



Gulf Coast Waste Disposal Authority

910 Bay Area Blvd., Houston, TX 77058 ☐☐
PHONE: (281) 488-4115 FAX: (281) 226-1009

Application for Employment

Please read carefully. Use black ink only. Be neat and answer all questions.

Thank you for your interest in employment at Gulf Coast Waste Disposal Authority. Your application will be retained for 90 days from the date received. You may update your application during that time and you may be required to provide copies of certificates, transcripts, etc. Persons offered employment will need to document their eligibility to work in the United States. The application and supporting documents will become the property of Gulf Coast Waste Disposal Authority.

Applicants are considered regardless of race, color, age, sex, religion, national origin, veteran status, physical or mental disability or other protected classification as defined by applicable law and regulations.

PERSONAL INFORMATION				
Name	Last	First	Middle Initial:	Maiden Name:
Present Address	Street			
	City	State	Zip	
Permanent Address	Street			
	City	State	Zip	
Social Security Number (last 4 digits only) XXX-XX-_____		Home Phone	Cell Phone	

EMPLOYMENT DESIRED
Position: _____ Date Available: _____ Salary Desired: _____
Are you looking for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? _____
Have you ever worked for GCWDA before? _____ If so, When? _____
Do you have any relatives or friends who already work for GCWDA? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list who and what relationship _____
Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? (For our purposes, please list any convictions for which you received deferred adjudication, paid a fine, were placed on probation, and/or received court ordered restitution)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the nature of offense, date and disposition. Please note that a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge:

EMPLOYMENT HISTORY

Please list **all** employers for the last five (5) years or last three (3) employers. You may include Military Service and Training.
You may attach a sheet or resume for additional employment experience if necessary.

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Reason for Leaving		Did you leave? <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	Current/Ending Salary
From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Reason for Leaving		Did you leave? <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	Current/Ending Salary
From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Reason for Leaving		Did you leave? <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	Current/Ending Salary
From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
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Immediate Supervisor and Title		Job Duties	
Reason for Leaving		Did you leave? <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	Current/Ending Salary
From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone (Including Area Code)
Job Title		Address	
Immediate Supervisor and Title		Job Duties	
Reason for Leaving		Did you leave? <input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily	Current/Ending Salary

EDUCATION AND TRAINING

Type	Name of School	Location City/State	Concentration Area (Major)	When did you graduate?	Diploma, Degree or Certificate Received.
High School					<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College					
Other College or Trade School					

Do you have any special licenses or certifications? Yes No

If yes, type of license or certification: _____ State, Number, Year: _____

What type of valid Driver's License do you have?

No license Class A Class B Class C State: _____ Expires: _____

MILITARY SERVICE

Describe any relevant skills acquired through the U.S. Military Service: _____

Branch of Service: _____ Type of separation or discharge: _____

PROFESSIONAL REFERENCES

Other than relatives. List people who have knowledge of your work.

Name	Professional Relationship	Work Telephone Number	Home Telephone Number

TO BE READ AND SIGNED BY ALL APPLICANTS:

If employed, I do hereby grant the Company a non-exclusive right to any invention or device which I may conceive, develop, or perform using Company resources (such as time/or materials) during the period of my employment and to duplicate the invention or device as often as it may find occasion to do so in its business.

I understand that I will be required to pass a physical examination, following a conditional offer of employment, to determine my ability to perform the essential functions of the job. I understand that I will also be subject to a pre-employment drug test.

I understand that the position I am applying for is an AT-WILL position and that if I am offered this position, there is no employment contract and no guarantee of employment for any specific duration. This employment may be terminated by either the employer or the employee at any time for any reason.

I authorize the company to do a full background check pursuant to the requirements of the Fair Credit Reporting Act and the Family Educational Rights and Privacy Act. I authorize the release of my employment record from my previous employers, my educational record, and the investigation of my background. I hereby release the company, my former employers, and the educational institutions providing information, from any liability for damages resulting from the furnishing of such information. I understand that I may request full disclosure of any investigative consumer report.

I have reviewed all entries on this application and certify that they are true and correct to the best of my knowledge. I understand that any falsification, misstatement or omission may be grounds for refusal to hire, or termination if discovered after employment.

Signature: _____ Date: _____