



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 guilty 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: _____

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 unremarried 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.
6. Documentation as outlined below and in accordance with Rule 55A-7013, F.A.C. which serves as a certificate of release or discharge must be furnished at the time of application. 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.
 - a) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
 - b) Disabled veterans shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.
 - c) Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
 - d) Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.
 - e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.

Specific Authority 295.07(2) FS. Law Implemented 295.07 FS. History-New 3-30-88, Formerly 22VP-1.013, Amended 2-12-90, 7-12-93, 12-27-98, 6-11-08.

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 _____

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.

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 _____

Your Name Authorizing Consumer Report and use of Social Security Number as outlined.

Voluntary Self-Identification/Applicant Data Record

It is the policy of the Solid Waste Authority of Palm Beach County to provide equal employment opportunity to all employees and applicants for employment without regard to race, age, color, religion, national origin, disability, gender, marital status, familial status, sexual orientation, or veteran status. However, as mandated by the Federal Government, the Solid Waste Authority is subject to certain governmental recordkeeping and reporting regulations.

In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity below. **Providing this information is voluntary.** The information provided will be used for reporting and recordkeeping purposes only and will be maintained separately from the Application for Employment during the entire hiring process.

Position For Which You Are Applying _____ Date _____

Gender: Male Female

Race-Ethnic Data:

- White (not of Hispanic origin):** All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- Asian/Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Check any of the following that apply to you:

- Wartime Period 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 provisions of the Americans with Disabilities Act of 1990, the Authority provides reasonable accommodation. If you need reasonable accommodation for interviewing or employment, please notify the Solid Waste Authority Employee Relations Department.

By clicking on the "Submit by Email," "Save Form" and/or "Print Form" button(s) on this employment application, I hereby certify that each answer to any question herein and all other information furnished is true and correct.

I further certify that all such answers and information constitute full and complete disclosure of my knowledge with respect to the questions or subject matter.

I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification or to discharge at any time, if employed by the Solid Waste Authority of Palm Beach County.

I agree to comply with all its orders, rules, and regulations. If employed, my employment at all times will be at the will and pleasure of the SWA; that regardless of my "probationary" or "permanent" status, I may be laid off, disciplined and/or discharged at any time with or without notice and with or without cause; that no commitment for employment for a definite period of time will be binding on the SWA and that all offers are contingent on the results of a pre-employment physical examination and background investigation.

I understand that I must notify the Employee Relations Department of any changes in my name, address, or phone number.

Your Name: _____

Today's Date: _____