

CCSWDA/LEGACY LANDFILL

Application for Employment

Position(s) Applying For: _____ Date of application: _____

Name: _____
Last Name First Name Middle Name

Contact Information: _____
Street, City, State, Zip Code Telephone Number

Our insurance requires employees to be over 18. Are you over the age of 18? YES NO

Are you legally eligible for employment in the United States (Proof will be required if employed.) YES NO

Have you been employed here before? YES NO Date can start work, if hired? _____

Type of employment desired? FULL TIME PART TIME

Please Circle Days Available For Work: Monday Tuesday Wednesday Thursday Friday Saturday

Have valid driver's license? YES NO Have CDL? YES NO If so, what Class? _____

EMPLOYMENT HISTORY (List latest employment first)

Employer Name: _____ Telephone # _____

Dates worked: From _____ to _____ May we contact this employer? YES NO

Job duties and title? _____

Reason for leaving? _____

Starting salary \$ _____ Ending salary \$ _____ Supervisor's name: _____

Employer Name: _____ Telephone # _____

Dates worked: From _____ to _____ May we contact this employer? YES NO

Job duties and title? _____

Reason for leaving? _____

Starting salary \$ _____ Ending salary \$ _____ Supervisor's name: _____

Employer Name: _____ Telephone # _____

Dates worked: From _____ to _____ May we contact this employer? YES NO

Job duties and title? _____

Reason for leaving? _____

Starting salary \$ _____ Ending salary \$ _____ Supervisor's name: _____

SKILLS AND QUALIFICATIONS: Please list any skills or qualifications that may qualify you for work with our company.

EDUCATION: Did you graduate High School/GED? YES NO College or Vocational Education? YES NO

REFERENCES: (Please do not use family members.) Degrees or Certifications _____

NAME: _____ Telephone # _____ Years Known: _____

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I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I authorize Craighead County Solid Waste Disposal Authority/Legacy Landfill the right to investigate all references and claims made on this application, and to secure additional information, if job related. I hereby release from liability CCSWDA and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____