Greater New Bedford Regional Refuse Management District

300 Samuel Barnet Boulevard, New Bedford, MA 02745

www.gnbrrmdistrict.org

Employment Application

Applicants must provide the information requested using this form. Resumes may be attached to this application to provide additional information, but are not a substitute for completing this Employment Application.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cell Phone	Date Available		
Position Applied for			
If hired, can you furnish proof you are authorized to work in the U.S.? YES ☐ NO ☐			
Have you ever worked for the District? YES ☐ NO ☐ If so, when?			
Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain			
Do you have a valid driver's license? YES ☐ NO ☐ Driver's License #:			
Do you have a valid commercial driver's license? YES ☐ NO ☐ Class of License:			

EDUCATION		
High School	Address	
	Did you graduate? YES ☐ NO ☐	Degree
College	Address	
	Did you graduate? YES ☐ NO ☐	Degree
Other	Address	
	Did you graduate? YES ☐ NO ☐	Degree

SPECIAL SKILLS AND TRAINING

What skills, special licenses or additional training do you have that are relate to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

What computer programs are you familiar with?

PREVIOUS EMPLOYMENT

Company	Phone ( )
Address	Supervisor

Job Title	Responsibilities:

From To	Reason for Leaving

May we contact your previous supervisor for a reference?   YES ☐   NO ☐   If no, why?

Company	Phone ( )
Address	Supervisor

Job Title	Responsibilities:

From To	Reason for Leaving

May we contact your previous supervisor for a reference?   YES ☐   NO ☐   If no, why?

Company	Phone ( )
Address	Supervisor

Job Title	Responsibilities:

From To	Reason for Leaving

May we contact your previous supervisor for a reference?   YES ☐   NO ☐   If no, why?

REFERENCES

Please list three professional references that you have known well for a long period of time. Do not submit names of relatives.

Full Name	Occupation
Company	Phone ( )
Address	

Full Name	Occupation
Company	Phone ( )
Address	

Full Name	Occupation
Company	Phone ( )
Address	

MILITARY SERVICE

Are you a veteran of the U.S. Armed Forces? YES ☐ NO ☐	
Branch	From To
Rank at Discharge	Discharge Status
Present Military Status	
Special Experience:	

DISCLAIMER AND SIGNATURE

I certify that my answers, including any answers or information provided in any attachment to this application, are true and complete.   In the event of employment, I understand that false or misleading information given in my application, attachment to application, or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available to work outside normal business hours as the needs of the District require. Further, I agree to take a physical examination, given by an appointed physician, which may include testing for drugs, alcohol or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of the examination. I understand that any employment offer by the District is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment, history and background.

DO NOT SIGN UNTIL YOU HAVE READ ABOVE STATEMENT

Signature	Date