

**JONES COUNTY SOLID WASTE MANAGEMENT COMMISSION
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status. The Commission complies with applicable veteran's preference requirements.

Last Name _____	First _____	M/I _____
Address _____	City _____	State _____ ZIP _____
Telephone _____	Soc. Sec# (Optional) _____ - _____ - _____	
Position Applied For _____	Today's Date _____	

On what basis are you available for employment? Full-Time Part-Time

How did you learn about the position? _____
(Newspaper, radio, social media, etc.)

VETERAN'S PREFERENCE Are you a U.S. Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a member of the reserves or national guard? Yes <input type="checkbox"/> No <input type="checkbox"/> Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of active duty.

Have you ever filed an application with the Commission? Yes No
Have you ever been employed by the Commission? Yes No
Can you submit verification of your legal right to work in the United State? Yes No
Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(A Yes answer does not automatically disqualify you from employment)</i> If yes, please explain. _____ Do you object to inquiry of your present employer regarding your character, work record, qualification or abilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Other information _____ _____ IF YOU ANSWER "NO" AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN OFFER YOU A JOB, WE WILL CONTACT YOU FIRST. Can you safely perform essential functions of the job, as described in the position description, with or without reasonable accommodations. Yes <input type="checkbox"/> No <input type="checkbox"/>
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EDUCATION HISTORY

	Name	City/State	Did you graduate?	Diploma/Degree/Certificate/License
High School				
College/University				
Vocational/ Technical School				
Apprenticeship				
Have you received any additional training through short courses, workshops, volunteer work, etc.?				
Do you have any other experience or qualifications not listed which relate to the job applied? List any office equipment or heavy equipment you operate.				

EMPLOYMENT RECORD

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status. If you need additional space, please continue on a separate sheet of paper. **Resumes will not be accepted in lieu of this application.**

Present or Last Employer _____

Address _____ City _____ State _____

Start Date - End Date _____ *(If current position, leave end date blank)*

Phone Number _____ Immediate Supervisor _____

Position Title _____ Department _____

Were you full-time? Yes No If part-time, weekly number of hours _____

Specific Duties _____

Reason for Leaving: _____

Employer _____
Address _____ City _____ State _____
Start Date - End Date _____ *(If current position, leave end date blank)*
Phone Number _____ Immediate Supervisor _____
Position Title _____ Department _____
Were you full-time? Yes No If part-time, weekly number of hours _____
Specific Duties _____

Reason for Leaving: _____

Employer _____
Address _____ City _____ State _____
Start Date - End Date _____ *(If current position, leave end date blank)*
Phone Number _____ Immediate Supervisor _____
Position Title _____ Department _____
Were you full-time? Yes No If part-time, weekly number of hours _____
Specific Duties _____

Reason for Leaving: _____

Employer _____
Address _____ City _____ State _____
Start Date - End Date _____ *(If current position, leave end date blank)*
Phone Number _____ Immediate Supervisor _____
Position Title _____ Department _____
Were you full-time? Yes No If part-time, weekly number of hours _____
Specific Duties _____

Reason for Leaving: _____

List any in-service training or instruction courses or programs you have completed with the above listed employers. _____

Do you possess a valid Driver's License? Yes No State _____

Commercial Driver's License? Yes No State _____

Do you have computer skills? Yes No

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of the appropriate documents.

Please describe experience, training, skills or ability that you believe will qualify you for the position for which this application is filed.

APPLICANT AFFIDAVIT

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

1. I authorize investigation and verification of all statements contained in this application.
2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application.
3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or school require such a release.
4. I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed, termination from the Employer.
5. If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by the commission.

Signature _____ Date _____