#### APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Name	h You are Applying This Position?   Required by the Company with the Compa	Yes I No ounty for You to Perfor
Have You Read the Job Description for the Position for Whi  Can You Perform All of the Essential Job Duties Required of  Please State What Accomodation If Any You Believe Will be the Essential Job Duties Required of This Position.  Referred By Advertisement Friend Relative  Name  Last  Local Address  Number/Street  Legal or Permanent Address if Other Than Above  Number/Street  Home Phone  Are You at Least 18 Years of Age? Yes No	h You are Applying This Position?   Required by the Company with the Compa	ng? □ Yes □ No  Yes □ No  ounty for You to Perfor  Middle  Zip
Can You Perform All of the Essential Job Duties Required of Please State What Accomodation If Any You Believe Will be the Essential Job Duties Required of This Position.  Referred By	This Position?   Required by the C  Walk-In  First  City/State	Yes D No ounty for You to Perfor  Other  Middle  Zip
Please State What Accomodation If Any You Believe Will be the Essential Job Duties Required of This Position.  Referred By	Required by the C  Walk-In  First  City/State	ounty for You to Perfor  Other  Middle  Zip
The Essential Job Duties Required of This Position.  Referred By	□ Walk-In □ First City/State	Middle Zip
Name	□ Walk-In □ First City/State	Middle Zip Zip
Local Address	City/State	Zip Zip
Local Address	City/State	Zip Zip
Legal or Permanent Address if Other Than Above  Number/Street  Home Phone  Are You at Least 18 Years of Age? □ Yes □ No  Are You a Resident of The County? □ Yes □ No  Have You Ever Been Employed by Wabash County? □ Yes  From To Position Held	City/State	Zip
Home PhoneAre You at Least 18 Years of Age? ☐ Yes ☐ No Are You a Resident of The County? ☐ Yes ☐ No Have You Ever Been Employed by Wabash County? ☐ Yes From To Position Held		Zip
Are You at Least 18 Years of Age?	ousiness filone	
From To Position Held		ło
	□ No If Ye	s, List Below:
Reason for Leaving	Department	
	9	
oes the County Employ any of Your Relatives?   Yes		
Name Department		Relationship
on What Day Would You Be Available to Begin Work?		
Travel is Included as an Essential Job Duty for this Position,		•

#### EDUCATION

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COTTÓOT	MANDE OCATION	FROM	TO	COMPLE		DUATED
SCHOOL	NAME/LOCATION	FROM	10	CONTRIB	☐ Yes	□ N <sub>0</sub>
High School/GEI	)				TH 1 (2)	<u>□ 140</u>
				1234	□ Yes	□ No
College					n iez	₩ 140
				Major:	T Voc	FINT-
Business/Trade				1234	☐ Yes	□ No
				Course:	F1 x 7	Pist
Apprenticeship or				1234	☐ Yes	□ No
Other Training				Course:		
List Any Addition	al Skills			30-XV		
Education Licensu	resState or Province	ľ	Date Issued		License No (Excludes 1	Orivers License)
	(4.4)		itilikkan T	<b>3-4</b> 0		
Reciprocity Examination Expiration Date						
Has Your License	Examination to Practice in Any Jurisdiction Examination tails on a Separate Sheet of Paper	ver Been Susper			Yes D N	10
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Address	Supervisor	Salary	Hours/Week
Description/Duties		Job Title	
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	ded or Discharged from An		□ No If Yes, Explain
Is There Anything Which You Qualify You for The Position Professional Organizations).	You Are Applying For? (e	.g., Training, Hobbies	
	REFER	ENCES	
st Persons Who Are Familiar V	With You and Your Qualifica	ations and Background	(No Relatives)
Name	Address/	Telephone	Occupation
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	PLICATION AND BEFORE SIGN	YOUR ANSWE	
READ THIS API  Certificate of Applicant: It is, complete and correct to the bissions of material fact herein si	PLICATION AND BEFORE SIGN  hereby certify that all state est of my knowledge and be abjects me to disqualification	YOUR ANSWE ING BELOW.  ments made on or in clief, and I understand an or dismissal. I furthe	
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other consideration. Wabash County does not discriminate in regard to race, color, national origin, age, religion, sex, handicap, marital status, arrest record or conviction record and is an Equal Opportunity/Affirmative Action Employer.



800 Manchester Avenue Wabash, Indiana 46992



# **Highway Department**

Phone 260-563-2091

Thank you for your interest in the Wabash County Highway Department. Because of Department of Transportation regulations the following information is being solicited. A Commercial Drivers License is required for full time drivers/operators, therefore:

Do	you	possess	a valid	Commercial	Drivers	License?	Yes	No
Ιf	so,	what cla	ass					
Si	gnatı	ıre						
Dai	:e							

Please furnish copy of License and Physical



800 Manchester Avenue Wabash, Indiana 46992



# **Highway Department**

Phone 260-563-2091

### DRIVER-APPLICANT AUTHORIZATION TO RELEASE DRIG AND ALCOHOL TEST INFORMATION

In conformity with sections 382.413, 382.405, and 391.89, of Title 49 of the code of Federal Regulations, I hereby authorize the carriers listed below to furnish to the Wabash County Highway Department the following information concerning drug and alcohol tests, including pre-employment tests, the carriers conducted during the past two (2) years: (I) the dates on which I tested positive for drugs, and the drug(s) involved; (II) The dates on which I tested 0.02 or greater for alcohol and the test result level; (III) The dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize the Wabash County Highway Department to receive involves tests which were required by the Department of Transportation (DOT), and may also include information concerning tests which DOT did not require but which the carriers listed below may have voluntarily conducted under their own authority unless I instruct the carriers in writing not to release information concerning non-DOT tests to the Wabash County Highway Department. If any carrier listed below furnishes the Wabash County Highway Department with information concerning items (I), (II), (III), I also authorize that carrier to release and furnish:

(IV) The dates of my negative drug and/or alcohol tests and/or tests with results below 0.02 during the two-year period; and (V) The name and phone number of any substance abuse professional who evaluated me during the past two years.

#### PLEASE PRINT CLEARLY

Teomination Date	Company	City	State	Fhone			
*(Attach addit	ional form if needed)						
By signing below, I certify that I have reed and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with knowledge that the information being released could affect my being hired. I further certify that all of the							
information which I have furnished on this form is true and complete, and that I have listed every company for which I worked as a driver during the past two years, and every company for which I took a pre-employment drug and/or alcohol test during the past two years.							
Print name:		Signed:					
Social Security #		Date:	-				