

Employment Application

View employment opportunities at www.wastetrac.org. Electronic applications may be emailed to careers@bhcswmc.org or submitted as a hard copy to **Human Resources** at the BHCSWMC Administrative Office, 229 E. Park Ave. Waterloo, Iowa. Resumes are welcome but will not be accepted in place of an application.

First Name	Last Name	Middle Initial	Primary Phone	Secondary / Mobile Phone
Mailing Address			E-mail Address	
City	State	Zip	County of Residence	

Position for which you are applying:	Available to start work on:		
What interests you about this position?			
How did you hear about this opening?	If you are under the age of 18 list your date of birth:		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all types of work you will accept:			
<input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating shift			

A	Name of present/last employer	Your Job Title	Type of Business		
City, State of employer		Supervisor's name	Supervisor's title	Supervisor's phone	
May we contact?	Hours per week	Start Date	End Date	Starting Pay	Ending Pay
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Explain the specific reason for leaving/wanting to leave

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

B	Name of present/last employer	Your Job Title	Type of Business		
City, State of employer		Supervisor's name	Supervisor's title	Supervisor's phone	
May we contact?	Hours per week	Start Date	End Date	Starting Pay	Ending Pay
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Explain the specific reason for leaving/wanting to leave

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

C	Name of present/last employer	Your Job Title	Type of Business		
City, State of employer		Supervisor's name	Supervisor's title	Supervisor's phone	
May we contact?	Hours per week	Start Date	End Date	Starting Pay	Ending Pay
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Explain the specific reason for leaving/wanting to leave

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

D	Name of present/last employer		Your Job Title		Type of Business	
	City, State of employer		Supervisor's name		Supervisor's title	Supervisor's phone
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week	Start Date	End Date	Starting Pay	Ending Pay	
Explain the specific reason for leaving/wanting to leave						
REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)						

Please list any other job skills that would be applicable to the position for which you are applying.

Are you now or have you ever been employed by the Agency? Yes No **If yes**, list position title and date(s).

Have you ever been convicted of a misdemeanor or felony? Yes No **If yes**, please explain, including date(s).
The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other relevant information for the position.

Are you currently required to register as a sex offender in this or any other jurisdiction? **If yes**, please explain, including date(s) and location of the incident. Yes No

In the last 10 years, have you been discharged, suspended, or asked to resign from employment for disciplinary reasons?
 Yes No **If yes**, give the name of the company and the reason.

List the name(s), department, and relationship of any relatives working for the Black Hawk County Solid Waste Management Commission. If none, so indicate.

Please list three professional references (people you have worked for or with).

Name	Relationship (co-worker, supervisor, etc.)	Contact Number

Highest degree received:	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Technical	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
Name of School or Training Program	State		Major/Minor or Certificate Earned			

Professional Licenses / Certifications:

Professional Memberships:

Trade Experience / Training:

Valid Driver's License:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State of Issue:				
CDL:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Class:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	Endorsements:

**The Black Hawk County Solid Waste Management Commission is an Equal Opportunity Employer.
All information provided is evaluated for relevance to the open position.**

Be sure to read this statement before signing.

By signing, I certify that the answers given on this application are accurate and complete and do not contain any misrepresentation. I understand that any false statements or failures to disclose certain information on this application may eliminate me from further consideration for employment or will be grounds for dismissal. Furthermore:

1. I authorize the BHCSWMC to investigate my personal background, work history, education, and police record as necessary to verify the information provided in my employment application and to determine my fitness to hold the position I have applied for. I authorize all previous employers and educational institutions to furnish the BHCSWMC, to the extent permitted by law, all information they may have concerning me. I release them and the BHCSWMC from all liability arising from such investigation.
2. I agree to submit to a physical examination before being hired and, if required, any time after being hired, at BHCSWMC's expense. I hereby acknowledge that the BHCSWMC is notifying me of its intent to conduct drug or alcohol testing in connection with my employment or workers' compensation benefits.
3. I further understand and certify that a xerographic or scanned copy of this statement and my signature is as valid as the original for the purposes named above.
4. I understand that if hired, I will be expected to comply with the requirements of the Immigration Reform and Control Act of 1986 by providing verification of identity and employment eligibility per the provisions of the Act.
5. I understand that the BHCSWMC is a tobacco-free organization. The Iowa Smokefree Air Act prohibits smoking in all public buildings owned, leased, or operated by or under the control of the BHCSWMC.
6. Incomplete applications will not be considered. Please review your application prior to submitting.
7. I understand that the BHCSWMC has established an at-will employment policy, as adopted by the BHCSWMC, and can be found in the Employee Handbook.

I have read and agree with the terms outlined above. If submitting electronically, please enter your full legal name on the signature line. *Applicants who receive an interview will be asked to sign the application at that time if they submitted it electronically.

Legal name: _____ Date: _____

Signature: _____

