Greater New Bedford Regional Refuse Management District

300 Samuel Barnet Boulevard, New Bedford, MA 02745 <u>www.gnbrrmdistrict.org</u>

Employment Application

<u>Applicants must provide the information requested using this form</u>. 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 \(\square\) NO \(\square\) If so, when?											
Have you ever been convicted of a felony? YES \(\square\) NO \(\square\) 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							
From	То	Did you gradua	te? \	YES	NO 🗆	Degree	ree				
College				Address							
From	То	Did you gradua	te? \	? YES \(\square\) Degree							
Other		1	,	Address							
From	То	Did vou gradua	te? \	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 yo	ou operate that are	related to the job fo	or which yo	u are applying?			
What computer programs are you familiar with?								
PREVIOUS EM	PLOYMENT							
Company				Phone ()				
Address	Address			Supervisor				
Job Title			Responsibilities:					
From	То	Reason for Leaving						
May we contact your previous supervisor for a reference? YES \(\square\) NO \(\square\) If no, why?								
Company Phone ()								
Address				Supervisor				
Describing								
Job Title Responsibilities:								
From	То	Reason for Leavin	g					
May we contact your previous supervisor for a reference?				NO 🗆	If no, why?			
Company				Phone	()			
Address				Supervisor	r			
Job Title Responsibilities:								
Job Title Responsibilities:								
From	То	Reason for Leavin	g					
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							
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 \(\square\) NO \(\square\)							
Branch	From		То				
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				