



**LAPORTE COUNTY
RECYCLING**

SOLID WASTE DISTRICT
2857 W. State Road 2, La Porte, IN 46350
219-326-0014 • Fax 219-326-5310
Clay Turner, Executive Director

EMPLOYMENT APPLICATION
An Equal Opportunity Employer
View job openings www.solidwastedistrict.com

OFFICE USE:

Date: _____

PERSONAL DATA

Name (Last, First, M.I.):		Email Address:	
Address:		City/State:	Zip Code:
Home Telephone:		Alternate Phone:	
Position(s) you are applying for:		Expected Salary:	
Have you ever been employed with LaPorte County Government? Yes No If yes, please provide date of employment and position held:			
Will you accept:	Are you at least 18 years of age	Are you legally eligible to be employed in the United States? (Proof of eligibility will be required upon employment)	Date Available to start:
Temporary Work Yes No	Yes No	YES NO	
Part Time Work Yes No	Yes No		
Shift Work Yes No	If no, age _____		
Do you currently possess a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your license restricted or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION / TRAINING

Do you have a high school diploma or GED? Yes No

If you do not have a high school diploma or GED, what is the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School name or GED institution:	Location of school City/State				
SCHOOL	NAME & LOCATION	COURSE/MAJOR STUDIED	YEARS COMPLETED	TYPE OF DEGREE	CREDITS COMPLETED
College/University			1 2 3 4		
Graduate/Professional			1 2 3 4		
Vocational/Other			1 2 3 4		

LICENSE / REGISTRATION / CERTIFICATE

List any required professional license, registration, certificate, CDL, etc

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that shows your ability to perform the job for which you are applying (such as key boarding speed, computer languages, software programs, etc).

REFERENCES

List 3 persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under experience.

NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	
NAME	ADDRESS	TELEPHONE	OCCUPATION
		EMAIL	

GENERAL INFORMATION

Have you ever been convicted of a crime against the law (other than a traffic violation), or paid a fine of more than \$150.00?

Yes No

If yes, please list the following information for each offense:

Conviction type (Felony/Misdemeanor) _____ Date: _____

Location: _____ Offense: _____

Please Note: A conviction does not automatically mean you cannot be hired/appointed. What you were convicted of, and how long ago, are important. Give all facts so that a decision can be made.

ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge.

I, _____ authorize LaPorte County **SOLID WASTE DISTRICT**, to

(Printed Name)

conduct an appropriate background investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and authorize any person who may have information relative to this investigation to disclose same. I also release any person from any form of liability for such disclosure.

As part of the County's procedure for processing your employment application, a background investigation will be conducted and your personal and employment references may be checked. Any Credit Bureau, Retail Merchants Association, Banks, Financial Institution, or Credit Extending Organization. Any Department of a city, county, state or Federal Government, or its agency. Any Doctor, Hospital or medical clinic. Any Principal, Dean, Counselor or authorized person at a College, University, School, trade school or learning institution. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Maiden/Alias Name _____ Date of Birth _____

Social Security Number _____ City/State of Birth _____

Gender: () Female () Male Race: _____

-EMPLOYER USE ONLY-

Can candidate perform the essential functions of the job for which they are applying, either with or without reasonable accommodation?

YES NO

WORK HISTORY

List your employment history beginning with the most recent. Include full or part-time, military, summer jobs, etc.
May we contact your present employer? Yes No

NAME OF EMPLOYER

EMPLOYER'S ADDRESS

YOUR JOB TITLE

SUPERVISOR'S NAME, TITLE AND COMPANY PHONE NUMBER

START DATE

END DATE

REASON FOR LEAVING

STARTING SALARY

END SALARY

Was Position Full Time Part Time Temporary

DUTIES

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EMPLOYER'S ADDRESS

YOUR JOB TITLE

SUPERVISOR'S NAME, TITLE AND COMPANY PHONE NUMBER

START DATE

END DATE

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