



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

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.

Applicant's Statement

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

AN EQUAL OPPORTUNITY EMPLOYER