



Employment Application

Date: _____

Position applying for: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____
Number/Street City/State Zip Code

Day Phone: _____ Eve. Phone: _____

Email: _____

Do you claim Veteran's Preference? Yes No **If YES, ATTACH A COPY OF FORM DD-214.*

Do you have any relatives working for the District? Yes No
If so, please list their name: _____

Are you prevented from lawfully becoming employed in the country? Yes No

Have you ever been convicted of a felony Yes No

**CRIMINAL CONVICTION IS NOT AN ABSOLUTE BAR FROM EMPLOYMENT, BUT WILL BE CONSIDERED IN REALTION TO SPECIFIC JOB DUTIES. If yes, please provide date, location, penalty and details for each occurrence.*

Have you ever been employed by Wasatch Front Waste and Recycling District, Salt Lake County, or Sanitation Division: Yes | No
If yes, were you? Merit Temporary Part-time Year separated: _____

EDUCATION AND TRAINING

Do you have a high school diploma or a G.E.D. certificate? Yes No

CDL/Driver License # _____ CDL Medical Card Expires: _____

Please list job related Professional or Trade License, Certificates or Registrations:

Type of Certification or License	Number	State
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College: _____ Location: _____

Major: _____ From: _____ to: _____

Did you graduate? Yes No

Type of Degree, Certificate, or number of years Attended: _____

College: _____ Location: _____

Major: _____ From: _____ to: _____

Did you graduate? Yes No

Type of Degree, Certificate, or number of years Attended: _____

*SUBMIT COPIES OF OFFICIAL COLLEGE OR UNIVERSITY TRANSCRIPTS WITH YOUR APPLICATION IF YOU WISH TO RECEIVE CREDIT FOR YOUR EDUCATION.

High School: _____ Location: _____

Did you graduate? Yes No From: _____ to: _____

EXPERIENCE

Begin with the present or most recent experience. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If additional space is needed, attach a supplemental sheet; however, all information must be in the same format as listed.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Employed from: _____ to _____ Full Time Part Time Volunteer

Job Title: _____ Supervisor's Job Title: _____

Job Responsibilities: _____

Starting Salary \$ _____ Ending Salary \$ _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Employed from: _____ to _____ Full Time Part Time Volunteer
Job Title: _____ Supervisor's Job Title: _____
Job Responsibilities: _____

Starting Salary \$ _____ Ending Salary \$ _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
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READ CAREFULLY BEFORE SIGNING BELOW

I, _____, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any misstatement of material facts may subject me to disqualification or dismissal.

I specifically authorize and direct any previous or current employers to release to the Human Resources Manager of the District, or his/her designee, any and all information of whatever kind possessed by them, in either verbal or written form, as the District may request regarding myself, including opinions as to job performance, character, competency, honesty, ability, safety records, and any records related to me personally, which may have been kept either public or private.

I understand that the top applicant may be tested for drugs and alcohol following an offer of employment, and prior to beginning employment. The offer of employment shall be contingent upon submitting to and passing the drug and alcohol test. I understand that refusal to take the test, test results reporting a presence of illegal drugs, narcotics, alcohol, or the abuse of prescribed or non-prescribed drugs will result in withdrawing offer of employment and be cause for disqualifying an applicant from applying for any other District positions for a minimum of six (6) months. The District maintains a drug free workplace .The illegal sale; manufacture or distribution of any narcotic/drug is considered a reportable offense which will result in termination of employment.

If I am a commercial drivers license holder, I hereby authorize any employer listed above to provide the District with information for the purposes of investigation and qualifying me to drive a commercial motor vehicle as required and allowed by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations.

Signature: _____ Date: _____

Return completed application to:

Wasatch Front Waste and Recycling District
Attn: Human Resources
604 W 6960 S
Midvale, UT 84047

Phone: (385) 468-6325
Fax: (385) 468-6330
Website: wasatchfrontwaste.org
Email: hr@wasatchfrontwaste.org



The Wasatch Front Waste and Recycling District is an
Equal Employment Opportunity Employer

The information requested on this sheet is voluntary to help us evaluate our programs. Please return this completed form with your application. The information is used for statistical purposes only and will not be attached your application.

Position you are applying for: _____

How you heard about this position?

- | | |
|--|---|
| <input type="checkbox"/> District Employee | <input type="checkbox"/> Workforce Services |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other: _____ |

Please circle your response:

Gender: Male Female

40 or Over: Yes No

Do you consider yourself an individual with a disability? Yes No

Do you consider yourself a Special Disabled Veteran (SDV)? Yes No

Are you a Vietnam Era Veteran (VEV)? Yes No

Which Racial or Ethnic Group Do You Identify With?

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian/Alaskan Native
- Two or More Races (not Hispanic or Latino)