

Employment Application

Pocahontas County Solid Waste Commission provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability, genetic information or any other legally protected status or characteristic.

The position (department) I am applying for is: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Street _____ City _____ State _____ ZIP Code _____

Telephone _____ Cell Phone _____

Email Address _____

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Summer Temporary

What date would you be available for work? _____

Have you ever filed an application with Pocahontas Co Solid Waste Commission before? Yes No

If yes, Month/Year _____

Have you ever been employed with Pocahontas County Solid Waste Commission before? Yes No

If yes, in what capacity? _____ From _____ To _____

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Would you be willing to work overtime if required? Yes No

Would you be willing to relocate if required? Yes No

Would you be willing to travel if required? Yes No

Do you have any relatives, including in-laws, currently employed by Pocahontas County Solid Waste Commission?

Yes No

If yes, state the name, relationship and department in which they are employed. _____

Are you legally eligible to be employed in the U.S.? Yes No *Proof of identity and eligibility will be required upon employment*

Are you 18 years old or older? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition.

Veterans Preference

Chapter 35C, **Code of Iowa**, provides certain rights, including preference in hiring if equally qualified to other applicants, to certain veterans of United States Military Service. Qualifications for these rights is defined in this statute.

Are you a Veteran of United States Military Services? Yes No

Branch of Service and Dates of Active Duty _____

Are you a member of the Reserves or National Guard? Yes No

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form

DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, certifications, licensures, and applicable extra-curricular activities.

List equipment and computer software you can operate if applicable to the position. (Include type, tasks performed and years of experience)

List construction equipment previously operated if applicable to the position. (Include type, tasks performed and years of experience)

Do you have a record of founded child or dependent adult abuse? Yes No

Such a record will not necessarily disqualify an applicant. The circumstances of the conviction will be considered in relation to the nature and duties of the position.

Employment Experience

List previous employment. Start with your present or last job. Add another sheet if necessary.

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above? Yes No If no, why?

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above? Yes No If no, why?

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above? Yes No If no, why?

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with Pocahontas County Solid Waste Commission is of an at-will nature, which means that the employee may resign at any time and that Pocahontas County Solid Waste Commission may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Pocahontas County Solid Waste Commission constitutes an employment contract unless a specific document to that effect is executed by Pocahontas County Solid Waste Commission and be in writing.

I hereby acknowledge that as a condition of employment I may be required to submit to, and successfully pass, a criminal background check, credit history check, post-offer pre-employment physical and drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Pocahontas County Solid Waste Commission cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Please be advised that because Pocahontas County Solid Waste Commission is a public entity, it is subject to the requirements of Chapter 22, **Code of Iowa**, regarding the examination of public records, and this application may be subject to examination under this statute.

Individuals in need of special accommodations are asked to notify our office in advance.