



7803 HANFORD-ARMONA ROAD
HANFORD, CA 93230
PHONE: (559) 583-8829 FAX: (559) 582-2757
AN EQUAL OPPORTUNITY EMPLOYER

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security No.: _____ Driver's License No.: _____ State Issued: _____

Class: _____

Desired Position: _____ Desired Salary: _____

When Can You Begin Work: _____

Do you have proof of your legal right to work in the US? YES NO

Have you ever worked for KWRA? YES NO If yes, when? _____

Are you related to any person(s) presently employed by KWRA? YES NO If yes, please list. _____

Have you ever been discharged, rejected during the probationary period, or forced to resign from any job?

If yes, explain: _____

Review the job announcement for this position. If you have a condition which would prevent you from performing any of the essential duties, please list the accommodation you would require in order to perform the duties. Reasonable accommodation will be made when requested and determined to be appropriate under applicable law.

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO If No, Did You Obtain GED?: YES NO

College: _____ Address: _____

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

Other: _____ Address: _____

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



Previous Employment

Please List Past Seven (7) Years. Utilize Additional Sheet of Paper if Necessary

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO



Professional Licenses/Certificates

License/Certificate	Issuing Agency	Expiration Date

Special Skills

Languages

Languages Spoken Other Than English: _____
 Explain Level (Read, Write, Speak, All): _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Disclaimer and Signature

My signature certifies that all information is true, including that regarding my education and experience. I understand and agree that all misstatements or omissions of material fact herein will cause forfeiture of all rights to employment by KWRA.

Signature: _____ Date: _____

IMPORTANT NOTICE REGARDING EMPLOYMENT

Employment with KWRA does not occur until the Department Head has signed and filed a formal document appointing the applicant to a job position following successful completion of all employment procedures, including a medical evaluation. Until formal appointment is made in this manner, any offers of KWRA employment are conditional and preliminary, and may be withdrawn.

This Section to Be Completed by Kings Waste & Recycling Authority Staff Only

Date/Time Application Received: _____ By: _____

Qualified: YES NO

If Disqualified, Explain _____