can you provide proof of your eligibility to work? yes no

Have you filed an application with RCSWD before? yes no
If yes give date _____

Have you been employed by RCSWD before? yes no
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? yes no

Are you currently employed? yes no

May we contact your current employer? yes no

Are you prevented from lawfully becoming employed in this country because
Of Visa or Immigration Status? *Proof of citizenship or immigration status will be
required upon employment.* yes no

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time Saturdays
 Part Time Mornings Afternoons
 Temporary From ___/___/___ To ___/___/___

Are you currently on "layoff" status and subject to recall? yes no

Do you have a valid Vermont Vehicle Operator's License? yes no
If Yes, License Number _____

Have you ever had your Vehicle Operator's License suspended?
(If yes, attach a signed detailed explanation). yes no

Have you ever pled guilty to or been convicted of any criminal offense
Other than a minor traffic violation? (If yes, attach a signed detailed explanation). yes no

Have you ever been fired from a job? (Downsize/layoff is not applicable)
(If yes, attach a signed detailed explanation). yes no

NAME _____

POSITION _____

DATE _____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Employer	Dates Employed		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

Employer	Dates Employed		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

Employer	Dates Employed		Work Performed
Address	From	To	
Phone Number(s)			
Job Title	Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

Provide Explanation for any Gaps in Employment:

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal, race, gender, religion, age, ancestry, disability

Additional Information including job-related skills and qualifications not mentioned elsewhere.

Specialized Skills

<input type="checkbox"/> Data Entry	<input type="checkbox"/> MSEXcel	<input type="checkbox"/> CDL Class 2	OTHER: _____ _____ _____ _____ _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Quattro	<input type="checkbox"/> CDL Class 1	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> MSWord	<input type="checkbox"/> Excavator	
WPM _____	<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Loader	

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. yes no

RCSWD is an equal opportunity employer. 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.

PERSONAL/PROFESSIONAL REFERENCES

Name (Do not include family members or past supervisors).	Phone Number	Best time To call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Rutland County Solid Waste District is of an "at will" nature, which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the District Manager or the Board of Supervisors.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Rutland County Solid Waste District.

_____ Signature of Applicant	_____ Date
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