

## **Application for Admission**

### **New Jersey Recycling Certification Series (Alternate Certification Series)**

Parts One and Two of this form must be fully completed by the applicant. Part Three must be completed and signed by a supervisor or other individual who can verify the position, duties and workplace experience of the applicant. If the applicant's experience was gained through more than one position or employer, Part Three should be completed and signed by each relevant person. Once submitted, the form will be reviewed by members of the Advisory Committee for the Recycling Certification Series. If you have questions on the form or the type of information being requested, please contact Carol Broccoli at (848) 932-7201 or carolbr@rutgers.edu.

**NOTE: If you are a Certified Recycling Professional (CRP) whose certification has lapsed, please provide contact information in Part One and complete only Part Two.**

#### **Part One – Applicant Contact Information**

NAME:

EMPLOYER:

MAILING ADDRESS:

OFFICE PHONE:

CELL PHONE:

EMAIL ADDRESS:

JOB TITLE:

#### **Part Two – Applicant Recycling Background and Operational Experience**

Total Recycling Related Experience (in years): \_\_\_\_\_

Recycling Related Experience with Current Employer: (in years) \_\_\_\_\_

**Please describe specific duties and job responsibilities performed. Be sure to note if these are in your current position or occurred in a previous one. If you do not have experience in a given area, please enter "Not Applicable." Attach additional sheets if needed.**

- FIELD OPERATIONS (material collection/pickup, placement of recycling receptacles, equipment operation and maintenance)
- OFFICE OPERATIONS (Recordkeeping, personnel management, etc.)
- REQUIRED REPORTING AND FILINGS (have completed required reports such as the annual Municipal Tonnage Grant filing or the semi-annual E-Waste Recycling Report?)
- NEGOTIATION/DEVELOPMENT OF RECYCLING AND/OR SOLID WASTE RELATED CONTRACTS
- ROUTING OF COLLECTION VEHICLES
- BUDGETING (including calculating program income and expenses)
- DEVELOPMENT AND ENFORCEMENT OF RECYCLING AND/OR SOLID WASTE REGULATIONS OR ORDINANCES
- COMMUNICATING WITH RESIDENTS OR OTHER CONSTITUENTS (written and/or oral)

- DEVELOPMENT OF RECYCLING OUTREACH AND INFORMATIONAL MATERIALS
  
- OTHER RELEVANT EXPERIENCE (please describe in detail; use additional sheets as needed)
  
- DO YOU HOLD ANY PROFESSIONAL LICENSES OR CERTIFICATIONS? (please include certification date and number, if applicable).

NJ Certified Recycling Professional (lapsed) \_\_\_\_\_

NJ Certified Public Works Manager \_\_\_\_\_

NJ Health Officer/REHS \_\_\_\_\_

NJ Registered Municipal Clerk \_\_\_\_\_

NJ Qualified Purchasing Agent \_\_\_\_\_

Other (please list)  
\_\_\_\_\_  
\_\_\_\_\_

- HAVE YOU COMPLETED THE "Managing Recycling Systems" CERTIFICATION COURSE OFFERED BY THE SOLID WASTE ASSOCIATION OF NORTH AMERICA (SWANA)? If yes, please submit a copy of your course completion certificate for review.

*To the best of my knowledge, I certify the information I have provided on this statement of qualifications and any additional attachments is factual and accurate.*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Part Three – Verification of Applicant Background and Operational Experience**

*To the best of my knowledge, I certify the information provided by the applicant on this statement of qualifications and any additional attachments is factual and accurate.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Employer and Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Any additional relevant information/comments/statements:*