



# Application for Employment

This application is active for 90 days only.

	PLEASE PRINT		
LAST NAME INITIAL	DATE: _____		
NAME	SOCIAL SECURITY NO.		
FIRST	MIDDLE OR MAIDEN	LAST	
STREET			
CITY		STATE/ZIP	
# YEARS AT THIS ADDRESS		EMAIL ADDRESS:	
(If less than 3 years provide last address on separate sheet)			
HOME TELEPHONE (      )		CELL PHONE (      )	
HOW WERE YOU REFERRED TO US?			
NAME OF REFERRAL SOURCE:		<input type="checkbox"/> Newspaper	<input type="checkbox"/> School
		<input type="checkbox"/> Company Employee	<input type="checkbox"/> Agency
			<input type="checkbox"/> Job Service
			<input type="checkbox"/> Other
Do you have any family members who are currently employed at GGSC? Family members include individuals who are related by blood, marriage, legal adoption, or guardianship including parents, spouse, children, parent-in-law, step parent, brother, sister, stepson/daughter, son/daughter-in-law, grandparents, grandchildren. Please list the name and relationship of any relative you have who is a GGSC employee at any location.			
NAME: _____		RELATION: _____	
BUSINESS RELATIONSHIPS			
Have you in the past, or do you currently have family members or personal business interests in companies that have business relations with Greater Greenville Sanitation?			
COMPANY NAME: _____		RELATIONSHIP: _____	
<b>GENERAL INFORMATION</b>			
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously applied for employment at Greater Greenville Sanitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Have you previously been employed at Greater Greenville Sanitation or any related company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____			
(A positive response to this question will not automatically disqualify you from employment.)			
PLEASE NOTE: This application form was designed for use by persons applying for various types of positions with GGSC – professional, technical, and administrative. Please answer the questions to the best of your ability.			
PLEASE PRINT AN EQUAL OPPORTUNITY EMPLOYER			

**POSITION / PERSONAL INTERESTS (Please answer questions related to the position you are seeking.)**

Indicate the positions(s) for which you are applying: \_\_\_\_\_

Are you willing to travel?  Yes  No How much? \_\_\_\_\_

What is your minimum annual salary requirement? \_\_\_\_\_

Are you willing to relocate?  Yes  No

If yes, do you have any geographical preferences or restrictions? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Which state? \_\_\_\_\_  CDL or Other Advanced License

Are you currently employed?  Yes  No Date available for work \_\_\_\_\_

What hours or days are you not available for work: \_\_\_\_\_

Can you work weekends?  Yes  No

**SKILLS**

Business machines you can operate (include personal computers, plotter, etc.): \_\_\_\_\_

Personal Computer Software you have worked with: \_\_\_\_\_

Equipment Skills : \_\_\_\_\_

**EDUCATIONAL DATA**

Schools	Print Name, Number, Street, City, State, and Zip Code for Each School Listed	Dates	Type of Course or Major	Highest Grade Completed	Degree Received

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces?  Yes  No Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Briefly describe your duties which are relevant to the positions for which you are applying: \_\_\_\_\_

**OTHER JOB RELATED EXPERIENCE (Positions of responsibility in voluntary organizations or as a student.)**

PLEASE EXCLUDE ALL INFORMATION INDICATIVE OF AGE, SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN OR DISABILITY STATUS.

**EMPLOYMENT HISTORY (Use additional pages if necessary)**

List present employer or most recent employer first. Please explain any periods of unemployment.

May we contact these employers?  Yes  No

Employer	Employed	Supervisor's Name
Address	From _____ Mo/Yr	_____
Telephone	To _____ Mo/Yr	_____

Your Salary		Duties:
Start	End	

Reason for Leaving:

Employer	Employed	Supervisor's Name
Address	From _____ Mo/Yr	_____
Telephone	To _____ Mo/Yr	_____

Your Salary		Duties:
Start	End	

Reason for Leaving:

Employer	Employed	Supervisor's Name
Address	From _____ Mo/Yr	_____
Telephone	To _____ Mo/Yr	_____

Your Salary		Duties:
Start	End	

Reason for Leaving:

Employer	Employed	Supervisor's Name
Address	From _____ Mo/Yr	_____
Telephone	To _____ Mo/Yr	_____

Your Salary		Duties:
Start	End	

Reason for Leaving:

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**INFORMATION FOR DEGREE VERIFICATION**

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Full Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Name as Stated on diploma \_\_\_\_\_  
High School / College / University \_\_\_\_\_  
Location: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Type degree obtained \_\_\_\_\_ Year \_\_\_\_\_  
Type degree obtained \_\_\_\_\_ Year \_\_\_\_\_  
Type degree obtained \_\_\_\_\_ Year \_\_\_\_\_

**Company's Statement:**

The Company is an EQUAL OPPORTUNITY EMPLOYER. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment because of his or her race, color, religion, sex, national origin, disability, age, veteran, genetic information, or other protected category.

**Applicant's Statement:**

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that the Company will attempt to verify statements made on my resume and made during my employment interview. I authorize the Company to contact former employers and I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I also authorize Greater Greenville Sanitation to do a background investigation upon conditional job offer. I further understand that any false statements or omissions, incomplete, misleading statement or misrepresentation on this application may be considered cause for dismissal, if and whenever discovered. I understand that the submission of this application does not mean there are any positions available and in no way obligates the Company.

I understand that GGSC has a zero-tolerance drug and alcohol policy for all persons ultimately employed and that I will be subject to pre-employment, random, post accident testing and for other occasions as specified by GGSC's policy to ensure compliance with the zero-tolerance drug and alcohol policy. I also acknowledge that I must pass pre-employment drug and background tests.

**I understand that company rules, policies, handbooks, etc., are not contracts and are amended and modified as necessary.**

**I understand that employment at the company, if offered, is at-will and not contractual. This means that either the company or I may terminate my employment at any time with or without notice, or cause, and that the company does not guarantee that any position be continued for any length of time or that any job assignment or shift be permanent.**

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