



Solid Waste Authority of Palm Beach County
 7501 North Jog Road
 West Palm Beach, FL 33412
 (561) 640-4000, ext. 6070 Job Hotline
 (561) 640-3400 fax
 www.swa.org

**Please complete all sections of this form.
 Incomplete applications may not be considered.**

Positions applying for:

1. _____

2. _____

Minimum Salary Requirement: _____

Called: _____ Interviewed _____

Employment Application

Please download and save this application to your computer before entering any data. When ready to apply, email the completed application and résumé as an attachment to sbagnall@swa.org. Attachment size cannot exceed 9MB.

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell/Other Phone: (_____) _____

Email Address: _____

Military Service: Dates: _____ Branch: _____ Rank: _____

Are you related to a Solid Waste Authority employee? Yes No

If yes, please give employee name and relationship _____

May we contact your present employer? Yes No

Education and Training

	Name & Address of Schools Attended	Major/Minor Studies	Degree, Diplomas Certificates
High School	_____ _____ _____	_____ _____ _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____
College or University	_____ _____ _____	_____ _____ _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____
Vocational Business or Other	_____ _____ _____	_____ _____ _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date Earned: _____

EQUAL OPPORTUNITY EMPLOYER AND DRUG-FREE WORKPLACE
The Solid Waste Authority conducts thorough and detailed background investigations.

Work History

List your most recent employer first. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods for at least the last ten (10) years. If desired, include a resume or additional pages that will help clarify your work experience. A resume may only substitute for the "responsibilities" section - *all other items must be completed.* Attach additional sheets as needed.

10 Year Work History Required	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities:

(1000 character limit)

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities:

(1000 character limit)

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities:

(1000 character limit)

	Name, Address & Phone Number of Employer	Supervisor's Name & Title	Your Salary
Dates (month/yr) From: _____ To: _____	_____ _____ _____	_____ _____ _____	Start: _____ End: _____

Your Title: _____

Reason for Leaving: _____

Responsibilities:

(1000 character limit)

Pursuant to Florida Statute §295.07 and Florida Administrative Code 55A-7, veterans claiming preference under one of the defined eligibility categories are required to submit a DD214 or comparable document at the time of application. Information regarding required documentation can be found at <http://floridavets.org/wp-content/uploads/2014/06/Veterans-Preference-Frequently-Asked-Questions.pdf>. An Honorable Discharge is required to qualify for Veterans' Preference in Florida. Completion of the section below is made on a voluntary basis and confidential to the extent allowed by law. War time periods are defined in Florida Statute §295.07.

Dates of Active Duty: From: ____/____/____ To: ____/____/____
 Type of Discharge: Honorable Dishonorable Other (explain) _____
 Are you a disabled veteran? Yes No

Applicants claiming preference as a disabled veteran are required to provide a document from the Department of Defense or the Department of Veterans Affairs (DVA), certifying the veteran has a service-connected disability and the rating.

Eligibility for Veterans' Preference:

- 1) Disabled Veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the DVA or are receiving compensation, disability, retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.
- 2) The current spouse of a Veteran: (a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or (b) who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
- 3) A Veteran of any war, who has served at least one day during that war time period as defined in FS §1.01 (14) or who has been awarded a campaign or expeditionary medal. Active duty for training may not be allowed under this paragraph.
- 4) The unremarried widow or widower of a Veteran who died of a service-connected disability.
- 5) The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- 6) A Veteran as defined in FS §1.01 (14). Active duty for training may not be allowed under this paragraph.
- 7) A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

If eligible, which Veterans' Preference category are you claiming? _____

Preference in appointment, employment and retention shall be given first to those persons included in categories 1 and 2 above, and second to those persons included in categories 3, 4, 5, 6 and 7.

Certification of Applicant: I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers and the entries made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. *Check here:*

Name of Applicant: _____ Date: _____

Applicants claiming veterans' preference who are not selected have the right to file a complaint within 21 days of notice of the hiring decision or within 3 months from the date of the application if no notice is provided by the employer. Complaints should be filed with: Florida Department of Veterans' Affairs, Division of Benefits and Assistance. Attn: Veterans' Preference. P.O. Box 31003, St. Petersburg, FL 33731. Applicants can contact the Florida DVA at 727-319-7462 for additional information.

Memberships and Licenses

List organizations/professional memberships, licenses, professional recognitions or committee work which relates to the position(s) you are applying for:

Additional Information

Other relevant skills and experiences; equipment and machinery that you can operate, including office equipment:

Applicant Driving History

Note: Driving record may be applicable based on position responsibilities.

1. Last Name: _____ First: _____ Middle Initial: _____

Directions: Please print information **exactly** as shown on Driver's License:

2. Name and Address

3. Florida Driver License Number Only

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CDL Classifications

A B C D

Other _____

4. Is your license currently valid? Yes No

5. If you have held a Driver's License from any other State during the last three years, please give prior D.L. number and the State in which it was issued. State _____ DL Number _____

6. Has your license(s) ever been suspended or revoked? Yes No

If yes, explain _____

7. List all traffic citations received within the last seven (7) years. For each offense, give date, description of offense, city and/or state in which traffic citations were issued and disposition.

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Human Resources Department or designated CRA to verify any of this information to determine my capabilities for employment. I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION. I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS. In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee."

Signature: _____ Date: _____



NOTIFICATION AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with the Solid Waste Authority of Palm Beach County , I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from any Consumer Reporting Agency (CRA) to be obtained from public and non-public records including; but not limited to, Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that a Investigative Consumer Report may be requested which will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED .

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and that I may request a "A Summary of Your Rights under the Fair Credit Reporting Act". I am entitled to know if employment is denied because of information obtained by my prospective employer from a CRA. If so, I will be advised orally, in writing, or electronically that the action was based in whole or in part on information contained in the Report and I will be given the name and address of the CRA. I understand that the CRA is not responsible for making the decision to deny employment and cannot explain why the decision was made. I also acknowledge that I have a right to (i) request and obtain, within sixty days, a free copy of the Report from the CRA, and from any other consumer credit reporting agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the CRA. I understand that upon my request with reasonable notice, the CRA will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law. I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment; I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Authorization shall be as valid as the original.

.....

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

The Solid Waste Authority collects your social security number for the following purposes: Identification and verification to initiate and process applicant and employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations and credit reporting agencies in compliance with the Fair Credit Reporting Act; drug screening identification; benefit processing, and tax reporting.

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: MONTH OF BIRTH _____ (Jan-Dec) DAY of MONTH BORN _____ (1-31)
[PLEASE DO NOT SUPPLY YEAR OF BIRTH!]

HAVE YOU USED ANY NAMES OTHER THAN ABOVE? Yes No

Please List Other Names Used _____

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME? Yes No

Signature Authorizing Consumer Report and use of Social Security Number as outlined Today's Date _____

Voluntary Self- Identification/Applicant Data Record

It is the policy of the Solid Waste Authority of Palm Beach County to provide equal employment opportunity to all employees and applicants for employment without regard to race, age, color, religion, national origin, disability, gender, marital status, familial status, sexual orientation, or veteran status. However, as mandated by the Federal Government, the Solid Waste Authority is subject to certain governmental record keeping and reporting regulations.

In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity below. **Providing this information is voluntary.** The information provided will be used for reporting and record keeping purposes only and will be maintained separately from the Application for Employment during the entire hiring process.

Position for Which You Are Applying _____ Date _____

Gender: Male Female

Race/Ethnic Identification (CHECK ONE):

Are you Hispanic or Latino? Yes No

If you answered "YES" you have completed this form. If you answered "NO" please select a race from the options below:

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – A person who identifies with more than one of the above five races.

I choose not to self identify

Check any of the following that apply to you:

Wartime Period Veteran Disabled Veteran Disabled Individual not Entitled to Veterans' Preference*

*In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and provisions of the Americans with Disabilities Act of 1990, the Authority provides reasonable accommodation. If you need reasonable accommodation for interviewing or employment, please notify the Solid Waste Authority Human Resources Department.

By clicking on "Submit by Email," or "Print Form" hereby certify that the information provided is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of the law and may result in legal action.

Your Name: _____

Today's Date: _____

Please download and save this application to your computer before entering any data. When ready to apply, email the completed application and résumé as an attachment to sbagnall@swa.org. Attachment size cannot exceed 9MB.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357