

# Greenbrier County Landfill

**application for employment:** We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, sex, religion, or national origin.

**Personal Information:** Date: \_\_\_\_\_ S.S.# \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for this company? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, are you authorized to work in the US? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

State Name & Department of any relatives, including Spouse, Already Employed by this Company

\_\_\_\_\_

Referred By: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Employment Desired:**

Position Desired: \_\_\_\_\_

Date Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

May we contact your present/previous employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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## **Education:**

Name Of High School: \_\_\_\_\_

Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Collage? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

## **References:**

Give below the names of three people not related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## **Physical Record:**

Do you have any physical condition which may limit your ability to perform the job applied for?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain.

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

## **Former Employers:**

List below last four (4) employers. Starting with the last one first.

Month/Year:
Name/Address:
Salary/Position:
Reason for Leaving:

Month/Year:
Name/Address:
Salary/Position:
Reason for Leaving:

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Month/Year:
Name/Address:
Salary/Position:
Reason for Leaving:

Month/Year:
Name/Address:
Salary/Position:
Reason for Leaving:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Do not write below this line

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary \_\_\_\_\_

Approved: \_\_\_\_\_