



**Pelican**  
Waste & Debris

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Are You a U.S. Citizen? Yes  No   
Have you applied here before? Yes  No  If yes, when? \_\_\_\_\_ Position Applied for? \_\_\_\_\_  
Start Date: \_\_\_\_\_ Full Time  PartTime  Temporary  Other: \_\_\_\_\_

**Employment Experience**

Start with your most current job or last job held. Include military assignments and other volunteer activities you participated in.

Employer #1: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary or Hourly Wage: \_\_\_\_\_

Employer #2: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary or Hourly Wage: \_\_\_\_\_

Employer #3: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary or Hourly Wage: \_\_\_\_\_

**Education**

Schools /Colleges Attended	# of Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Job Qualifications**

Please list all special qualifications for this job, including office experience, computer experience, and customer service qualifications.

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a veteran of the U.S. Military? Yes  No

**References**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_