

EDUCATION

SCHOOL	NAME/LOCATION	DATES ATTENDED		YEARS	
		FROM	TO	COMPLETED	GRADUATED
High School/GED					<input type="checkbox"/> Yes <input type="checkbox"/> No
College				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Major:	
Business/Trade				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Course:	
Apprenticeship or				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training				Course:	

List Any Additional Skills _____

Education Licensures _____
State or Province Date Issued License No.
(Excludes Drivers License)

Reciprocity _____ Examination _____ Expiration Date _____

Has Your License to Practice in Any Jurisdiction Ever Been Suspended or Revoked? Yes No

If so, Give Full Details on a Separate Sheet of Paper

EMPLOYMENT RECORD

(Begin with Last or Current Employer. Use An Additional Sheet of Paper if Required)

May we Contact Your Present Employer? Yes No

Name of Employer	Phone	Dates of Employment	
		From	To
Address	Supervisor	Salary	Hours/Week
Description/Duties		Job Title	
		Reason for Leaving	

Name of Employer	Phone	Dates of Employment	
		From	To
Address	Supervisor	Salary	Hours/Week
Description/Duties		Job Title	
		Reason for Leaving	

Name of Employer	Phone	Dates of Employment	
		From	To
Address	Supervisor	Salary	Hours/Week
Description/Duties		Job Title	
Reason for Leaving			

Have You Ever Been Suspended or Discharged from Any Position? Yes No If Yes, Explain _____

Is There Anything Which You Believe Should be Brought to Our Attention and Which You Feel Would Help Qualify You for The Position You Are Applying For? (e.g., Training, Hobbies, Interest, Membership in Civic or Professional Organizations). _____

REFERENCES

List Persons Who Are Familiar With You and Your Qualifications and Background (No Relatives)

	Name	Address/Telephone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW.

Certificate of Applicant: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I further understand that my classification as a permanent employee depends upon successfully performing work assigned me during a probationary period, where applicable.

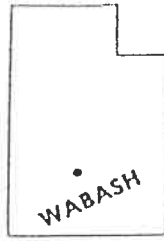
I authorize a release of any records pertaining to my education, employment, and/or personal references to Wabash County.

Signature of Applicant _____ Date _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Wabash County will be based on your merit and fitness and on no 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.

Wabash County

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 ___

If so, what class _____

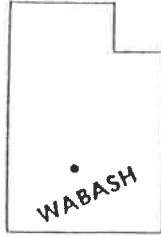
Signature _____

Date _____

Please furnish copy of License and Physical

Wabash County

800 Manchester Avenue
Wabash, Indiana 46992



Highway Department

Phone 260-563-2091

DRIVER-APPLICANT AUTHORIZATION TO RELEASE DRUG 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

Termination Date	Company	City	State	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(Attach additional form if needed)

By signing below, I certify that I have read 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: _____