

#### Position Title: REGIONAL RECYCLING COORDINATOR

#### **Position Description:**

POSITION SUMMARY: The Housatonic Resources Recovery Authority seeks to hire a Full- time Regional Recycling Coordinator. This position develops and implements waste reduction and recycling programs through education and outreach and will assist the Executive Director on day to day operations to help meet regional and state material management goals. The Recycling Coordinator will work directly with each member town to enhance education and outreach, improve proper recycling and increase quality of material.

Principal Responsibilities:

- Conducts education and publicity campaigns, promotions and special events to promote recycling programs.
- Works with member town departments, businesses, institutions multi-family complexes and haulers to ensure compliance with recycling laws and other waste regulations and policies.
- Develops, promotes and presents school and camp recycling programs; prepares and conducts presentations on various solid waste issues.
- Will assist the Director in preparing a variety of reports, documents and correspondence; traces tonnage and produces monthly reports; compiles data to meet state reporting requirements for member municipalities.
- Researches grant funding, submits applications and administers recycling grant projects for the HRRA to support HRRA educational initiatives.
- Fields calls and emails from the public.
- Participates in state and local organizations dealing with recycling, diversion and solid waste. Develops and assist the Director in waste reduction and recycling legislation.
- Organizes and promotes food scrap diversion and composting activities.
- Assists with the coordination and facilitation of all household hazardous waste events.

Performs other related functions as assigned or required.

Hours for this position: 35 hours per week: \$25-\$28 hour.

This position is open until a sufficient pool of candidates has been obtained. Applications will be accepted until a sufficient pool of applicants has been obtained. To apply for this position, please download and print our application and email to Jennifer@hrra.org

# Housatonic Resources Recovery Authority

Old Town Hall, 162 Whisconier Road, Brookfield CT 06804



# PLEASE READ BEFORE FILLING OUT THIS APPLICATION

In compliance with the Freedom of Information Act, this application and information contained herein may be considered a matter of public record.

The HRRA does not discriminate in hiring on the basis of race, color, religious creed, national origin, marital status, age, sex, gender identity or expression, disability or veteran status or any other status protected by applicable law. No question on this application is intended to secure information to be used for such discrimination.

Please return this application via email to Jennifer@hrra.org.

# The HRRA Is An Equal Opportunity Employer

Please answer every question on this application. Type or complete in ink. Date:

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'	'

## I. Position(s) applying for or type of work interested in:

## **II. Personal Information:**

Address:       Number & Street       City/Town       State & ZIP         Primary Phone Number:       Email:       Email:         Are You Lawfully Permitted to Work in the United States?       Yes       No         III. Availability:       Date Available For Work:       Full-Time       Part-Time       Hours	Name:∟	First	Middle	Last	
Are You Lawfully Permitted to Work in the United States? Yes No	Address:	Number & Street	City/Town	State & ZIP	
II. Availability:	Primary I	Phone Number:	Email:		
	Are You	Lawfully Permitted to Wo	rk in the United States? Ye	s No	
Date Available For Work: Full-Time Part-Time Hours	II. Availabi	llity:			
	Date Av	railable For Work:	Full-Time	Part-Time Hou	rs

Education, Licensing & Tr	raining:
High School Education:	
Did you graduate from high sc List High School, if GED, N	chool or receive a high school equivalency diploma (GED)? Yes No Name of Issuing Authority:
College and Graduate Scho	ool Information:
Name of School:	
School Address:	
Number &	z Street City/Town State & ZIP
Major Course:	Minor Course:
Degree Earned: Yes N	No Attending Number of Credits Earned
Degree Type: Associates Specialized Training or Cla	Bachelors Masters Doctoral Certification
Degree Type: Associates	Bachelors Masters Doctoral Certification
Degree Type: Associates <b>Specialized Training or Cla</b>	Bachelors Masters Doctoral Certification
Degree Type: Associates <b>Specialized Training or Cla</b> Organization/Company/Scho Address:	Bachelors Masters Doctoral Certification
Degree Type: Associates  Specialized Training or Cla Organization/Company/Sche Address: Number &	Bachelors Masters Doctoral Certification asses: ool: Certification Certi
Degree Type: Associates  Specialized Training or Cla Organization/Company/Sche Address: Number & Program/Course:	Bachelors Masters Doctoral Certification asses: ool:  Street City/Town State & ZIP Completion Date: Number of Credits Earned
Degree Type: Associates  Specialized Training or Cla Organization/Company/Sche Address:  Number & Program/Course:  Award Earned:	Bachelors Masters Doctoral Certification asses: ool:  Street City/Town State & ZIP Completion Date: Number of Credits Earned

# V. Work Experience:

In the space provided below, give your employment history beginning with your most recent employer and work back, listing <u>all previous employers for the past 15 years</u>. Include any applicable military and voluntary positions. Use additional sheets of plain paper, if needed.

Official Job Title:				
May we contact this employer: Yes No Employed From: To:				
Name of Employer:				
Employer Address:				
Number & Street City/Town State & ZIP				
Supervisor's Name: Title:				
Primary Phone:				
Do you Supervise Others: Yes No If "yes" to Supervising others, how many?				
Official Job Title:				
May we contact this employer: Yes No Employed From: To:				
Name of Employer:				
Employer Address:				
Number & Street City/Town State & ZIP				
Supervisor's Name: Title:				
Primary Phone:				
Do you Supervise Others: Yes No If "Yes" to Supervising others, how many?				

### VI. References (must not be family and/or related):



**CERTIFICATION:** I certify the above information is correct and truthful. I realize that falsification of any information on this application may be grounds for rejection of this application, or termination of employment. I give consent for the HRRA to check with previous employers and personal references and release the Authority, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I hereby acknowledge that I have read the above statements and understand them.

Signature:	Date:	/	/