

CARROLL COUNTY SOLID WASTE
MANAGEMENT COMMISSION
19111 KITTYPHAWK AVENUE
CARROLL, IA. 51401

Phone #: 712-792-5001
Fax #: 712-792-5074

AN
EQUAL
OPPORTUNITY
EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL DATA:

1. NAME: _____
2. ADDRESS: _____
3. TELEPHONE NUMBER: _____
5. GENERAL PHYSICAL CONDITION: *EXCELLENT* () *GOOD* () *FAIR* () *POOR* ()
6. 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	_____	_____

7. 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:

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

REFERENCES:

8. _____
(name) (title)

(address) (telephone)

9. _____
(name) (title)

(address) (telephone)

10. _____
(name) (title)

(address) (telephone)

EMPLOYMENT RECORD:

11. DATES EMPLOYED: _____ POSITION HELD: _____ STARTING SALARY: _____ FINAL SALARY: _____ NAME AND ADDRESS OF EMPLOYER: _____ _____ IMMEDIATE SUPERVISOR: _____ TITLE: _____ TELEPHONE NUMBER: _____	DESCRIPTION OF DUTIES: _____ _____ _____ _____ REASON FOR LEAVING: _____ _____
12. DATES EMPLOYED: _____ POSITION HELD: _____ STARTING SALARY: _____ FINAL SALARY: _____ NAME AND ADDRESS OF EMPLOYER: _____ _____ IMMEDIATE SUPERVISOR: _____ TITLE: _____ TELEPHONE NUMBER: _____	DESCRIPTION OF DUTIES: _____ _____ _____ _____ REASON FOR LEAVING: _____ _____
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: _____ _____

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: _____