

# WASATCH

**INTEGRATED**

waste management district

P.O. Box 900

Layton, UT 84041

801-614-5600

## APPLICATION FOR EMPLOYMENT

Wasatch Integrated Waste Management District (WIWMD) is an equal opportunity employer. WIWMD considers applicants for all positions without regard to race, color, religion, gender, age or disability, marital or veteran status, or any other legally protected status. WIWMD provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Type of Employment Desired	Salary Expected	Date Available for Work
Full-time ____ Part-time ____		

Have you ever worked for WIWMD, if so, please list dates and position: \_\_\_\_\_

List any relatives presently employed by WIWMD: \_\_\_\_\_

If hired, will you be able to work during the days and hours required for the position for which you are applying?

\_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_

Can you provide proof, if hired, that you are eligible to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime, (other than a minor traffic violation) plead guilty or no contest, entered into a plea or diversion agreement to avoid prosecution? \_\_\_\_ Yes \_\_\_\_ No (A conviction may not bar you from employment but will be reviewed as part of your complete application for the position.) If yes, provide date, location and explain on a separate sheet of paper.

## EMPLOYMENT EXPERIENCE

Start with the most recent employment, give a complete record of all employment and reasons for periods of unemployment (include military service and volunteer service). Note: If an additional space is needed for your employment record, use a separate sheet of paper. **DO NOT PUT "SEE RESUME"**

Position title:	Dates of employment (mo, yr) from: to:	# of hours worked per week: _____
Employer (company) name and address: _____ _____	Your Duties: _____ _____	
Phone: (____) _____	Ending Salary: _____	
Supervisor's Name and Title: _____ _____	Reason for leaving: _____ _____	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Position title:	Dates of employment (mo, yr) from: _____ to: _____	# of hours worked per week: _____
Employer (company) name and address: _____ _____	Your Duties: _____ _____	
Phone: (____) _____ Supervisor's Name and Title: _____ _____	Ending Salary: _____ Reason for leaving: _____ _____	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position title:	Dates of employment (mo, yr) from: _____ to: _____	# of hours worked per week : _____
Employer (company) name and address: _____ _____	Your Duties: _____ _____	
Phone: (____) _____ Supervisor's Name and Title: _____ _____	Ending Salary: _____ Reason for leaving: _____ _____	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION

Have you graduated from High School or completed the GED equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name and location of High School _____					
School Name & Location (Include city and state)	Academic Major	Yrs. Completed	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degrees Received
Technical/Business					
College or University or Other					

***You will be required to submit copies, transcripts, or certificates of completion for any education or training beyond high school you claim on your application as required for specific positions only.***

Do you have any experience from your military service that would be relevant to the job you are applying for? If yes, please explain: \_\_\_\_\_

**SKILLS AND ABILITIES** (Answer only if related to the job for which you are applying.)

**Maintenance, Service and Operator Applicants:**

- Front-end Loader  Scraper  Dozer  Trash Compactor  Grader  Backhoe  Water Truck  Welder
- Windrow Turner  Container/ Roll-Off Truck/side Dump Other: \_\_\_\_\_

**Clerical Applicants:**

- Keyboard  10 Key  Office Software  Answering Phones  Customer Service  Scalehouse Operator
- Other: \_\_\_\_\_

Professional or Trade license, Certificates, or Registrations:

Type	Number	State	Current <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a valid Utah Driver's License?  Yes  No

Can you provide proof of current automobile insurance information if hired in a position requiring driving company vehicles?  Yes  No

Do you have a valid Utah Commercial Driver's License?  Yes  No If yes, CDL# \_\_\_\_\_ Class \_\_\_\_\_

**PERSONAL REFERENCES**

Give name and address of three persons who are well acquainted with your ability and character, but are not relatives or former employers.

Name	Complete Address	Telephone	Occupation	Yrs. Known

I authorize investigation of all statements contained herein and grant any previous/current employer or listed individual permission to give and release to WIWMD and its representatives any and all information they may have concerning me. I also release them and my prior employers and representatives from any liability or any damage whatsoever for providing information about me. I release WIWMD and its representatives of any liability for the use of this information in considering and reviewing my application for the available position and during my employment if I am selected. I hereby certify all statements made in this application and all other documents are true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I've been hired, is sufficient cause for dismissal at any time.

WIWMD is a drug free workplace and I understand if a job offer is made successful passing of a pre-employment drug screen will be required.

I understand this employment application and any other WIWMD document are not contracts of employment and that if I am employed by WIWMD, my employment will be "at will," and may be terminated with or without cause at any time by me or the employer.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_