

CARROLL COUNTY SOLID WASTE
MANAGEMENT COMMISSION
2077 INDUSTRIAL PARK ROAD
CARROLL, IA. 51401

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AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL DATA:

1. NAME: _____
2. ADDRESS: _____
3. TELEPHONE NUMBER: _____
4. EMAIL ADDRESS: _____
5. MILITARY SERVICE: YES () NO ()
6. GENERAL PHYSICAL CONDITION: EXCELLENT () GOOD () FAIR () POOR ()
7. DESCRIBE ANY PHYSICAL DISABILITIES WHICH COULD HINDER YOU IN THE PERFORMANCE OF THE POSITION(S) FOR WHICH YOU ARE APPLYING:

EDUCATION AND TRAINING:

	No. of years completed	Did you graduate?
ELEMENTARY	_____	_____
HIGH SCHOOL	_____	_____
COLLEGE	_____	_____
TECHNICAL	_____	_____

8. LIST ANY SPECIAL TRAINING (VOCATIONAL SCHOOLS, SHORT COURSES, WORKSHOPS, ETC.) THAT YOU MIGHT HAVE HAD THAT WOULD AID IN THE PERFORMANCE OF THE POSITION(S) FOR WHICH YOU ARE APPLYING:

9. LIST ANY SPECIFIC MACHINERY OR SPECIAL SKILLS AT WHICH YOU ARE COMPETENT:

REFERENCES:

10. _____
(name) (title)

(address) (telephone)
11. _____
(name) (title)

(address) (telephone)
12. _____
(name) (title)

(address) (telephone)

EMPLOYMENT RECORD:

- | | |
|---|--|
| 13. DATES EMPLOYED: _____
POSITION HELD: _____
STARTING SALARY: _____
FINAL SALARY: _____
NAME AND ADDRESS OF EMPLOYER:

IMMEDIATE SUPERVISOR: _____
TITLE: _____
TELEPHONE NUMBER: _____ | DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

_____ |
| 14. DATES EMPLOYED: _____
POSITION HELD: _____
STARTING SALARY: _____
FINAL SALARY: _____
NAME AND ADDRESS OF EMPLOYER:

IMMEDIATE SUPERVISOR: _____
TITLE: _____
TELEPHONE NUMBER: _____ | DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

_____ |
| 15. DATES EMPLOYED: _____
POSITION HELD: _____
STARTING SALARY: _____
FINAL SALARY: _____
NAME AND ADDRESS OF EMPLOYER:

IMMEDIATE SUPERVISOR: _____
TITLE: _____
TELEPHONE NUMBER: _____ | DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

_____ |

CERTIFICATION OF APPLICANT: (READ CAREFULLY)

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, I WILL BE DISMISSED FROM SERVICE, AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION WITH THE COMMISSION. I FURTHER AUTHORIZE THE COMMISSION TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ FORMER EMPLOYERS? _____

SIGNATURE OF APPLICANT: _____ DATE: _____