Western Washtenaw Recycling Authority
Employment Application

APPLICATION DATE	DRIVERS LICENSE NUMBER			ISSUING STATE
LAST NAME	FIRST NAME			
PRESENT ADDRESS	APT NO.	CITY	ZIP	STATE
ARE YOU 18 YEARS OR OLDER?	DATE YOU CAN START			
ARE YOU CURRENTLY EMPLOYED?	CURRENT JOB TITLE AND COMPANY NAME, IF EMPLOYED		CAN WE CONTACT YOUR EMPLOYER?	
PHONE NUMBER	EMAIL	LINKEDIN OR WEBSITE (NOT REQUIRED)		

DESIRED EMPLOYMENT

APPLYING FOR POSITION(S):		SALARY DESIRED
EVER APPLIED AT THE WWRA BEFORE?	WHAT POSITION?	WHEN?
EVER WORKED FOR THE WWRA BEFORE?	WHAT POSITION?	WHEN?
REASON FOR LEAVING (IF FORMERLY EMPLOYED BY THE WWRA)		
NAME OF LAST SUPERVISOR AT THE WWRA (IF FORMERLY EMPLOYED BY THE WWRA)		
HOW DID YOU HEAR ABOUT THIS POSITION? ☐EMPLOYMENT OFFICE ☐WWRA WEBSITE ☐WWRA LINKEDIN ☐WWRA SOCIAL MEDIA ☐REFERRED BY A CURRENT OR FORMER EMPLOYEE: _____ ☐OTHER: _____		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				HIGH SCHOOL
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
APPRENTICESHIPS OR FORMAL TRAINING PROGRAMS (CDL TRAINING)				

GENERAL

WHAT LANGUAGES DO YOU SPEAK FLUENTLY?
WHAT CERTIFICATIONS, LICENCES, AND/OR PROFESSIONAL PERMITS DO YOU HOLD? INCLUDE DATE OF CERTIFICATION AND EXPIRY DATE, IF APPLICABLE.
SPECIAL SKILLS OR TRAINING
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? IF YES, PLEASE PROVIDE INFORMATION BELOW.
IF APPLYING FOR A DRIVING POSITION, HAVE YOU HAD ANY DRIVING SUSPENSIONS, TRAFFIC VIOLATIONS, POINTS, FINES, OR CONVICTIONS IN THE PAST 5 YEARS? IF YES, PLEASE PROVIDE INFORMATION BELOW.

DO YOU UNDERSTAND THAT A DRUG AND/OR ALCOHOL TEST IS REQUIRED FOR HIRING AND CONTINUED EMPLOYMENT? ☐YES ☐NO	DO YOU UNDERSTAND THAT A BACKROUND AND/OR DRIVING RECORD CHECK IS REQUIRED FOR HIRING AND CONTINUED EMPLOYMENT? ☐YES ☐NO

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK
DESCRIPTION OF WORK		

REFERENCES

PROVIDE THE NAMES OF THREE INDIVIDUALS YOU ARE NOT RELATED TO BUT HAVE KNOWN FOR AT LEAST ONE YEAR.

REFERENCE NAME	REFERENCE JOB TITLE	COMPANY NAME	YEARS KNOWN	CONTACT INFORMATION

FORMER EMPLOYERS

PROVIDE THREE RELEVANT EMPLOYMENT EXPERIENCES, WITH THE MOST RECENT FIRST.

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE		
COMPANY ADDRESS	CITY	ZIP CODE	STATE	COMPANY PHONE NUMBER OR EMAIL
STARTING DATE		LEAVING DATE		
STARTING SALARY/HOURLY PAY	FINAL SALARY/HOURLY PAY			CAN WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	SUPERVISOR TITLE			SUPERVISOR PHONE NUMBER OR EMAIL
DESCRIPTION OF WORK PERFORMED				

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE		
COMPANY ADDRESS	CITY	ZIP CODE	STATE	COMPANY PHONE NUMBER OR EMAIL
STARTING DATE		LEAVING DATE		
STARTING SALARY/HOURLY PAY	FINAL SALARY/HOURLY PAY			CAN WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	SUPERVISOR TITLE			SUPERVISOR PHONE NUMBER OR EMAIL
DESCRIPTION OF WORK PERFORMED				

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COMPANY ADDRESS	CITY	ZIP CODE	STATE	COMPANY PHONE NUMBER OR EMAIL
STARTING DATE		LEAVING DATE		
STARTING SALARY/HOURLY PAY	FINAL SALARY/HOURLY PAY			CAN WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	SUPERVISOR TITLE			SUPERVISOR PHONE NUMBER OR EMAIL
DESCRIPTION OF WORK PERFORMED				

VOLUNTARY SELF-IDENTIFICATION

THE INFORMATION REQUESTED WILL BE USED SOLELY IN CONNECTION WITH AFFIRMATIVE ACTION OBLIGATIONS OR EFFORTS. THIS INFORMWATION IS BEING REQUESTED IN A VOLUNTARY BASIS AND WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH THE ADA. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT THE APPLICANT TO ANY ADVERSE TREATMENT. THIS WILL BE USED ONLY IN ACCORDANCE WITH THE ADA.

ARE YOU CAPABLE OF PERFORMING THIS POSITION IN A REASONABLE MANNER, WITH OR WITHOUT REASONABLE ACCOMIDATION, THE ACTIVITIES INVOLVED IN THIS JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? PLEASE SEE THE JOB DESCRIPTION PROVIDED ON OUR WEBSITE, WWRARECYCLES.ORG/CAREERS.

☐YES
☐NO
☐PREFER NOT TO ANSWER

THE WWRA'S MATERIALS RECOVERY FACILITY IS FREQUENTLY EXPOSED TO DUST, CHEMICALS, CONTAMINATION, AND AIRBORNE PARTICLES. WORK WITHIN THE MRF IS USUALLY LOUD. DEPENDING ON THE SEASON, WORKING CONDITIONS CAN BE HUMID, DRY, HOT, OR COLD.

THE WWRA'S MATERIALS RECOVERY FACILITY MAY HAVE WORKING CONDITIONS THAT ARE NOT SUITABLE TO THOSE WITH ASTHMA, SENSITIVITIES, OR SIMILAR CONDITIONS, BUT MASKS, GLOVES, EARPLUGS, PROTECTIVE EYEWEAR, AND OTHER PPE WILL BE PROVIDED. THE WWRA REASONABLY ACCOMMODATES PERSONS WITH MENTAL OR PHYSICAL DISABILITIES AS REQUIRED BY LAW. DISABLED EMPLOYEES MUST NOTIFY THE WWRA IN WRITING IF THEY NEED AN ACCOMMODATION DUE TO THEIR DISABILITY. THIS NOTICE MUST BE GIVEN WITHIN 182 DAYS AFTER THE EMPLOYEE KNOWS (OR REASONABLY SHOULD KNOW) THAT ACCOMMODATION IS NEEDED.

DO YOU UNDERSTAND THE WORKING CONDITIONS PRESENT IN AND AROUND THE WWRA'S MATERIALS RECOVERY FACILITY?

☐YES
☐NO
☐PREFER NOT TO ANSWER

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I AUTHORIZE THE RELEASE OF THE WWRA FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE WWRA HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, .UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND THAT THE WWRA WILL CONDUCT A BACKGROUND AND/OR DRIVING RECORD CHECK, AS DISCUSSED ABOVE, SHOULD I MOVE FORWARD AS A CANDIDATE. I UNDERSTAND THAT A DRUG AND/OR ALCOHOL TEST WILL BE REQUIRED IF I MOVE FORWARD AS A CANDIDATE.

DATE SIGNATURE PRINT NAME