

South Macomb Disposal Authority

20001 Pleasant
St. Clair Shores, MI 48080
(586) 777-1284
operations@semsd.org

Employment Application

Date: _____

Position Applied for: _____

Last Name: _____ First Name: _____

Address: _____ City _____

State: _____ Zip: _____ SS# _____

Email: _____ Cell Phone: _____

When available to begin work? _____

Do you have a driver's license? (circle) yes no State of issue: _____

License Number: _____

<u>Type of School:</u>	<u>Name of School and Complete Mailing Address</u>	<u># Years Completed</u>	<u>Major or Degree</u>
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High School: _____

College: _____

Trade School: _____

Other: _____

Have you ever been convicted of a felony? (circle) yes no

If yes, please explain.

Have you had any accidents in the past 3 years? (circle) yes no How many? _____

Have you had any moving violations in the past 3 years? yes no How many? _____

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Previous Employment (list up to 3)

1.

Name of Employer: _____

Name of last supervisor: _____

Dates of employment: from _____ to _____

Complete Address: _____

Phone Number: _____ Last job title: _____

Reason for leaving (be specific):

May we contact your employer? (circle) yes no

2.

Name of Employer: _____

Name of last supervisor: _____

Dates of employment: from _____ to _____

Complete Address: _____

Phone Number: _____ Last job title: _____

Reason for leaving (be specific):

May we contact your employer? (circle) yes no

3.

Name of Employer: _____

Name of last supervisor: _____

Dates of employment: from _____ to _____

Complete Address: _____

Phone Number: _____ Last job title: _____

Reason for leaving (be specific):

May we contact your employer? (circle) yes no

Skills: _____

Typing: _____

Computer: _____

Other skills: _____

Please list 2 references other than relatives and previous employers:

1.

Name: _____

Position: _____

Company: _____

Phone #: _____

2.

Name: _____

Position: _____

Company: _____

Phone #: _____

Use this space to add any additional information necessary to describe you full qualifications for the position you are applying:

Upon the signing of the authorization, I represent that all of the information now or hereafter given me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, criminal and driving records with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures.

(Signed) _____ **Date** _____
(Signature of Applicant)

The Southeast Macomb Sanitary District is an equal opportunity employer, is committed to compliance with federal and state laws prohibiting discrimination, on the basis of race, gender, color, religion, national origin, age, marital status, disability, veteran status, or other prohibited factors in employment.