BHCSWMC
BLACK HAWK COUNTY
SOLID WASTE MANAGEMENT COMMISSION

Employment Application

View employment opportunities at www.wastetrac.org. Electronic applications may be emailed to careers@wastetrac.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. This application shall be valid for no more than six months. After that time, applicants will be required to submit a new 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?	

Are you eligible to work in the United States?	☐ Yes	☐ No	Are you a veteran of the US Military?	☐ Yes	☐ No

Check all types of work you will accept:

☐ Temporary ☐ Part-time ☐ Full-time ☐ Weekends ☐ Holidays ☐ 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? ☐ Yes ☐ 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.)**

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? ☐ Yes ☐ 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.)**

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
■ Yes ☐ 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?	Hours per week	Start Date	End Date	Starting Pay	Ending Pay
☐ Yes ☐ No					

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 Commission? ☐ Yes ☐ No **If yes**, list position title and date(s).

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

Highest degree received:	☐ High School/GED	☐ Technical	☐ Associates	☐ Bachelors	☐ Masters	☐ 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:	☐ Yes	☐ No	State of Issue:				Driver's License Number:
CDL:	☐ Yes	☐ No	Class:	☐ A	☐ B	☐ 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 understand that the BHCSWMC will need 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 agree to submit to a background check before being hired.
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. I understand that reasonable accommodation will be made for people with disabilities and various religious beliefs. Please inform us of any necessary accommodations during the application process.
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.
8. Incomplete applications will not be considered. Please review your application prior to submitting.

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: _____