

**CAMBRIA COUNTY**  
**SOLID WASTE MANAGEMENT AUTHORITY**  
**507 MANOR DRIVE, PO BOX 445**  
**Ebensburg, PA 15931**  
**Phone: (814) 472-2109**  
**An Equal Opportunity Employer**

**Application for Employment**  
(Please Print Clearly)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Position: RECYCLING COLLECTION DRIVER

Willing to Work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (PT specify days and times available) \_\_\_\_\_

\_\_\_\_\_ Date available to start \_\_\_\_\_

Previously employed by Cambria County? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, in what capacity and when?  
\_\_\_\_\_

Please give name employed under which any records exist if different from one listed above:  
\_\_\_\_\_

Did you either graduate from High School or obtain a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, list highest grade completed. \_\_\_\_\_ Name of School \_\_\_\_\_

<u>School</u>	<u>Name and Address</u>	<u>Major</u>	<u>Last Year Completed</u>	<u>Did you Graduate</u>	<u>List Diploma</u>
College			1-2-3-4	Yes/No	
Other (Specify)			1-2-3-4	Yes/No	

List any other training, skills, experience, licenses or qualifications which you feel are relevant.  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, do you possess a valid alien registration card? \_\_\_\_\_ Yes \_\_\_\_\_ No Alien Registration No. \_\_\_\_\_

**This position requires a valid Pennsylvania CDL drivers license.** Do you possess one? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and explain \_\_\_\_\_

Omit any juvenile convictions. Conviction of a felony or misdemeanor is not a bar to employment in all cases. Each case will be considered on its merits in relation to the position for which you applied.

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what position? \_\_\_\_\_

**Employment History (Start with your present or last position held)**

**Employer** \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

May we contact the supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your Title \_\_\_\_\_ Salary: \_\_\_\_\_ starting \_\_\_\_\_ final

Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

May we contact the supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your Title \_\_\_\_\_ Salary : \_\_\_\_\_ starting \_\_\_\_\_ final

Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

**Employer** \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

May we contact the supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your Title \_\_\_\_\_ Salary : \_\_\_\_\_ starting \_\_\_\_\_ final

Reason for leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

The data set forth on this application is true and complete to the best of my knowledge. I understand that if employed, false statements on this application may result in dismissal. Cambria County is hereby authorized to verify and investigate any and all information contained in this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

1. Do you have any relatives, as listed below, working for the Cambria County Solid Waste Management Authority or that serve on the Authority Board of Directors?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please check the relationship below and specify their name.

NAME

A. \_\_\_\_\_ Spouse \_\_\_\_\_

B. \_\_\_\_\_ Father \_\_\_\_\_

C. \_\_\_\_\_ Mother \_\_\_\_\_

D. \_\_\_\_\_ Brother \_\_\_\_\_

E. \_\_\_\_\_ Sister \_\_\_\_\_

F. \_\_\_\_\_ Son \_\_\_\_\_

G. \_\_\_\_\_ Daughter \_\_\_\_\_

H. \_\_\_\_\_ Niece \_\_\_\_\_

I. \_\_\_\_\_ Nephew \_\_\_\_\_

J. \_\_\_\_\_ Aunt \_\_\_\_\_

K. \_\_\_\_\_ Uncle \_\_\_\_\_

**\*The terms “Grand”, “Step”, and “In-Law” also apply.**

All applicants are asked to complete this form disclosing any family relationship with any employee of the Authority. This policy is not to be interpreted as preventing an applicant from being hired. Each case will be decided on its individual circumstances.

## APPLICATION FOR EMPLOYMENT ADDENDUM

I have not been excluded from participation in any Federal or State healthcare program.

TRUE

FALSE

I have not been criminally convicted of any crime regarding any Federal or State healthcare program.

TRUE

FALSE

I have not been criminally convicted of any offense related to financial issues.

TRUE

FALSE

# Pre-Employment Drug Testing Authorization

Pursuant to the Cambria County Solid Waste Authority (Authority) drug and alcohol misuse prevention policy, dated June, 10, 1998, with respect to pre-employment drug testing for all applicants for employment with the Authority, this consent authorizes the Authority to conduct such testing on the undersigned applicant in the event that he or she is made an offer of employment. If the below signed applicant for employment has been made such an offer, they shall be so notified and an appointment will be set up with an independent medical facility/lab to have such testing conducted. The applicant understands that testing resulting in a positive presence of illegal drugs will be reason to rescind the offer of employment and remove the applicant from further consideration for the position. Positive test findings that bar employment for a position will not impact an applicant's ability to apply in the future for employment, however, not within three months of the previous testing which produced a positive test result. Test results will remain confidential and the Authority will not retain any test results that produce a positive finding for longer than three months. Applicants who have been made an offer of employment and who have undergone the pre-employment drug test will be notified by the Authority if their test results showed positive for illegal drugs, but only to the extent that the results were positive and no other details. Applicants may, at their option, submit a written request to have the details of the test results released to them by submitting the request to the Authority that will then forward the request to the medical facility/lab who conducted the test for response to the applicant.

The undersigned applicant agrees to be tested in conformity with this Authority policy once they are notified of an offer of employment. Upon such notification, the applicant agrees to report to the medical facility/lab responsible for conducting such tests at a time and location designated by the Authority.

It is understood that failure of the applicant to undergo pre-employment drug testing after receiving an offer of employment will result in the offer being rescinded by the Authority.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

*Applicant Signature* \_\_\_\_\_

**CAMBRIA COUNTY SOLID WASTE MANAGEMENT AUTHORITY is  
AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT INFORMATION**

**CONFIDENTIAL (OPTIONAL)**

This information is collected from all applicants for purposes of complying with Equal Employment Opportunity and Affirmative Action laws and regulations. It will not be used as selection criteria and will be treated as personal and confidential.

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip Code

Position Applied \_\_\_\_\_ Date Applied \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Ethnic Category (check one)**

\_\_\_\_\_ AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in any of the original peoples of America.

\_\_\_\_\_ ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups.

\_\_\_\_\_ HISPANIC. All persons of Mexican Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.

\_\_\_\_\_ WHITE (not of Hispanic origin). All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

**HANDICAP AND VETERAN CATEGORY:**

\_\_\_\_\_ A QUALIFIED HANDICAPPED INDIVIDUAL who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or (2) has a record of such impairment, or (3) is regarded as having such impairment, and (4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

\_\_\_\_\_ A QUALIFIED DISABLED VETERAN (1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and (3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

\_\_\_\_\_ A VIETNAM ERA VETERAN (1) a person who a.) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b.) was released from such active duty for a service-connected disability, and (2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976.

I am \_\_\_\_\_ handicapped; \_\_\_\_\_ a disabled Veteran; \_\_\_\_\_ a Vietnam Era Veteran and would like to be included in your Affirmative Action program.

My handicap/disability is: \_\_\_\_\_