



Salinas, CA 93902-2159  
128 Sun Street, Suite 101  
Salinas, CA 93901  
831-775-3000  
831-755-1322 Fax  
www.svswa.org

## EMPLOYMENT APPLICATION

**THE SALINAS VALLEY SOLID WASTE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER**

Please answer all questions completely and accurately. False or misleading statements during the selection process and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

### PERSONAL INFORMATION

Please print clearly or type. Use additional pages as necessary.

1. **Name:** \_\_\_\_\_  
Last First Middle

2. **Mailing Address:** \_\_\_\_\_  
Street City State Zip

3. **Telephone Number:** ( ) - \_\_\_\_\_ 4. **Email Address:** \_\_\_\_\_

5. **Are you at least 18 years old?**  Yes  No *If employed & under the age of 18, can you furnish a work permit?*  Yes  No

6. **If hired, can you provide evidence of your legal right to work in the USA?**  Yes  No

7. **Do you have any relatives currently employed by SVSWA?**  Yes  No  
If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

8. **Have you ever used another name that we would need to verify your employment experience and education?**  
 Yes  No *If yes, indicate such name and the date the name changed:*  
\_\_\_\_\_

9. **Do you currently possess a valid CA Driver's License?**  Yes  No  
License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

10. **Can you perform the essential functions of this position with or without reasonable accommodations?**  Yes  No

### POSITION

11. **Position for which you are applying:** \_\_\_\_\_

12. **Are you available to work:**  Full-Time  Part-Time  Temporary  On-Call  
 Evenings  Weekends  Overtime  Split Shift

13. **If you are fluent in a language other than English, indicate what language(s):** \_\_\_\_\_



Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

## EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

## CERTIFICATION

**PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH SECTION BEFORE SIGNING THIS APPLICATION FORM.**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of the Salinas Valley Solid Waste Authority (SVSWA) regardless of the time that has elapsed before discovery.

\_\_\_\_\_

I authorize SVSWA or its designated agents to contact my references and to investigate my current and past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to SVSWA from all liability or responsibility with respect to information supplied to SVSWA.

\_\_\_\_\_

I understand that a separate consent form will be requested to authorize the procurement of an Investigative Consumer Report for credit history and to conduct a pre-employment drug screening.

\_\_\_\_\_

I understand that filing this application in no way assures me a position with SVSWA and that this application is not, and is not intended to be, a contract of employment.

\_\_\_\_\_

If employed by SVSWA, I agree to abide by the rules, policies and procedures of SVSWA and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination.

\_\_\_\_\_

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

\_\_\_\_\_  
Date

# EQUAL EMPLOYMENT OPPORTUNITY SURVEY

COMPLETION OF THIS PAGE IS VOLUNTARY. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT HAVE ANY EFFECT UPON YOUR APPLICATION.

\_\_\_\_\_  
Position Title

The Authority is asking all applicants to complete this form in order to comply with United States Government Equal Employment Opportunity requirements. **This information will be detached from this application and will be available to authorized personnel only for research and evaluation purposes.** We appreciate your cooperation in providing this information.

## ETHNIC ORIGIN (Please check one)

- AMERICAN INDIAN OR ALASKAN NATIVE** - Persons descended from the original people of North America and who maintain cultural identification through tribal affiliation or community
- ASIAN** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.  
Specify nationality \_\_\_\_\_
- BLACK** - Persons having origins in any of the black racial groups of Africa.
- FILIPINO** - Persons having origins in any of the original peoples of the Philippine Islands.
- HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Latino culture or origin, regardless of race.  
Specify nationality \_\_\_\_\_
- PACIFIC ISLANDERS** - Persons having origins in the Pacific Islands (Polynesia).
- WHITE** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- OTHER** (Specify) \_\_\_\_\_

## RECRUITMENT QUESTIONNAIRE: Indicate how you learned about this recruitment.

- Media** (TV, radio) Specify: \_\_\_\_\_
- Authority Employee**
- Authority Bulletin Board**
- Print Media** Specify: \_\_\_\_\_
- Internet**       **Friend or Relative**
- Other Source:** \_\_\_\_\_