



15 MIDWAY STREET  
WILLIAMSPORT, IN  
765-762-6114  
844-224-0710

## Application for Employment

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you related, directly or through marriage, however remotely, to any present employees or to any members of Board of Directors? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide name: \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Are you lawfully authorized to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ No \_\_\_\_\_ Yes

(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a driver's license is required for a specific position for which you are applying ,  
do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a CDL? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not and your position requires a CDL, you will have six months to acquire one. Failure to meet these requirements could result in your not being hired or, if hired, in your immediate termination.

Have you ever been fired, discharged or asked to resign from any position? \_\_\_\_\_ No \_\_\_\_\_ Yes

If, yes, explain from what organization and the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you  
and are not previous employers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which include race, color, religion, sex or national origin.

1	Employer	Date Employed		Work Performed
	Telephone ( )	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
2	Employer	Date Employed		Work Performed
	Telephone ( )	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
3	Employer	Date Employed		Work Performed
	Telephone ( )	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				
4	Employer	Date Employed		Work Performed
	Telephone ( )	From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience

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# Education

	High	Trade	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	9 10 11 12		1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship Skills, and Extra Curricular Activities				

Honors Received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

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## Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, reference check, drug screen, criminal background check and completion of a health evaluation form.

Upon offer of employment, I do hereby agree to submit to such physical examinations as Warren County REMC may require. I understand such examinations will determine the presence of alcohol, drugs, or controlled substances. I understand that positive test results or refusal to consent to these tests will disqualify me from employment. I agree, that should I fail any medical examination, I may not be hired; or if hired, I could be terminated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date