

SOUTHEAST BERRIEN COUNTY LANDFILL AUTHORITY, INC.

**EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

Hourly _____
Salary _____

Date Application Filed	Position Desired: Shift Preference: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		
PERSONAL INFORMATION			
<hr/>			
(Print) Last Name	First	Middle	Social Security Number
Present Address			Phone Number
Are you 18 years or older?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime or are you presently charged with a felony? If so, where and when, and explain circumstances. _____ _____			
Describe any U.S. Military Service (Branch, Rank, Nature, and Date of Discharge) _____ _____ _____			
Are you presently in the National Guard or Reserve? (If so, identify unit and any service obligations). _____ _____			
Any other name you have used in connection with employment, education, U.S. Military Service, or any criminal conviction or pending felony charge: _____ _____			

EDUCATION	Name and Location of School	Number of Years Attended	Did You Graduate?	Subject Studied
Grammar School	_____			
High School	_____			
College	_____			
Trade, Business or Correspondence School	_____ _____			
General Subjects of Special Study or Research Work	_____ _____ _____			

WORK HISTORY (List all past periods of employment. Use additional sheet of paper if necessary.)					
Dates of Employment Mo. Yr.	Name of Company, Address & Name of Immediate Supervisor	Type of Business	Job Title & Type of Work Performed	Wage or Salary	Reason for Leaving
From To					
From To					
From To					
From To					
From To					
From To					
From To					

In Case of Emergency Notify:

Name _____ **Address** _____ **Phone No.** _____

Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this Company before? _____ Where? _____ When? _____

Have you previously worked for this Company? ____ Yes ____ No If yes, when? _____

Where? _____ Position? _____

Relatives employed by Company? ____ Yes Who? _____ No ____

Do you have any activities, commitments, or responsibilities (for example, school, other employment, etc.) which might, in any way, interfere with your ability to work full time, including overtime, in the position for which you are applying? _____

If employed here, do you expect to work on any other job? ____ Yes ____ No

If Yes, give nature of work and amount of time it requires. _____

How much time did you miss from work in the past year? _____

Describe fully the nature of the work in your present (or most recent) job: _____

What special skills or knowledge do you have which will aid you in qualifying for employment? (Include tools and machines): _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired: Yes No Position _____ Dept. _____

Salary/Wage _____ Date Reporting to Work _____

Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager

**READ CAREFULLY AND SIGN BELOW IF YOU AGREE
TO THESE TERMS OF EMPLOYMENT:**

I, the undersigned applicant for employment, certify that the facts contained in this application are true and complete. I authorize and request my former employers, references and educational institutions, and any credit agencies or reporting services which have information about me, to give the Company all information and opinions about me in their possession; I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state and local governmental agencies to release to the Company any information requested concerning any criminal convictions on my record.

I understand and agree that all employment at the Company is on an at-will basis, and may be terminated by the employee or the Company at any time for any cause or no cause. I understand and agree that no one employed by the Company (except the Company's Board of Directors by a specific written contract for a specific term of years naming the employee and signed by the employee and the Board of Directors) has any authority to offer employment other than on an at-will basis. I also understand and agree to the Company's policy that the Company's decisions on all employment related matters are final, and are not subject to review or appeal outside the Company except as required by laws providing or requiring employers to provide specific employment standards and rights.

I agree that, except as directed otherwise by the Company, I will not disclose to anyone or use for my own purposes, any of the Company's confidential or proprietary information, either during or after my employment. I understand and agree that the Company's trade secrets, bidding, costs, pricing and marketing information and techniques, designs, methods of engineering and production, financial and market information, computer software, sources of supply, and customer names and information are confidential and proprietary information of the Company; I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with the Company ends, I will deliver to the Company all material of any kind that I have relating to the Company, including any such copies or notes. I also agree that I will disclose and assign to the Company any invention, design or process which I conceive or develop while employed by the Company relating to the Company's business or to any product or service offered or being developed by the Company, and that all such designs or conceptions shall be the property of the Company.

I agree that the contents of any lockers, desks or other Company property I may be using, and of any of my own property I bring onto the Company's premises (including without limitation cars, packages and purses) may be inspected by the Company at any time, and I waive and promise not to make any claims against the Company (or its employees, owners, or agents) relating to such inspection.

I agree to submit to physical examinations permitted by law before and during my employment by a health care professional, at the request and expense of the Company, and I agree to disclose completely all information requested at such examinations about my physical and mental condition and medical history. I also agree that, before and during my employment, at the request and expense of the Company, I will cooperate in such medical tests (including blood, hair, urine, or other testing) as the Company requests to check for drugs or alcohol in my system, or for any other physical condition. I waive and release and promise not to make any claims against the Company (or any testing agency retained by it, or their employees, directors, owners and agents) relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that the Company may disclose or discuss any information or opinions relating to me or my employment to employees of the Company or third parties, and I waive and release and promise not to make any claims against the Company (or its employees, owners or agents) relating to any such disclosure or discussion.

I agree that I will not commence any action or suit relating to my employment with the Company (or termination of the employment) more than twelve (12) months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within twelve (12) months after my employment ends will be barred.

I agree to the above terms of employment. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible. I understand and agree that no one other than the Board of Directors, by a written agreement with a specific named individual, has any authority to modify or announce modification of the above terms of employment and policies, or to make any exception to them, or to offer employment on any other terms. I understand and agree that, except as provided above, all benefits, programs, rules and policies of the Company are subject to exceptions or change at any time as decided by the Company.

I further agree to be governed and to abide by the rules and regulations of the Company.

Reference above to the Company includes its present and future parent and affiliated companies.

Date _____

Signature of Applicant _____

POLICY REGARDING VERIFICATION OF DRIVER'S LICENSE RECORDS

I. Purpose.

To ensure the safety of employees and customers of Southeast Berrien County Landfill Authority, Southeast Berrien County Landfill Authority has established a Policy regarding Verification of Employee Driver's License Records.

II. Employees Covered by Policy.

All applicants offered a position at Southeast Berrien County Landfill Authority and employees who, as part of their employment with Southeast Berrien County Landfill Authority, will be required to drive a vehicle owned or leased by Southeast Berrien County Landfill Authority and hold a commercial driver's license or a chauffeur's license are covered by this Policy.

III. Policy.

All applicants, offered a position at Southeast Berrien County Landfill Authority but prior to beginning employment, will be required to complete a Michigan Department of State Commercial Record Request form. In addition, all current employees of Southeast Berrien County Landfill Authority will be required to complete the Michigan Department of State Commercial Record Request form on an annual basis.

Any applicant who does not hold the required license or whose driving record is unacceptable, in the sole discretion of Southeast Berrien County Landfill Authority, will have the offer of employment revoked. Any employee of Southeast Berrien County Landfill Authority who does not hold the required license or whose driving record is unacceptable, in the sole discretion of Southeast Berrien County Landfill Authority, will be removed from his/her current driving position or discharged from employment.

Failure of any applicant to complete the Michigan Department of State Commercial Record Request form will result in revocation of the offer of employment. Failure of any employee to complete the Michigan Department of State Commercial Record Request form will result in removal of the employee from his/her current driving position or discharged from employment.

IV. Termination or Modification of Policy.

Southeast Berrien County Landfill Authority reserves the right to modify or terminate this Policy at any time.

SOUTHEAST BERRIEN COUNTY LANDFILL AUTHORITY, INC.

EMPLOYMENT APPLICATION

AUTHORIZATION AND WAIVER

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services which may have information about me, to give the above-designated Company any and all information and opinions about me in their possession; I hereby waive written notice of such release of information and opinions, and I release such former employers, references, education institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the above-designated Company any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Dated _____ Signature _____