

ADMINISTRATIVE OFFICE

19 Gregory Drive, Suite 204 South Burlington, VT 05403

> **EMAIL** info@cswd.net **TEL** (802) 872-8100

> > www.cswd.net

EMPLOYMENT APPLICATION

Chittenden Solid Waste District is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to political affiliation, race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other status protected under local, state, or federal laws.

Applicant Information

Date:	Position(s) Applied For:			
Referral Source(Referral Source(s):			
(i.e., CSWD Website	, Job Posting, Employee)			
Full Name:				
Address:				
Phone:				
Email:				
Date Available:				
Are you authoriz	ed to work in the U.S.?			
Have you applied	d to CSWD previously?			
lf yes, w	hich position(s)?			
Have you ever w	vorked for CSWD?			
lf yes, w	hich position(s)?			

Employment History			
Employer	Dates of Employment	Position/Title	
Address	Reason for Leaving	Supervisor	
Responsibilities	·	·	

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Educational Background			
School (Include City & State)	# Years Completed	Degree Earned	

References				
Name	Company	Title	Phone	Email

Additional job-related information you would like to share or tell us about.

Disclaimer and Signature

I certify that the information provided on this application is true, accurate and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

I have carefully read the above disclaimer and I understand and agree to the terms.

Date:



REFERENCE RELEASE FORM

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Chittenden Solid Waste District designated staff any and all information which may be requested regarding my prior employment.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the Chittenden Solid Waste District and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment so long as the information released by my references and prior employers is truthful.

If I am applying for a position that requires a Commercial Driver's License, I understand that the Chittenden Solid Waste District may contact my prior employees for the purpose of investigating my safety performance history information. (§392.21). The Chittenden Solid Waste District will also conduct a Department of Motor Vehicle Record Check in accordance with §391.25.

Printed Name:

Signature:

Date: