

# Lake County Solid Waste Management District

## EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

The Lake County Solid Waste Management District ("District") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, age, familial status, ancestry, disability, genetic information, or any other legally protected characteristic. The District also complies with its legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

### PERSONAL

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_ Date Available \_\_\_\_\_

Compensation or Salary Requirements \_\_\_\_\_

How were you referred to the District? \_\_\_\_\_

Have you ever applied to or been employed by the District? Yes  No

If so, where and when \_\_\_\_\_

Are you currently employed? Yes  No

Do any of your friends or relatives currently work for the District? Yes  No

If so, where and when \_\_\_\_\_

May we contact your present employer? Yes  No

Are you legally authorized to work in the U.S.? Yes  No

Will you now or in the future require sponsorship for employment visa status? Yes  No   
*Proof of citizenship or immigration status will be required upon employment.*

Is your legal age at least 18? Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes  No

Have you ever pled guilty to, or been convicted of a crime (other than a minor traffic violation) that has not been expunged by a Court? (A guilty plea to or conviction of a crime is not an automatic bar to employment; all circumstances will be considered.) Yes  No

If so, state the nature of the crimes as well as the dates and locations of the plea or conviction.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of School	Name & Location of School	Graduated		Course of Study	Type of Degree And Major
		Yes	No		
High School		<input type="checkbox"/>	<input type="checkbox"/>		
College and Graduate School		<input type="checkbox"/>	<input type="checkbox"/>		

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### SPECIAL SKILLS

Are there any other skills or qualifications which would assist you in your employment with the District?

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### EMPLOYMENT

List **all** employment, cooperative, military or summer work experience since the age of 18, including periods of self-employment. **Give past employment as completely as possible, starting with your present or most recent employer. Do not skip or omit any employment, including the information sought on this application. For any period of unemployment or self-employment, show dates and explain. If you need additional space, please continue on a separate piece of paper. The District may use your Resume to supplement your employment history. INTERNAL CANDIDATES ONLY NEED TO PROVIDE ONE EMPLOYER REFERENCE – THE LCSWMD**

1. Employer Address: _____	Position Title: _____	Employed From: _____ To: _____	
_____	_____	Base Salary: _____	_____
Reason for Leaving: _____	Duties: _____	Bonus or Commission: _____	_____
_____	_____	Total Annual Compensation: _____	_____
		Supervisor: _____	_____
		Telephone: _____	_____
May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. Employer Address: _____	Position Title: _____	Employed From: _____ To: _____	
_____	_____	Base Salary: _____	_____
Reason for Leaving: _____	Duties: _____	Bonus or Commission: _____	_____
_____	_____	Total Annual Compensation: _____	_____
		Supervisor: _____	_____
		Telephone: _____	_____
May we contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. Employer Address: _____	Position Title: _____	Employed From: _____ To: _____	
_____	_____	Base Salary: _____	_____
Reason for Leaving: _____	Duties: _____	Bonus or Commission: _____	_____
_____	_____	Total Annual Compensation: _____	_____
		Supervisor: _____	_____
		Telephone: _____	_____
May we contact this Employer?			

Have you **ever** been discharged or requested to resign from a job in your employment history? If yes, please explain.

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### REFERENCES

1.		(      )	
	(Name)		Phone #
	(Address)		
2.		(      )	
	(Name)		Phone #
	(Address)		
3.		(      )	
	(Name)		Phone #
	(Address)		

### APPLICANT'S STATEMENT Please Read Carefully

Lake County Solid Waste Management District

**EMPLOYMENT APPLICATION  
AN EQUAL OPPORTUNITY EMPLOYER**

1. The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that this application must be fully and accurately completed, without omission and without evasion. I also understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s), or any other employment form or document provided to the District is sufficient reason not to hire me, or reason for dismissal if discovered during my employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
2. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the District may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of the District.
3. I understand that statements contained in policies, practices, handbooks and other District materials do not create any contract, express or implied, or guarantees of employment or continued employment. I understand that the District has an absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other District programs as it sees fit.
4. I understand that any offer of employment is conditional and may be based upon my successful completion of a pre-employment drug test, background checks, and/or job-related physical (if applicable). I further understand and agree that if I am employed, I may be required to submit to alcohol or drug testing, random or otherwise, as permitted by law, during my employment.
5. I hereby acknowledge, by my signature below, that I have read or have had read to me Paragraphs 1, 2, 3, 4, and 5, above, and that I understand the meaning and intent of this information.

\_\_\_\_\_  
Signature (Must be signed in ink)

\_\_\_\_\_  
Date of Signature