



**Solid Waste Authority
of Central Ohio**
4239 London Groveport Road
Grove City, Ohio 43123

EMPLOYMENT APPLICATION

Pursuant to the Americans with Disability Act, please contact SWACO should you require specific aids to fully participate in the application process. Phone: 614-871-5100 Email: Brittney.Hyett@swaco.org

(Application Instructions: **Complete ALL applicable information.** Information left blank may disqualify the application.)

SWACO is an equal opportunity employer and make all employment decisions, including those related to recruitment, hiring, training, promotion and recognition of individuals on the basis of their ability and job related qualifications and without regard to race, religion, color, sex, national origin, age, disability, or any other classification proscribed under federal, state or local law.

PERSONAL INFORMATION:

Name					Today's Date	
Street Address			City		State	Zip
Home Phone	Cell Phone	Work Phone	What Are You Willing to Work? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time			
E-mail Address			<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Shifts <input type="checkbox"/> Overtime			
Position(s) Applied For			Salary Desired			
May We Contact You at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Certain SWACO employees may be required as part of their job duties to travel, are you willing to travel?			
When Can You Start Employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have You Previously Been Employed by or Ever Applied for Employment With SWACO? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION EXPERIENCE

High School or GED	Address	City	State	Degree	Course Study	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA

TRAINING, LICENSES AND OTHER QUALIFICATIONS

If you have training in an area which you feel is relevant to your current position, please submit the following information. (Do not include training gained as part of your education as previously described.)

Type of Training	Organization	Length of Training	Subject(s) Covered

List any licenses or certificates required for your current position.

Type of License	Expiration Date	Issuing Agency

LEGAL

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? Yes No
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies) _____

Reason for discharge: _____

Have you ever been convicted of a crime other than a minor traffic violation? (Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information be asked of you or considered in employment decisions.) The existence of a criminal record will not automatically disqualify you from the job for which you are applying. Yes No If yes, please explain the offense and final disposition: _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? Yes No Past employer? Yes No Please indicate if you were employed under a different name.

Dates	Name and Address of Employer	Position Held And Supervisor	List Major Duties	Salary or Wages	Reason For Leaving
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting	
To: _____ / _____ mo. yr.	State _____ Phone () _____	Supervisor		Final	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting	
To: _____ / _____ mo. yr.	State _____ Phone () _____	Supervisor		Final	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting	
To: _____ / _____ mo. yr.	State _____ Phone () _____	Supervisor		Final	
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____		Starting	
To: _____ / _____ mo. yr.	State _____ Phone () _____	Supervisor		Final	

REFERENCES Business references: (Do not list relatives. Please indicate if you were employed under a different name.)

Name	Address	Work Phone	Title	Years Known



Ohio Department of Public Safety Division of Homeland Security

<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Last Name		First name		Middle Initial
Home Address				
City	State	Zip	County	
Home Phone		Work Phone		

DECLARATION (In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code)

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE

To mail, fold along dotted line, tape the end and place a 1st class stamp where indicated.



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AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with the Solid Waste Authority of Central Ohio ("SWACO") I, _____ (print name) hereby authorize any representative of SWACO bearing this release or copy thereof, to obtain any information in your possession pertaining to my education, work experience, or judicial records including but not limited to: academic achievement, attendance, athletic, personal history, disciplinary records, credit records, and conviction records. I hereby release you, as the custodian of such records, and any school, college, university or other educational agency or law enforcement agency, its officers, employees or related personnel, both individually and collectively from any and all liability or damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

Signature _____

Date _____

Social Security Number _____

Other Names Used _____

 Present Street Address City State Zip

 Previous Street Address City State Zip

 Phone Number

SWACO HIRING POLICY

It is SWACO's policy not to hire relatives of persons currently employed by the organization or relatives of members of the Board of Trustees. A relative is defined to include spouses, parents, children, brothers, sisters, in-laws (mother, father, sister and brother) stepparents, stepbrother, stepsister, stepchildren, grandparents, nieces, nephews and first cousins.

Are you related to anyone currently employed by the SWACO? Yes No

SWACO APPLICATION AFFIDAVIT

To the best of my knowledge, the information I have provided in this application is true, correct and complete. I understand that omission of any requested information or falsification of any information given on this application or any other SWACO document related to my employment may be cause for immediate discharge if I am hired. If I am employed by SWACO, I agree to abide by the policies, rules and regulations and practices of SWACO.

I understand and acknowledge that employment, or any offer thereof, may involve: 1.) a background check including a check of conviction records and 2.) a mandatory drug and alcohol test. Any prospective employee who tests positive for illegal drugs or alcohol shall not be eligible for employment with SWACO.

If employed, I understand that my employment is for no set period of time and that as an AT-WILL employee I may voluntarily terminate my employment at any time, or I may be terminated at any time by SWACO without notice and without cause. I also understand that if employed my employment will subject to successful completion of an introductory period. Further, I acknowledge that no employee of SWACO may alter my AT-WILL status other than the Executive Director who may so only in writing.

I agree that upon termination of my employment I shall promptly return any equipment, uniform(s) or other property provided to me by SWACO during my employment, that I shall promptly repay any indebtedness owed by me to SWACO, and that SWACO is hereby authorized to deduct from my final pay (including the value of accrued by unused benefits) the amount of such indebtedness and the value of any unreturned property.

Signature of Applicant _____
Date _____

SWACO APPLICATION INSTRUCTIONS

PLEASE MAKE SURE THE APPLICATION IS FILLED OUT COMPLETELY.

WHEN COMPLETED MAIL TO: SWACO
4239 London Groveport Road
Grove City, Ohio 43123

THE SWACO ADMINISTRATION BUILDING IS LOCATED:
4239 London-Groveport Road
Grove City, Ohio 43123

