



## Hampton Roads Sanitation District Applicant Information for Employment Application

### PLEASE READ BEFORE COMPLETING THE APPLICATION

- Hampton Roads Sanitation District (HRSD) is an equal opportunity employer.
- All inquiries concerning employment with HRSD are to be addressed to the HR Office (757-460-7303).
- Hours of operation are Monday-Friday, 8:00 a.m. to 4:30 p.m., except holidays.
- Direct contact with the prospective department or supervisor is not encouraged. As a matter of policy, departments and supervisors have been instructed to refer such contact to the HR Office.
- HRSD accepts applications for current vacancies. To inquire about jobs for which we are hiring and to obtain an application packet, use one of the following sources:
  - Internet:** [www.hrsd.com](http://www.hrsd.com)
  - Recruitment Hotline:** 757-460-7305
  - Mailing Address/Walk-in:** Human Resources Division, 1440 Air Rail Avenue, Virginia Beach, VA 23455
- Please print or type your responses and complete all sections in full. **An original signature and date, in ink, is required.** Resumes may be included as supplemental information, however, they will not be accepted in lieu of a completed application or as a response for work experience. Transcripts are only required if the position you are applying for requires a degree, but are preferred in all cases. Unofficial transcripts are acceptable. Copies of professional certifications/licenses are required at the time of application. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of HRSD and will not be returned.
- HRSD welcomes applications for any external vacant position. However, the HR Office must receive applications by the closing date if one is indicated in the advertisement. Applications that are received unsigned, incomplete or after the closing date will not be guaranteed consideration for the vacancy.
- Applicants are encouraged to complete the EEO information page. It is for statistical purposes only and is detached from the application before it is forwarded to the interviewing supervisor.
- Interviews are granted by invitation only. Applicants selected for an interview are normally notified by telephone.
- In accordance with the Americans with Disabilities Act (ADA), applicants have the right to ask for reasonable accommodations at any stage of the recruitment process. Applicants should direct their request for accommodation to the Human Resources (HR) Office.
- HRSD seeks to maintain a drug and alcohol free workplace. All new hires must successfully pass a "post-offer" pre-employment drug screening, background and physical screening, if applicable, prior to beginning employment.
- Due to the critical impact of HRSD's operations on our community, background screenings will be conducted on all new hires and rehires, prior to beginning employment. Such screenings may include, but are not limited to: Criminal checks (Federal, State and County), DMV records, credit checks, education verification, previous employment/military history checks and social security number traces.
- Under the Immigration Reform and Control Act of 1986, evidence of citizenship and authorization to work in the United States must be provided within three days of employment. A Social Security card may be required in order to receive payment. If you do not have this card, you should apply immediately to the Social Security Administration Office and supply a copy of your application for a card within three days of employment.
- Applications for those individuals not selected for employment are kept on file. Such applications can be used for other vacancies that occur during the same calendar as the receipt of the original application, as long as the provided information is current. It is the applicant's duty to contact HR to apply for any such openings or to report any such changes.

***Thank you for your interest in HRSD, an equal opportunity employer.***



### Application for Employment

*Equal Opportunity Employer and Drug/Alcohol Free Workplace*

Human Resources Division • 1440 Air Rail Avenue • Virginia Beach VA 23455-3002 • 757-460-7303  
 Website: www.hrsd.com

Date of Application \_\_\_\_\_ Position Applying for \_\_\_\_\_

#### PERSONAL INFORMATION

Name \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street Apt # City State Zip Code

E-mail: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Alternative # ( ) \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ May we contact you at work?  Yes  No

Are you under 18 years of age?  No  Yes, Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### EDUCATION, CERTIFICATIONS AND LICENSES

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

GED Received At (Please include City and State) \_\_\_\_\_ Date Received \_\_\_\_\_

High School Name \_\_\_\_\_  
 City and State \_\_\_\_\_

Circle highest level of College completed: 1 2 3 4 Graduate School: 1 2

Name Of College/University <i>Transcripts Required (unofficial acceptable)</i>	Location	Hours Completed		Attended From To		Major/Specialty	Degree Earned
		Qtr.	Smstr.	MM/YY	MM/YY		

List education or training not covered above, such as vocational school, military training, technical training, which you feel relates to the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you hold a valid Drivers' License?  No  Yes State of Issuance \_\_\_\_\_  
 CDL Permit?  No  Yes Class \_\_\_\_\_ State of Issuance \_\_\_\_\_  
 Commercial Driver's License?  No  Yes Class \_\_\_\_\_ State of Issuance \_\_\_\_\_

**For those applicants applying for a Driver position within HRSD, either CDL or non-CDL, please complete the additional page for CDL drivers.**

List and provide official documentation of job-related Licenses/Certifications, Apprenticeships, (CPA, PE, CPR, WW license etc.) including state of issuance & expiration date.

Type of License	State issued	Expiration date





### SKILLS & GENERAL INFORMATION

Check all that you are knowledgeable in :

Computer Keyboard     Calculator     Multi-line Telephone/Switchboard (Type)\_\_\_\_\_

Typing speed \_\_\_\_\_ words per minute

List Other Office/Trade Equipment you can operate proficiently\_\_\_\_\_

Would you work:  Full-time     Temporary/Part-time     Seasonal     Travel  
 Days     Nights     Rotating     Weekends     Overtime

When would you be available to start work? \_\_\_\_\_

List any additional skills you have that may be of value to HRSD and the position that you are applying for: \_\_\_\_\_

### COMPUTER SKILLS

Indicate computer skills (check all that apply):  MS Word     MS Excel     MS Access     MS PowerPoint  
 Visio     MS Outlook

List any additional software experience: \_\_\_\_\_

### REFERENCES

List the names, addresses, and phone numbers of three individuals that are not related to you that know your qualifications or your character. **Do not list former supervisors named elsewhere on this application.**

Name	Address	Phone #

### GENERAL BACKGROUND

Have you applied with HRSD before?  No     Yes / Date \_\_\_\_\_

Have you been employed by HRSD before?  No     Yes / Dates \_\_\_\_\_ Name at Time \_\_\_\_\_

Do you have any relatives employed by HRSD?  No     Yes, please provide their name, work location and relationship to you \_\_\_\_\_

In accordance with the Immigration Reform & Control Act of 1986, are you a citizen of the United States:  No     Yes

If No, do you have the legal right to work in the United States?  No     Yes

***Proof of U.S. citizenship required for certain positions. Physical documentation of identity and eligibility for employment will be required upon employment.***

Have you ever been convicted of a criminal related Misdemeanor or Felony in a court of law?  No     Yes, give dates and details: \_\_\_\_\_

Have you ever been convicted of any motor vehicle violations? (e.g. traffic violations/speeding tickets, etc.)  No     Yes, give dates and details: \_\_\_\_\_

Have you ever held Security Clearance for the State or Federal Government?  No     Yes

Have you ever had such a Security Clearance suspended, denied or revoked?  No     Yes, explain: \_\_\_\_\_

### Commercial Driver Applicants Only

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Department of Transportation (DOT) regulations require applicants include all addresses resided at for the 3 years preceding the date on which this application is submitted.

Address \_\_\_\_\_ Date resided \_\_\_\_\_

Address \_\_\_\_\_ Date resided \_\_\_\_\_

Address \_\_\_\_\_ Date resided \_\_\_\_\_

Do you have a valid commercial driver's license (CDL)?

Yes \_\_\_ No \_\_\_ Class \_\_\_\_\_ State of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Attach an original of a current Virginia or current state of resident DMV record. If you were issued a CDL in another state during the preceding 3 years from date of submission of application, an original record from that state must also be included.**

What type of equipment have you operated and for how long? Please check all that apply.

- Bus - \_\_\_\_\_ years
- Forklift - \_\_\_\_\_ years
- Heavy body truck - \_\_\_\_\_ years
- Semitrailers - \_\_\_\_\_ years
- Tractor Trailer/Full Trailers - \_\_\_\_\_ years
- Tractor Trailer/Short Trailer - \_\_\_\_\_ years
- Other heavy equipment: List equipment used and number of years \_\_\_\_\_
- Construction equipment: List equipment used and number of years \_\_\_\_\_

List all motor vehicle accidents in which you have been involved in the last three (3) years.

Accident D	ate	Personal Injuries/Fatalities

List all motor vehicle violations (other than parking) for which you were convicted or forfeited bond or collateral in the last three (3) years.

Violation Date	Result

Has your privilege to operate a motor vehicle ever been denied, revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give details and dates \_\_\_\_\_

Federal and State regulations governing commercial driver's licensing require the submission of this information and an applicant's failure to provide it in its entirety will result in being disqualified for further consideration.

I understand that any misstatement or omission of material facts therein may forfeit consideration for employment with HRSD or be grounds for my immediate discharge once employed.

**This certifies that this application was completed by me, and that all information in it are true and complete to the best of my knowledge.**

Uia Signature \_\_\_\_\_

Date \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

The Government Data collection & Dissemination Act of 2001 requires that we inform you of the following information.

1. The information on the Application for Employment form will be used to determine your eligibility with HRSD. Other access to this information will be limited to the courts, upon request, for legal proceedings, and to other Governmental bodies who may need to collect such information to accomplish their mission.
2. You are not required by law to furnish this information. However, if you do not furnish the information requested, we will have no data on which to determine your eligibility and will, therefore, be unable to refer you for employment.

Under the Americans with Disabilities Act (ADA), you have the right to ask for reasonable accommodations at any stage of the employment process or in the performance of the job for which you are appointed. You are responsible for making a request for such accommodations to the Human Resources Office. If no reasonable accommodations can be found for the position in question, or the accommodations constitute an undue hardship for HRSD, I understand the offer for employment will be voided.

## CERTIFICATION

### *Please Read Carefully Before Signing*

It is the intent of HRSD to establish and maintain a workplace environment that is conducive to the safe and efficient performance of job duties as well as promoting the health and well being of all employees. HRSD is committed to eliminating the negative effects of substance abuse from workcenters to ensure the quality of its services and its reputation. A substance abuse examination, for the detection of drugs and/or their metabolites, is a condition of employment with HRSD (this examination is also required, under the Department of Transportation, for any Commercial Driver position). If the examination discloses a positive result, for any controlled substance, any employment offer will be voided and future application for employment would be prohibited for three years.

HRSD does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, disability, veterans status, or, on the basis of age against persons whose age is 40 or over. Furthermore, as an applicant, and potential employee of HRSD, I understand...

- That false, incomplete statements or significant omissions on this application or in any interview may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date.
- I may be required, at time of interview, before beginning work, or after employment, to authorize HRSD to conduct a criminal history information check, credit check, social security number trace, military service verification and/or a motor vehicle check. In addition to aforementioned checks, former employers, schools and personal references may be contacted for information concerning my background. Failure to authorize these checks may result in disqualification for the position, for which I am applying, a position for which I interview for, or my continued employment.
- Neither this document, nor any offer of employment, constitutes a contract of employment, nor is any offer of employment for a guaranteed or definite period of time. Either HRSD or I may terminate this employment relationship at any time. I further understand that my supervisor has no authority to change the nature of this employment relationship and that any alteration of the nature of the employment relationship must be in writing and signed by the Department Director without prior notice.
- Upon, or during, employment, and when deemed appropriate by HRSD, I agree to take a polygraph test (lie detector) and to be finger printed if required.
- I acknowledge that conditions and/or benefits associated with employment are subject to change, without prior notice.
- My application will be voided if I do not provide an original signature and date prior to any interviews or testing.
- All inquiries concerning the employment process are to be addressed to the Human Resources Office only. HRSD discourages direct contact with the prospective departments or supervisors. As a matter of policy, departments and supervisors have been instructed to refer such contacts to the Human Resources Office.

I acknowledge that I have read and understand the above and if I am employed I agree to comply with the standards set out here and other HRSD policies and procedures. I am aware that any employment offer, or continued employment once hired, may be subject to my providing additional information or reasonable assurances that I am fit for employment.

Original  
Signature \_\_\_\_\_

Date \_\_\_\_\_

# Release and Authorization Statement

I authorize the procurement of a consumer report on me.

In connection with this request; I authorize all corporations, companies, former and current employers, consumer reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, city, state, country, and federal courts, military services, and persons to release information they may have about me to Retail Merchants Association of Tidewater Virginia, Inc.; d.b.a. Retail Alliance and it's agent, with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

This Authorization, in original, fax, or copy form, shall be valid for this and any future reports or updates that may be requested.

**Please Print:**

(Last Name)	(First Name)	(Middle Name)
(Maiden Name/Former Name)		
(Current Address)		
(Former Address)		
(Social Security Number)	(Date of Birth)*	
(Drivers License Number)	(State of Issue)	
(Original Signature)	(Date)	

**\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**

**For Human Resources Use Only  
(DO NOT REMOVE)**

Referred to:

POSITION	WORKCENTER	DATE	INTVW (Y/N)	HIRED (Y/N)

Source of Application \_\_\_\_\_(news ad, personal referral, unsolicited, web)

Position Offered / Workcenter \_\_\_\_\_

EEO REPORTING INFORMATION

Completion of this form is voluntary. It will not be used in making employment decisions. This information will NOT be kept with your application for employment and will not be given to the interviewing supervisor. This information is will be used to comply with State & Federal Equal Employment Opportunity laws and related reporting requirements.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt # City State Zip Code

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applied for:  Full-time  Temporary/Part-time  Seasonal

Position applied for: \_\_\_\_\_

Male  Female

White (not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

Black (All persons having origins in any of the Black racial groups of Africa).

Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture or origin, regardless of race.)

Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or Pacific Islands. e.g. China, India, Japan, Korea, the Philippine Islands, and Somoas.)

American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation of community recognition.)

Other

Do you have a disability?  Yes  No

**Definition of disability** – A person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical losses affecting one or more of the body systems, or (2) any mental or psychological disorder.

Referral Source: Please select only **one** option.

Virginian Pilot:  Classified  Sports Section  Business Section  TechTalk  Hampton Roads Employment Weekly

Daily Press:  CareerBuilder Extra  Employer of Choice Publication

VEC  Friend  Relative  Walk-in  DICE Website

HRSD Website  Career Connection Website  Career Builder Website  Monster Website

TCC  ODU  Wesleyan  TNCC  CNU  W&M  VaTech

High School or Vo-Tech Please list School/City: \_\_\_\_\_  Other: \_\_\_\_\_