



**EMPLOYMENT APPLICATION**

Solid Waste Authority of Central Ohio (SWACO)  
 4239 London Groveport Road  
 Grove City, Ohio 43123  
 Phone: 614-871-5100; Fax: 614-871-4909

**Application Instructions:** Complete the employment application in full. Resumes may be attached; however, the form must be completed in its entirety. Required fields are outlined in red. Please do not write "See Attached." Blank or incomplete responses may result in disqualification from consideration. Mail or deliver the original completed application to SWACO's Administrative Office at the address above. You may also submit an electronic version by email to [HumanResources@SWACO.org](mailto:HumanResources@SWACO.org) or by confidential fax to **614-871-4909**.

Pursuant to the Americans with Disabilities Act, please contact SWACO Human Resources if you require specific aids to fully participate in the application process.

**SWACO is an equal opportunity employer.** Employment decisions relating to recruitment, hiring, training, promotion, compensation, benefits, and other terms of employment are based on knowledge, skills, abilities, and job-related qualifications. SWACO does not discriminate on the basis of race, color, religion, gender, ethnicity, national origin, age, disability, marital or family status, sexual orientation, military / veteran status, or any other classification protected under federal, state, or local law. In addition, all final candidates are subject to a criminal background check and drug screening as a condition of employment.

Personal Information					
Last Name		First Name		MI	Email
Street	City	State	Zip	Daytime Phone	Evening Phone
<b>Do you have the authority to work in the U.S. for any employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No SWACO complies with the Immigration Reform and Control Act, as amended. All offers of employment are contingent upon providing documentation within the first three days of employment that confirms identity and eligibility for employment in the U.S.					
<b>Are you related to any current employee or member of the Board of Trustees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 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 as spouse, domestic partner, parent, child, brother, sister, in-law (mother, father, brother, sister), step-relatives, grandparent, aunt, uncle, niece, nephew, and first cousin.					
Desired Position					
The position(s) for which we are actively recruiting are listed on our website at <a href="http://www.swaco.org/career-opportunities">www.swaco.org/career-opportunities</a> . Applications received for positions not posted, including continuous postings, will be kept on file in active status for 90 days.					
<b>For which position(s) are you applying? Check all that apply.</b> <input type="checkbox"/> Equipment Operator (CDL Preferred) <input type="checkbox"/> Fleet Mechanic (Class A or B CDL Required) <input type="checkbox"/> Heavy Equipment Mechanic <input type="checkbox"/> Transfer Driver (Class A CDL Required) <input type="checkbox"/> Recycle Driver (Class B CDL Required) <input type="checkbox"/> Laborer (Driver's License Required) <input type="checkbox"/> Other / Posted _____					
<b>How did you hear about the position(s) for which you are applying?</b> <input type="checkbox"/> SWACO Website <input type="checkbox"/> Job Board (i.e., CareerBuilder, Monster, Indeed, OhioMeansJobs) <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Unsolicited <input type="checkbox"/> Employee Referral (Insert Name) _____ <input type="checkbox"/> Other (Specify) _____					
What is your desired pay rate?			What date are you available to start employment?		
<b>What hours are you willing to work? Check all that apply.</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Over Time <input type="checkbox"/> Any Time <input type="checkbox"/> Weekend Rotation <input type="checkbox"/> Emergency On-Call <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal or Temporary <input type="checkbox"/> Alternative Shift (Specify Hours) _____					
<b>Are you able and willing to travel as specified in the posting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					

**Applicant Name:** \_\_\_\_\_

The posting specifies the essential duties, physical and mental requirements, and working conditions for the position. Are you able to meet these standards with or without a reasonable accommodation?

Yes  No  Unsure

### Commercial Vehicle and/or Equipment Experience

If you are applying for a Laborer, Equipment Operator, Transfer Driver, Recycle Driver, or Mechanic position, with which of the following pieces of equipment do you have experience? Check all that apply and indicate how many years of experience you have with each. For example, " Dozer 6 years." You may skip this section if not applicable.

- Dozer \_\_\_\_\_     
  Compactor \_\_\_\_\_     
  Rubber Tire Backhoe \_\_\_\_\_     
  Water Truck \_\_\_\_\_  
 Roll Off Truck \_\_\_\_\_     
  Sweeper Truck \_\_\_\_\_     
  Front Loader \_\_\_\_\_     
  Excavator Hoe \_\_\_\_\_  
 Haul / Dirt Truck \_\_\_\_\_     
  Grader \_\_\_\_\_     
  Bobcat / Skid Steer \_\_\_\_\_     
  Forklift \_\_\_\_\_  
 Zero-Turn Mower \_\_\_\_\_     
  Front-End Loader Refuse Collection Truck \_\_\_\_\_     
  Semi / Tractor Trailer \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_     
  Other (Specify) \_\_\_\_\_

### Driver's License Information

Please provide the information requested below if you are applying for a position that requires a valid driver's license. You may skip this section if not applicable.

**Do you have a valid Ohio Driver's License?**  Yes  No  Not Applicable

**What Class?**  Operator - Class D  CDL - Class A  CDL - Class B

### Education

	Name	City, State	Did you Graduate? Y/N	Course of Study
High School				
Trade or Technical School				
College				
College				
Other				

List any other training or certifications, including military training, that are relevant to the position for which you are applying. Include the type of training, organization, length of training, subject(s) covered, and certification expiration date (if applicable).

**Applicant Name:** \_\_\_\_\_

**Professional References**

Professional references include current or former supervisors, customers, coworkers, teachers, or other professionals who can provide feedback regarding your job performance. Please do not list relatives, friends, or other personal contacts.

	Reference 1	Reference 2	Reference 3
<b>Name</b>			
<b>Organization and Title</b>			
<b>Nature of Working Relationship</b>			
<b>Telephone</b>			
<b>Email Address</b>			

**Employment History**

**Have you previously been employed by SWACO? If yes, please provide dates.** \_\_\_\_\_  Yes  No

**May we contact your present employer?**  Yes  No

List your employment history for the past ten (10) years, starting with your current or most recent position. An Employment History Addendum is available if additional pages are needed. Please also account for any gaps in employment of greater than two (2) months (e.g. write “unemployed” as Job Title).

**Current or Most Recent Position**

Dates of Employment	From (mm/yy):	To (mm/yy or “present”):
Company Name		
Address (City, State, Zip)		
Your Job Title		
Major Duties		
Supervisor Information	Name:	Phone Number:
Ending Pay Rate		
Reason for Leaving		

**Prior Position**

Dates of Employment	From (mm/yy):	To (mm/yy):
Company Name		
Address (City, State, Zip)		
Your Job Title		
Major Duties		
Supervisor Information	Name:	Phone Number:
Ending Pay Rate		
Reason for Leaving		

**Applicant Name:** \_\_\_\_\_

Prior Position		
Dates of Employment	From (mm/yy):	To (mm/yy):
Company Name		
Address (City, State, Zip)		
Your Job Title		
Major Duties		
Supervisor Information	Name:	Phone Number:
Ending Pay Rate		
Reason for Leaving		

Prior Position		
Dates of Employment	From (mm/yy):	To (mm/yy):
Company Name		
Address (City, State, Zip)		
Your Job Title		
Major Duties		
Supervisor Information	Name:	Phone Number:
Ending Pay Rate		
Reason for Leaving		

**SWACO Application Affidavit – Read Carefully**

My signature below confirms that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that omission of any requested information or falsification of any information given on this application, verbally during the screening process, or on any other SWACO document may disqualify me from further consideration for a minimum of six (6) months. If the omission or falsification is discovered at any time after being hired, this may be cause for immediate termination of employment.

I also agree to abide by the policies, rules, regulations, and practices of SWACO. This includes, but is not limited to, promptly returning any equipment, uniform(s), or other property provided to me by SWACO upon termination of employment or any time upon request. I realize SWACO will pursue all appropriate and applicable legal remedies, including making authorized deductions from my pay for the value of any unreturned property.

I acknowledge that any offer of employment will be contingent upon a pre-employment drug test and verification of the information contained herein. This may include, but is not limited to, reference checks, criminal background investigation, and driving history verification.

Lastly, if employed, I understand the employment relationship is “at will.” Employment is not for a set period of time, and either I or SWACO may end the employment relationship at any time, with or without advance notice. Any agreement to change this at-will employment status must be explicit, in writing, and signed by both the Executive Director and myself.

<b>Signature</b>	<b>Date</b>
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**Applicant Name:** \_\_\_\_\_

**Fair Credit Reporting Act  
Disclosure Notice, Authorization, and Release**

In connection with my application for employment with the Solid Waste Authority of Central Ohio ("SWACO") and pursuant to the federal Fair Credit Reporting Act, I, \_\_\_\_\_ (print name) hereby authorize any representative of SWACO bearing the release or copy thereof, to obtain information pertaining to my character, work habits, performance, education, work experience including reasons for termination of past employment, or judicial records. This includes, but is not limited to, social security number, current and previous residences, academic achievements, attendance, disciplinary records, opinions regarding my suitability for employment, driving records, credit history, conviction records, and verification of other information contained in the employment application or obtained through the screening process.

I understand that this information may be obtained through an investigative consumer report, as well as other public and private sources. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be provided a copy of the report and a summary of the consumers' rights.

I voluntarily and knowingly authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish SWACO or its designated agents with any and all information in their possession regarding me in connection with my application for employment. I am authorizing a photocopy of this authorization to be accepted with the same authority as the original.

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.

If hired, this authorization shall remain on file and shall serve as an ongoing authorization for SWACO to obtain information, including consumer reports.

Should there be any questions as to the validity of this release, you may contact me at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

**PLEASE PRINT CLEARLY**

Last Name	First Name	Middle Name
Other Names, Including Maiden Name, Aliases, and Nicknames		
Current Address, City, State, and Zip		
Prior Address (within past seven years), City, State, and Zip		
Prior Address (within past seven years), City, State, and Zip		
Prior Address (within past seven years), City, State, and Zip		

Applicant Name: \_\_\_\_\_

## Voluntary Self Disclosure Statement

To assist SWACO in monitoring equal employment opportunity programs and to aid in complying with governmental reporting requirements, we invite you to voluntarily provide the information below. This information will in no way affect the processing of your application or your consideration for employment. This form should be submitted with the employment application, but will be processed separately and used for statistical purposes only.

**SWACO is an equal opportunity employer.** Employment decisions relating to recruitment, hiring, training, promotion, compensation, benefits, and other terms of employment are based on knowledge, skills, abilities, and job-related qualifications. SWACO does not discriminate on the basis of race, color, religion, gender, ethnicity, national origin, age, disability, marital or family status, sexual orientation, military/veteran status, or any other classification protected under federal, state, or local laws.

Demographic Information	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Disclose
<b>Ethnicity</b>	<b>Hispanic or Latino</b> includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Not Hispanic or Latino	<b>If not Hispanic or Latino, please check one of the following:</b>
<input type="checkbox"/> Prefer Not To Disclose	<input type="checkbox"/> White (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
	<input type="checkbox"/> Black or African American (persons having origins in any of the black racial groups of Africa.)
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
	<input type="checkbox"/> Asian (persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
	<input type="checkbox"/> Native Indian or Alaskan Native (persons having origins in any of the original peoples of North, Central, and South America and who maintain tribal affiliation or community recognition.)
	<input type="checkbox"/> Multicultural (persons who identify with more than one of the above races.)

**Applicant Name:** \_\_\_\_\_

### **Voluntary Self Disclosure Statement continued**

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes

No

Are you a veteran?

Yes

No

If you answered **Yes** to the previous question, please indicate if one or more of the following apply?

- Military Status:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.
- Disabled Veteran:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Desert Storm/Shield Veteran:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- Vietnam Era Veteran:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.