



## SWANA Faculty Application

Complete and return application to Arminda Valles-Hall, [avalles-hall@swana.org](mailto:avalles-hall@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

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Employment Dates \_\_\_\_\_ Number of employees supervised \_\_\_\_\_  
mm/yyyy – mm/yyyy

Responsibilities \_\_\_\_\_

Describe any training experience in this position \_\_\_\_\_

Manager's Name \_\_\_\_\_

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Employment Dates \_\_\_\_\_ Number of employees supervised \_\_\_\_\_  
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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