



COASTAL REGIONAL SOLID WASTE MANAGEMENT AUTHORITY

252-633-1564 OFFICE / 252-633-6515 FAX

PHYSICAL ADDRESS:
7400 OLD HWY 70 WEST
NEW BERN, NC 28562

MAILING ADDRESS:
P O BOX 128
COVE CITY, NC 28523

APPLICATION FOR EMPLOYMENT				Date of Application	
Social Security Number		Last Name		First Name	
Middle Name		Address (Street number and name)		City	
County		State		Zip Code	
Home Phone		Business Phone		May we contact you at work:	
Email Address:		Are you related by blood or marriage to any person now working for the Coastal Regional Solid Waste Management Authority: If yes, give name, relationship to you and the site where employed:			
When are you available to start work? If you are not available to start now, enter the earliest date you could begin work (mo/day/yr.) _____ Do you have a Driver's License? _____ If yes, please list the Class and State _____ Do you have any physical limitations that would prevent you from doing the job applied for? _____ Are you willing to have a pre-employment physical? Yes _____ No _____ Are you willing to have a drug screening test? Yes _____ No _____ Are you willing to be vaccinated for Tetanus? Yes _____ No _____ Hepatitis? Yes _____ No _____					
Jobs Applied For Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____					
Referral Source Please indicate your referral source: _____					
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.					
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work
High School					
College(s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Special training programs and seminars you have completed in the last five years (list): 					
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: 					

Licenses and certifications (List, giving dates and sources of issuance):**SKILLS**

Please list any skills, experiences, etc., which you have that apply towards the position you are applying:

Have you ever been convicted of an offense against the law other than a minor traffic violation? ☐ YES ☐ NO

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

(If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Starting Salary

Ending or Current Salary

Reason for Leaving

May We Contact Employer

\$

\$

YES ☐

NO ☐

Date Separated (mo/yr)

List major duties in order of their importance in the job:

Full Time Years Months

Part Time Years Months

If part time, number of hours
worked per week:

Employer:

Address:

Job Title:

Supervisor's Name

Telephone Number

No. Supervised by you:

Date Employed (mo/yr)

Starting Salary

Ending or Current Salary

Reason for Leaving

\$ per

\$ per

Date Separated (mo/yr)

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Full Time Years Months

Part Time Years Months

If part time, number of hours
worked per week:

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date