



Solid Waste Agency of Northwest Nebraska

SWANN

Equal Employment Opportunity Employer

Application for Employment

This application will be active for 6 months

Any applicant wishing to be considered for employment beyond this time period will need to complete a new application.

SWANN guarantees equal employment opportunity to applicants and employees without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability, marital status, or any other prohibited basis of discrimination, as stated under Nebraska and Federal law. Federal law obligates SWANN to provide reasonable accommodation to the known disabilities of Applicants and employees, unless to do so would pose an undue hardship. Please feel free to notify the SWANN Human Resources Office if you need accommodation to complete the application process, or to perform the key elements of the position that you are applying for.

Form with fields: Last Name, First Name, Middle Name/Initial, Physical/Street Address, Mailing Address, City, State, Zip, Cell Phone #, Home/Other Phone #, Email

Type of work desired: (check all that apply) Full-Time ___ Part-Time ___ Seasonal ___ Temporary ___

Position(s) Applying For: _____

How did you learn about this job opening? _____

If online; list site(s): _____

On what date would you be available for work? _____

Have you previously been employed by SWANN or any affiliated SWANN Office? Yes ___ No ___

If yes, give details: (When/Position) _____

Are you at least 21 years of age? Yes ___ No ___ If no, are you at least 18 years of age? Yes ___ No ___

Do you have a valid Driver's License? Yes ___ No ___ If yes, State Issued by: _____ Exp. _____

Do you have any relatives employed by SWANN? Yes ___ No ___

If so, please state names(s), relationship(s), and department(s): _____

Are you legally entitled to be employed in the United States? Yes ___ No ___

If hired, you will be required to submit documentation to establish employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986. E-Verify is used in this authorization process. Please be prepared to provide this information upon request.

Are you claiming Veteran's Preference? Yes ___ No ___

To be eligible to claim Veteran's Preference under the provisions of Section §48-225 through §48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD214) at the time of filing this application. A spouse of a veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran. Veteran's preference applies when a qualified candidate obtains passing scores on all parts of all examination/interviews.

Employment Experience

Provide a complete record of all/past three (3) employments or for past 10 years.

List your past work experience starting with your current or most recent job. Include any job-related military service assignments, and volunteer activities. **Please be complete.**
 You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.
 Your employment may be verified by checking with previous employers unless you request otherwise.

CURRENT/MOST RECENT EMPLOYER

Employer: _____ Telephone Number: _____

Address: _____ Starting Pay: _____ Ending Pay: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Employment Dates: _____ to _____

Your Job Title: _____ Part-Time: _____ Full-Time: _____

Your Key Duties:

Reason for Leaving:

SWANN May _____ or May Not _____ contact my current employer prior to hiring

Employer: _____ Telephone Number: _____

Address: _____ Starting Pay: _____ Ending Pay: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Employment Dates: _____ to _____

Your Job Title: _____ Part-Time: _____ Full-Time: _____

Your Key Duties:

Reason for Leaving:

Employer: _____ Telephone Number: _____

Address: _____ Starting Pay: _____ Ending Pay: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Employment Dates: _____ to _____

Your Job Title: _____ Part-Time: _____ Full-Time: _____

Your Key Duties:

Reason for Leaving:

Personal/Professional References

Full Name:	Full Name:
Phone:	Phone:
Title or Occupation:	Title or Occupation:
# of Years Acquainted:	# of Years Acquainted:
Full Name:	Full Name:
Phone:	Phone:
Title or Occupation:	Title or Occupation:
# of Years Acquainted:	# of Years Acquainted:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I further acknowledge that my inactive application(s) will be retained for a period of two (2) years and becomes part of a talent database for future identification of individuals, such as myself, interested in being notified of other/additional employment opportunities within SWANN.

Consent for Disclosure of Current or Former Employment Information: I hereby give consent to any and all prior employers and references of mine to provide information to SWANN with regard to my employment with prior employers. I understand that this authorization expires six (6) months from the date signed. A facsimile copy or electronic version of this document shall be considered as effective and valid as the original.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize the SWANN to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability, all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify SWANN against any liability that might result from making such investigation.

In the event of employment, I understand that false, omitted or misleading information given in my application or interview(s) may result in discharge, regardless of when discovered. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature

NOTE: UNSIGNED AND UNDATED APPLICATIONS WILL BE DISREGARDED

This application must be FULLY completed to be eligible for review.

To submit application and any supplemental materials (cover letter, resume, etc.):

Mail to; Email; or Deliver in Person:

Attn: SWANN Administrative Services Office
 PO Box 590
 1010 E. Niobrara Ave.
 Chadron, NE 69337

Email: swann.hr42@gmail.com

Phone: 308-432-4245 Fax: 308-432-8344

*SWANN is an Equal Opportunity Employer, subject to Veterans Preferences and uses E-Verify for Eligibility Verification.
 To request reasonable accommodations, contact: SWANN Human Resources Office.*