



APPLICATION FOR EMPLOYMENT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

Your entire application must be completed. You may attach a resume however; it may not substitute for our application. Incomplete applications may not be considered.

Please be sure the application is signed and dated in ink.

Print or type clearly.

Mail your applications to Human Resources, Delaware Solid Waste Authority, P.O. Box 455, Dover DE 19903-0455 by the closing date, if any.

You may hand carry your application to any of our locations by the closing date, if any.

If you have any questions, please contact Human Resources at 302-739-5361.

APPLICATION FOR EMPLOYMENT
DELAWARE SOLID WASTE AUTHORITY
P.O. BOX 455
DOVER, DE 19903-0455
(302) 739-5361
FAX (302) 739-1911

PLEASE TYPE OR PRINT ALL INFORMATION

PERSONAL DATA	NAME:				SOCIAL SECURITY NUMBER:	
	(FIRST)		(MIDDLE INITIAL)		(LAST)	
	ADDRESS:					
	(STREET)		(APT. NO.)		(CITY)	
	(STATE)		(ZIP)			
	TELEPHONE					
(RESIDENCE)		(CELL)		MAY WE CALL YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRESENT STATE OF DELAWARE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AGENCY: _____						
PRIOR DSWA EMPLOYEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO						
DO YOU HAVE ANY FAMILY MEMBER CURRENTLY WORKING AT DSWA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NAME: _____						
IF YOU ARE UNDER AGE 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? _____						
ON WHAT DATE CAN YOU BE AVAILABLE? _____						
ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THIS POSITION? _____						
IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU ABLE TO MEET THE PHYSICAL REQUIREMENTS FOR THIS POSITION? _____						
DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? _____						
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (Other than Traffic Violations) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: DSWA OBTAINS A CRIMINAL HISTORY ON ALL APPLICANTS WHO ARE HIRED. A CONVICTION WOULD NOT NECESSARILY DISQUALIFY YOU AS AN APPLICANT. FAILURE TO DISCLOSE A CONVICTION IN THIS APPLICATION IS GROUNDS FOR TERMINATION OF EMPLOYMENT.						
EMP.	POSITION(S) APPLIED FOR: _____					
	CHECK THE TYPE(S) OF EMPLOYMENT YOU ARE WILLING TO ACCEPT: <input type="checkbox"/> REGULAR <input type="checkbox"/> REGULAR PART-TIME <input type="checkbox"/> TEMPORARY					
	IN WHAT DELAWARE COUNTIES WILL YOU ACCEPT EMPLOYMENT? <input type="checkbox"/> NEW CASTLE <input type="checkbox"/> KENT <input type="checkbox"/> SUSSEX <input type="checkbox"/> ALL COUNTIES					
EDUCATION	TRANSCRIPT MAY BE REQUIRED AT A LATER DATE	NAME & LOCATION		TOTAL CREDITS EARNED	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT
	HIGH SCHOOL					
	COLLEGE OR UNIVERSITY (UNDER-GRADUATE)					
	GRADUATE SCHOOL					
	OTHER EDUCATION					
	CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 (GRAMMAR SCHOOL) (HIGH SCHOOL) (COLLEGE)					
IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
SPECIAL SKILLS	LIST ANY EQUIPMENT WITH WHICH YOU ARE PROFICIENT AND OTHER SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. FOR EXAMPLE, SKILLS WITH MACHINES, -COMPUTERS, ETC.					
	LANGUAGE (S) OTHER THAN ENGLISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE					
	LIST CURRENT PROFESSIONAL LICENSES OR CERTIFICATES					
	ONLY IF APPLYING FOR A POSITION THAT REQUIRES A DRIVERS LICENSE DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> A ENDORSMENTS: _____					

EMPLOYMENT HISTORY	GIVE A COMPLETE RECORD OF YOUR EMPLOYMENT HISTORY INCLUDING PART TIME WORK, MILITARY SERVICE & VOLUNTEER EXPERIENCE. FOR PART-TIME AND VOLUNTEER EXPERIENCE, INDICATE NUMBER OF HOURS WORKED WEEKLY. BEGIN WITH MOST RECENT EMPLOYMENT. IF MORE SPACE IS NEEDED, ATTACH SEPARATE SHEETS TO APPLICATION.			
	NAME OF EMPLOYER:		ADDRESS/PHONE NUMBER:	
	EMPLOYED (MO & YR) _____/_____/_____ FROM TO	PAY RATE _____/_____ START FINISH	REASON FOR LEAVING:	SUPERVISOR:
	<input type="checkbox"/> PART-TIME (HRS PER WEEK:) _____	JOB TITLE S & DUTIES (USE ADDITIONAL PAGES IF NECESSARY)		
	<input type="checkbox"/> FULL TIME			
	NAME OF EMPLOYER:		ADDRESS/PHONE NUMBER:	
	EMPLOYED (MO & YR) _____/_____/_____ FROM TO	PAY RATE _____/_____ START FINISH	REASON FOR LEAVING:	SUPERVISOR:
	<input type="checkbox"/> PART-TIME (HRS PER WEEK:) _____	JOB TITLE S & DUTIES (USE ADDITIONAL PAGES IF NECESSARY)		
	<input type="checkbox"/> FULL TIME			
	NAME OF EMPLOYER:		ADDRESS/PHONE NUMBER:	
EMPLOYED (MO & YR) _____/_____/_____ FROM TO	PAY RATE _____/_____ START FINISH	REASON FOR LEAVING:	SUPERVISOR:	
<input type="checkbox"/> PART-TIME (HRS PER WEEK:) _____	JOB TITLE S & DUTIES (USE ADDITIONAL PAGES IF NECESSARY)			
<input type="checkbox"/> FULL TIME				
NAME OF EMPLOYER:		ADDRESS/PHONE NUMBER:		
EMPLOYED (MO & YR) _____/_____/_____ FROM TO	PAY RATE _____/_____ START FINISH	REASON FOR LEAVING:	SUPERVISOR:	
<input type="checkbox"/> PART-TIME (HRS PER WEEK:) _____	JOB TITLE S & DUTIES (USE ADDITIONAL PAGES IF NECESSARY)			
<input type="checkbox"/> FULL TIME				
NAME ON EMPLOYMENT RECORDS IF DIFFERENT FROM PRESENT NAME AND INDICATE PLACE(S) EMPLOYED.				

CERTIFICATION

- Before signing, read the following statements carefully.
- This application is true and complete. Any false information may be cause for rejection of application or termination of employment.
 - I authorize the release of any information from previous employers or character references.
 - I understand that if I am hired by the Delaware Solid Waste Authority (DSWA), the DSWA shall require verification of my identity and eligibility for employment in the United States.
 - I certify that if I am a male, born after January 1, 1960, if required to register, I have registered for Selective Service. I understand that I may be required to document registration.
 - Direct Deposit of paychecks is a condition of employment for all new employees hired after November 1, 1997.
 - DSWA has a drug/alcohol free workplace policy Therefore, effective June 1, 2000, certain Safety Sensitive positions require Drug Testing as a condition of employment.

_____ Date

_____ Signature of applicant

The policy of the Delaware Solid Waste Authority (DSWA), as established by state law and executive orders, assuring equal opportunity in DSWA employment and prohibiting unlawful discrimination on the basis of race, religion, national origin, sex age or disability is hereby affirmed.

DSWA is required to keep information on sex, race and ethnic background in compliance with federal law. This information will be detached and kept separately from your application. It will not be used as a basis for making employment decisions.

Position(s) applied for: _____

How did you find out about this position? _____

Your social security number: _____

Your birthdate: _____

Circle your Race/Ethnic group:

White

Black

Hispanic

Indian or
Alaskan Native

Asian or Pacific Islander

Circle your sex:

Male

Female

An Equal Opportunity Employer

Updated July 2, 2008