

Salinas Valley Solid Waste Authority Invites
Applications for:

HHW Maintenance Worker I/II

Location: Salinas, CA

Final Filing Date: January 26, 2024



COMPENSATION

HHW Maintenance Worker I: \$ 23.662 - \$30.290 (in eleven steps)

HHW Maintenance Worker II: \$ 26.120 - \$33.435 (in eleven steps)

Eligible for 5% bilingual pay for qualified individuals.

THE POSITION

Under the direction of the Field Operations Supervisor, performs maintenance duties as directed including repair and maintenance of facilities and equipment, preventative maintenance, and grounds maintenance; operates equipment and tools such as forklift, hand and power tools, compressor, power winch, pumps can crusher, and other related equipment and tools; assists HHW Technician with special assignments. Receive, inspect and assess incoming household hazardous waste material for identification and separation; maintains personal protective equipment; loads and unloads equipment and materials; maintains logs; mixes latex paint; responds to customer inquiries in person and by telephone. Extract Freon, mercury switch, thermostat and capacitor, as required by law, prior to appliance demolition. Accept Commercially Exempt Small Quantity Generator (CESQG) material, inventory and process invoices and payments. Assist with community clean-ups and other collection events. Attends meetings or events outside normal work hours and location as required.

MINIMUM QUALIFICATIONS

High school diploma or general education degree (GED) and a valid California driver's license are required. One-year certificate from college, technical, or vocational school in a related field; or two years of warehousing experience or related experience; or equivalent combination of education and experience. Bilingual in English/Spanish desirable.

MINIMUM QUALIFICATIONS

- Hazardous Waste Operator 40 Hour Certification
- Forklift Certification
- CPR/Basic First Aid Certification
- Customer Service Training

THE HIRING PROCESS

An Authority Application must be received in the Authority's office at 126 Sun Street, Salinas or emailed to HR@svswa.org by **5:00 p.m. on January 26, 2024**. All applications will be reviewed and rated based upon experience and/or training. The most qualified candidates will be invited to participate in an interview prior to final selection.

The Salinas Valley Solid Waste Authority is an Equal Employment Opportunity Employer

**EMPLOYMENT APPLICATION**

126 Sun Street
Salinas, CA 93901
Phone: 831-775-3000
HR fax: 831-740-6965
www.svswa.org

THE SALINAS VALLEY SOLID WASTE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

Please answer all questions completely and accurately. False or misleading statements during the selection process and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly or type. Use additional pages as necessary.

1. **Name:** _____
Last First Middle
2. **Mailing Address:** _____
Street City State Zip
3. **Telephone Number:** () - 4. **Email Address:** _____
5. **Are you at least 18 years old?** ☐ Yes ☐ No *If employed & under the age of 18, can you furnish a work permit?* ☐ Yes ☐ No
6. **If hired, can you provide evidence of your legal right to work in the USA?** ☐ Yes ☐ No
7. **Do you have any relatives currently employed by SVSWA?** ☐ Yes ☐ No
If yes, who? _____ What relation to you? _____
8. **Have you ever used another name that we would need to verify your employment experience and education?**
☐ Yes ☐ No If yes, indicate such name and the date the name changed:

9. **Do you currently possess a valid CA Driver's License?** ☐ Yes ☐ No
License #: _____ Class: _____ State: _____ Expiration Date: _____
10. **Can you perform the essential functions of this position with or without reasonable accommodations?** ☐ Yes ☐ No

POSITION

11. **Position for which you are applying:** _____
12. **Are you available to work:**
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call
☐ Evenings ☐ Weekends ☐ Overtime ☐ Split Shift
13. **If you are fluent in a language other than English, indicate what language(s):** _____

EDUCATION AND SPECIAL LICENSES/REGISTRATION

NAME OF SCHOOL	SCHOOL LOCATION AND ATTENDANCE DATES		COMPLETED?	DEGREE AND MAJOR
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Trade:		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List current certifications and/or professional licenses that you possess, if any, expiration date and where registered:

EMPLOYMENT EXPERIENCE

List your previous positions beginning with your present or last job. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION. PLEASE DO NOT WRITE "SEE RESUME" IN ANY OF THE FOLLOWING BOXES. IF YOU REQUIRE MORE SPACE, ATTACH ADDITIONAL PAGES AND CLEARLY LABEL EACH PAGE.

1	Employer:	Job Title:
	Supervisor's Name and Title:	Supervisor's Phone: ()
	Street Address:	City: State:
	From (Mo. /Yr.): To (Mo. /Yr.):	Hours per week:
	Key Responsibilities:	
	Reason for Leaving:	
2	Employer:	Job Title:
	Supervisor's Name and Title:	Supervisor's Phone: ()
	Street Address:	City: State:
	From (Mo. /Yr.): To (Mo. /Yr.):	Hours per week:
	Key Responsibilities:	
	Reason for Leaving:	
3	Employer:	Job Title:
	Supervisor's Name and Title:	Supervisor's Phone: ()
	Street Address:	City: State:
	From (Mo. /Yr.): To (Mo. /Yr.):	Hours per week:
	Key Responsibilities:	
	Reason for Leaving:	

Name: _____ Position Title: _____

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

***PLEASE READ THE FOLLOWING CAREFULLY AND
INITIAL EACH SECTION BEFORE SIGNING THIS APPLICATION FORM.***

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of the Salinas Valley Solid Waste Authority (SVSWA) regardless of the time that has elapsed before discovery.

I authorize SVSWA or its designated agents to contact my references and to investigate my current and past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to SVSWA from all liability or responsibility with respect to information supplied to SVSWA.

I understand that a separate consent form will be requested to authorize the procurement of an Investigative Consumer Report for credit history and to conduct a pre-employment drug screening.

I understand that filing this application in no way assures me a position with SVSWA and that this application is not, and is not intended to be, a contract of employment.

If employed by SVSWA, I agree to abide by the rules, policies and procedures of SVSWA and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

COMPLETION OF THIS PAGE IS VOLUNTARY. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY
AND WILL NOT HAVE ANY EFFECT UPON YOUR APPLICATION.

Position Title _____

The Authority is asking all applicants to complete this form in order to comply with United States Government Equal Employment Opportunity requirements. **This information will be detached from this application and will be available to authorized personnel only for research and evaluation purposes.** We appreciate your cooperation in providing this information.

ETHNIC ORIGIN (Please check one)

- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE** - Persons descended from the original people of North America and who maintain cultural identification through tribal affiliation or community organization.
- ☐ **ASIAN** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
Specify nationality _____
- ☐ **BLACK** - Persons having origins in any of the black racial groups of Africa.
- ☐ **FILIPINO** - Persons having origins in any of the original peoples of the Philippine Islands.
- ☐ **HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Latino culture or origin, regardless of race.
Specify nationality _____
- ☐ **PACIFIC ISLANDERS** – Persons having origins in the Pacific Islands (Polynesia).
- ☐ **WHITE** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **OTHER** (Specify) _____

RECRUITMENT QUESTIONNAIRE: Indicate how you learned about this recruitment.

- | | |
|--|---|
| <input type="checkbox"/> Media (TV, radio) Specify: _____ | <input type="checkbox"/> Print Media Specify: _____ |
| <input type="checkbox"/> Authority Employee | <input type="checkbox"/> Internet <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Authority Bulletin Board | <input type="checkbox"/> Other Source: _____ |