

APPLICATION FOR EMPLOYMENT

Bartholomew County Solid Waste District

720 South Mapleton Street Columbus, IN 47201

An Equal Opportunity Employer

The Bartholomew County Solid Waste District, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position Desired _____ Date available to start work _____

Last name _____ First name _____

Middle initial _____ Former name(s) _____

Address _____ City/state/zip _____

Phone _____ Are you at least 18 years of age? Yes: _____ No: _____

Are you interested in: Full-time work? Yes _____ No _____ Part-time work? Yes _____ No _____

Have you ever worked for or employed by the B.C.S.W.M.D. _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to **Previous Employer** below.

Current employer _____

Address City/state/zip _____

Phone _____ Hire date _____ Job title _____

Beginning salary _____ Current salary _____

Supervisor Title _____

Work phone _____ Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions: _____

Why do you want to leave? _____

May we contact your current employer? Yes: _____ No: _____ If no, please explain why: _____

Previous employer _____ Phone _____

Address City/state/zip _____

Dates employed _____ Job title _____

Beginning Salary _____ Ending Salary _____

Supervisor _____ Title _____

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions: _____

Reason for leaving: _____

May we contact this employer? Yes: _____ No: _____ If no, please explain why: _____

Previous employer _____ Phone _____
Address City/state/zip _____
Dates employed _____ Job title _____
Beginning Salary _____ Ending Salary _____
Supervisor _____ Title _____
Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving: _____
May we contact this employer? Yes: _____ No: _____ If no, please explain why: _____

Previous employer _____ Phone _____
Address City/state/zip _____
Dates employed _____ Job title _____
Beginning Salary _____ Ending Salary _____
Supervisor _____ Title _____
Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving: _____
May we contact this employer? Yes: _____ No: _____ If no, please explain why: _____

List and explain periods of unemployment in the past five years:
From _____ to _____ Reason _____
From _____ to _____ Reason _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended. *Attach additional pages as needed.*

Name _____
Address _____
City/state/zip _____

Diploma? Yes _____ No _____ **GED?** Yes _____ No _____
Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*) _____

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name _____ Dates attended _____ to _____
Address _____ City/state/zip _____

Degree(s) _____
Major/minor course(s) of study _____

Name _____ Dates attended _____ to _____
Address _____ City/state/zip _____

Degree(s) _____
Major/minor course(s) of study _____

Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.*) _____

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking: _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

<u>Military Branch</u>	<u>Dates of Service</u>	<u>Highest Rank Attained</u>	<u>Rank at Separation</u>
_____	_____	_____	_____
_____	_____	_____	_____

Type of Discharge _____ Citations/awards received _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificate(s):

<u>State</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License#</u>
--------------	------------------	--------------------	-------------------	-------------	-----------------

Have you had any license suspended, revoked or terminated? Yes _____ No _____ If yes, explain:

Do you have a valid driver's license? Yes _____ No _____

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

<u>Organization Name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
--------------------------	----------------	--------------	--------------------------

Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.) _____

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes _____ No _____ If yes, please explain:

Have you ever been convicted of a felony that has not been expunged or sealed? Yes _____ No _____

If yes, please explain: _____

Do you have an arrest record that has not been expunged or sealed? Yes _____ No _____ If yes, please explain: _____

Are you currently required to register as a sex offender in this or any other jurisdiction? Yes _____

No _____ If yes please explain: _____

List three references who are not related to you and are not former employers or supervisors:

Name _____ Phone _____

Address _____

City/state/zip _____ Number of years known _____

Name _____ Phone _____

Address _____

City/state/zip _____ Number of years known _____

Name _____ Phone _____

Address _____

City/state/zip _____ Number of years known _____

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. **I understand and accept that this may include observed drug, alcohol and/or substance abuse testing.** Initials: _____

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers. Initials: _____

I understand and accept that it is necessary for me to obtain a police record. Initials: _____

I understand and accept that it is necessary for me to have a valid Indiana driver's license. Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: _____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

****Commercial Cardboard Route Drivers Only****

****I understand and accept that it is required for me to have a valid Class B CDL with air brakes license upon hire. Initials_____**

Applicant's signature

Date

Supplemental Application Questions

1. How would you handle being asked to cover additional days to cover leave for other employees:

2. Please describe your experience working with the general public:

3. Discuss how you would handle an upset or angry customer:

4. Rank these job issues using the scale provided:

	Very Important	Important	Not Very Important
a. Customer service	_____	_____	_____
b. Equip. maintenance	_____	_____	_____
c. Dependability	_____	_____	_____
d. Advancement	_____	_____	_____
e. Arriving on time	_____	_____	_____
f. Leaving on time	_____	_____	_____
g. Communications	_____	_____	_____
i. Flexibility	_____	_____	_____
j. Work well with others	_____	_____	_____

5. Discuss your equipment experience:
