



Solid Waste Authority of Palm Beach County
 7501 North Jog Road
 West Palm Beach, FL 33412
 (561) 640-4000, ext. 6070 Job Hotline
 (561) 640-3400 fax
 www.swa.org

**Please complete all sections of this form.
 Incomplete applications may not be considered.**

Positions applying for:

1. _____

2. _____

Minimum Salary Requirement: _____

Called: _____ Interviewed _____

Employment Application

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell/Other Phone: (_____) _____

Email Address: _____

Military Service: Dates: _____ Branch: _____ Rank: _____

Are you related to a Solid Waste Authority employee? Yes No

If yes, please give employee name and relationship _____

Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

If your answer to the above is "yes", then for each conviction please give the criminal charge for which you were convicted, the date of the conviction, and the location of the court where you were convicted. (NOTE: "Convicted" and "conviction" mean a plea of guilty, nolo contendere, or "no contest"; an adjudication of guilt by a court or judge; OR a jury verdict of guilty when adjudication of guilt was withheld and you were placed on probation.)

May we contact your present employer? Yes No

Education and Training

	Name & Address of Schools Attended	Major/Minor Studies	Degree, Diplomas Certificates
High School	_____ _____ _____	_____ _____ _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____
College or University	_____ _____ _____	_____ _____ _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____
Vocational Business or Other	_____ _____ _____	_____ _____ _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____

EQUAL OPPORTUNITY EMPLOYER AND DRUG-FREE WORKPLACE

The Solid Waste Authority conducts thorough and detailed background investigations.

Revised 5/07

Work History

List your most recent employer first. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods for at least the last ten (10) years. If desired, include a resume or additional pages that will help clarify your work experience. A resume may only substitute for the "responsibilities" section - *all other items must be completed.* Attach additional sheets as needed.

10 Year Work History Required	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities: _____

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities: _____

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities: _____

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities: _____

Memberships and Licenses

List organizations/professional memberships, licenses, professional recognitions or committee work which relates to the position(s) you are applying for: _____

Additional Information

Other relevant skills and experiences; equipment and machinery that you can operate, including office equipment: _____

Applicant Driving History

Note: Driving record may be applicable based on position responsibilities.

1. Last Name: _____ First: _____ Middle Initial: _____

Directions: Please print information **exactly** as shown on Driver's License:

2. Name and Address

3. Florida Driver License Number Only

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CDL Classifications

A B C D

Other _____

4. Is your license currently valid? Yes No

5. If you have held a Driver's License from any other State during the last three years, please give prior D.L. number and the State in which it was issued. State _____ DL Number _____

6. Has your license(s) ever been suspended or revoked? Yes No

If yes, explain _____

7. List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which traffic citations were issued and disposition.

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Employee Relations Department or designated CRA to verify any of this information to determine my capabilities for employment. I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION. I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS. In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee."

Signature: _____ Date: _____

Veterans' Preference

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the five Veterans' Preference categories:

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability, or
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories, 1, 2 or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under Florida law, preference in appointment shall be given by the State to those persons in categories 1 and 2 and then those in categories 3, 4 and 5. Veterans' Preference is only available to Florida Residents.

War and Wartime Eras	Eligible Dates
World War II	12/7/41 – 12/31/46
Korean Conflict	6/25/50 – 1/31/55
Vietnam Era	2/28/61 – 5/7/75
Persian Gulf War	8/2/90 – 1/2/92
Operation Enduring Freedom	10/7/01 – date to be determined
Operation Iraqi Freedom	3/19/03 – date to be determined

Veteran's Preference Claim

If eligible, which veterans' preference category are you claiming? _____

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, 1351 Ulmerton Road, Largo, FL 33778.

A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with employer if no notice is given.



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SOLID WASTE AUTHORITY OF PALM BEACH COUNTY

NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with the Solid Waste Authority of Palm Beach County , I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from any Consumer Reporting Agency (CRA) to be obtained from public and non-public records including; but not limited to, Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that a Investigative Consumer Report may be requested and, as required under §1681d(a)(1), I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED .

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and that I may request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a CRA. If so, I will be advised either orally, in writing, or electronically that the action was based in whole or in part on information contained in the Report and I will be given the name and address of the agency. I understand that the CRA is not responsible for making the decision to deny employment and cannot explain why the decision was made. I also acknowledge that I have a right to (i) request and obtain, within sixty days, a free copy of the Report from the CRA, and from any other consumer credit reporting agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the CRA. I understand that upon my request with reasonable notice, the CRA will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Authorization shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: MONTH OF BIRTH _____ (Jan-Dec) DAY of MONTH BORN _____ (1-31)
(PLEASE DO NOT SUPPLY YEAR OF BIRTH!)

HAVE YOU USED ANY NAMES OTHER THAN ABOVE? Yes No

Please List Other Names Used _____

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME? Yes No

TODAY'S DATE _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

The Solid Waste Authority collects your social security number for the following purposes: Identification and verification to initiate and process applicant and employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations and credit reporting agencies in compliance with the Fair Credit Reporting Act; drug screening identification; benefit processing, and tax reporting.



SOLID WASTE AUTHORITY

**A Summary of Your Rights Under
the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

You may contact a state or local consumer protection agency or a state attorney general to learn those rights. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Ave., #100 Kansas City, Missouri 64108 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Solid Waste Authority Application Data Record

It is our policy to consider all applicants without regard to “race, age, color, religion, national origin, disability, gender, marital status, familial status, sexual orientation, or veteran status.”

To help us comply with government record keeping, reporting and other legal requirements, please fill out this data record. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment. Compliance is voluntary.

Check one: Male Female

Check one of the following race/ethnic groups:

White Black Hispanic Asian/Pacific Islander American Indian or Alaskan Native

Check any of the following that apply to you:

Vietnam Era Veteran Disabled Veteran* Disabled Individual not Entitled to Veterans' Preference

* In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and The Americans with Disabilities Act of 1990, the Solid Waste Authority invites disabled applicants to inform the office if they need any assistive device or special accommodation to compete for, or, if selected, to be employed in the position for which they have applied.

Position For Which You Are Applying _____ Application Date _____



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