



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: () _____ **E-mail Address:** _____

Date Available: _____ **Social Security No.:** _____ **Desired Salary:** \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

EDUCATION

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate?** YES NO **Degree:** _____

REFERENCES

Please list three professional references.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____



APPLICANT CERTIFICATION

I understand that my appointment or employment, temporary or permanent, will be contingent upon the results of a complete background investigation to be conducted by the Virgin Islands Waste Management Authority or its agents. I am aware that any omission, falsification, misstatement or misrepresentation in my application or on my resume, or made to the Virgin Islands Waste Management Authority will be the basis for my disqualification as an applicant or my dismissal from the Virgin Islands Waste Management Authority. I agree to the above conditions and certify that all statements made by me on this application are true, correct and complete. I further fully understand and consent to any physical examination and/or drug test to be administered on behalf of the Virgin Islands Waste Management Authority. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Virgin Islands Waste Management Authority. _____ Initials

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and I may be required to take drug tests during the term of my employment or appointment with the Virgin Islands Waste Management Authority. _____ Initials

I understand that the use of drugs and/or alcohol is not permitted, during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees of the Virgin Islands Waste Management Authority. _____ Initials

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment, and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Virgin Islands Waste Management Authority. _____ Initials

I further authorize any of the persons or organizations referenced in this application or on my resume to furnish information, personal or otherwise, regarding my qualifications and ability for employment or appointment with the Virgin Islands Waste Management Authority, and I indemnify and release all such parties from any and all liability for any damage that might result from furnishing such information to the Virgin Islands Waste Management Authority. _____ Initials

I agree to conform to the rules, regulations and policies of the Virgin Islands Waste Management Authority and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn or added to by the Virgin Islands Waste Management Authority, at its discretion, at any time and without prior notice to me. _____ Initials

An investigation will be conducted on all the information listed on this application and on any information listed on your resume. Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates) which might tend to reflect unfavorably on your reputation, morals, character or ability? YES NO

Print Name of Applicant

Signature of Applicant

_____/_____/_____
Date