



SWANA Faculty Application

Complete and return application to training@swana.org.

Please print.

Name _____ SWANA ID# _____
Company _____
Title _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Phone _____ Email _____

Certification(s) Held *(Check all that apply.)*

SWANA Faculty must be certified in at least one discipline.

- | | |
|---|---|
| <input type="checkbox"/> MSW Collection Systems | <input type="checkbox"/> Landfill Management |
| <input type="checkbox"/> Composting Program Management | <input type="checkbox"/> Leachate Recirculation and Bioreactor Landfill Mgmt. |
| <input type="checkbox"/> Construction & Demolition Materials Management | <input type="checkbox"/> Recycling Systems Management |
| <input type="checkbox"/> HHW/CESQG Collection Facility Operations | <input type="checkbox"/> Transfer Station Management |
| <input type="checkbox"/> Integrated Solid Waste Management | <input type="checkbox"/> Zero Waste Principles and Practices |

Employment History *(Past 10 years only.)*

You may attach a resume in addition to completing this section.

Position _____

Employment Dates _____ Number of employees supervised _____
mm/yyyy – mm/yyyy

Responsibilities _____

Describe any training experience in this position _____

Manager's Name _____

Manager's Contact Info _____
Email Phone

Position _____

Employment Dates _____ Number of employees supervised _____
mm/yyyy – mm/yyyy

Responsibilities _____

Describe any training experience in this position _____

Manager's Name _____

Manager's Contact Info _____
Email Phone

Position _____

Employment Dates _____ Number of employees supervised _____
mm/yyyy – mm/yyyy

Responsibilities _____

Describe any training experience in this position _____

Manager's Name _____

Manager's Contact Info _____
Email Phone

Have you taught a SWANA course in the past? No Yes

If Yes, please list the course(s) below. Use a separate sheet if additional space is needed.

Course _____ **Location** _____

Co-Instructor _____ Date _____

Course _____ **Location** _____

Co-Instructor _____ Date _____

Course _____ **Location** _____

Co-Instructor _____ Date _____

Course _____ **Location** _____

Co-Instructor _____ Date _____

Training References

Please identify individuals who have observed you in a training situation.

Name _____ **Phone** _____

Email _____

How does this person know your teaching abilities? _____

Name _____ **Phone** _____

Email _____

How does this person know your teaching abilities? _____

AFFIDAVIT

I hereby attest/affirm that all facts presented on this application and attachments are correct and complete. I grant permission to SWANA to make inquiries that the association may deem necessary to verify my credentials for becoming a SWANA faculty member. I agree to abide by the rule and decisions of SWANA regarding my application.

Applicant's Signature

Date