



Employment Application

City of Wabash, Indiana

An Equal Opportunity Employer

The City of Wabash, Indiana, does not discriminate based on race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

Position Sought Phone Number

Last Name First Name Middle Initial

Former Name (s)

Address City/State/Zip

Are you interested in (check all that apply) ☐ Full Time ☐ Part Time ☐ Temporary Employment

Date available to start work Are you at least 18 years of age? ☐ Yes ☐ No

List all employment history and work experience during the previous five years, beginning with your current employer. Failure to include all past employment may be grounds for disqualification.

If currently employed, check here ☐ and skip to Previous employer below.

Current employer Phone Number

Address City/State/Zip

Hire Date Job Title Beginning Salary per

Current Salary per Current Supervisor

Briefly describe duties, responsibilities, equipment you operate, promotions, and any other pertinent information.

Why do you want to leave?

May we contact your current employer? ☐ Yes ☐ No Last Date of Employment

If no, please explain why

Previous employer

Address Phone Number

City/State/Zip

Hire Date Job Title Beginning Salary per

Ending Salary per Previous Supervisor

Briefly describe duties, responsibilities, equipment you operated, promotions and any other pertinent information.

Why did you leave?

May we contact your current employer? ☐ Yes ☐ No Last Date of employment

If no, please explain why

Previous employer

Address Phone Number

City/State/Zip

Hire Date Job Title Beginning Salary per

Ending Salary per Previous Supervisor

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City/State/Zip

Hire Date Job Title Beginning Salary per

Ending Salary per Previous Supervisor

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Why did you leave?

May we contact your current employer? ☐ Yes ☐ No Last Date of employment

If no, please explain why

List and explain periods of unemployment in the past five years:

From	<input type="text"/>	to	<input type="text"/>	Reason	<input type="text"/>
From	<input type="text"/>	to	<input type="text"/>	Reason	<input type="text"/>
From	<input type="text"/>	to	<input type="text"/>	Reason	<input type="text"/>

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge, and abilities to perform the duties of the position.

High School Attended

Name	<input type="text"/>	Address	<input type="text"/>
City/State/Zip	<input type="text"/>	Diploma <input type="checkbox"/>	or GED <input type="checkbox"/> (please check one)

List activities or awards. *You may exclude any that indicate race, color, religion, gender, age, national origin, or disabilities.*

College or Trade School attended.

Name	<input type="text"/>	Address	<input type="text"/>
City/State/Zip	<input type="text"/>	Did you receive a degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major/minor course of study	<input type="text"/>		

List activities or awards. *You may exclude any that indicate race, color, religion, gender, age, national origin, or disabilities.*

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking

PERSONAL INFORMATON

Do you have any commitments that might interfere with or adversely affect your employment with us, such as a second job or school? Yes ☐ No ☐ If yes, please explain:

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain:

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here ☐ and skip to the next section.

Military Branch

Dates of Service

Highest Rank Attained

Rank at Separation

Type of Discharge

Citations/awards received

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training

Professional/special license(s) or certificate(s):

State

Issued by

Date Issued

Expiration

Type

License #

Have you had any license suspended, revoked, or terminated?

Yes

No

If yes, please explain:

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name:

Address:

Office/Position:

Phone:

***Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any information which indicate race, color, religion, gender, age, national origin, or disability)*

PERSONAL INFORMATION

Do you have any commitments that might interfere with or adversely affect your employment with us, such as a second job or school? ☐ Yes ☐ No

If yes, please explain:

List three references that are not related to you and are not former employers or supervisors:

Name Phone
Address City/State/Zip
Number of years known

Name Phone
Address City/State/Zip
Number of years known

Name Phone
Address City/State/Zip
Number of years known

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

_____ **Initials.** I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examination that the employer deems necessary to determine my ability to perform the essential functions of the positions. I understand and accept this may include drug, alcohol, or substance abuse testing.

_____ **Initials.** I understand it may be necessary for me to approve and sign any waivers necessary for the employer to obtain information from my current and former employers.

_____ **Initials.** I understand and accept that if any information required in this application is found to be falsified, or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

I solemnly swear that all the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsifications of the information provided may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, and alcohol abuse.

Applicant's Signature

Date

VOLUNTEER AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILLED SEPARATELY FROM APPLICATION

CITY OF WABASH, INDIANA

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COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Please be advised that your survey is considered confidential information, and it is not a part of your official application for employment. Inclusion or exclusion of any data will not affect any employment decision.

To comply with government requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Thank you for your cooperation.

Personal Information

Date

Applicant Last Name First Name Middle Initial

Address City/State/Zip

Position(s) applied for

Referral Source

☐ Advertisement ☐ Employee ☐ Relative ☐ Walk-In ☐ School ☐ Government Employment Agency
☐ Private Employment Agency ☐ Private Employment Agency ☐ Other

Name of source (if applicable)

Government Requested Information

Check One ☐ Male ☐ Female

Check One of the following race/ethnic groups:

☐ Black ☐ White ☐ Native American/Alaskan Native ☐ Asian/Pacific Islander
☐ Hispanic (Mexican American, Puerto Rican & Other Spanish Origin)

Check all that are applicable:

☐ Veteran ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual

AUTHORIZATION AND RELEASE

In applying for employment, I want the City of Wabash to be fully informed of my work history. I, therefore, authorize the City of Wabash to investigate my background and to obtain all the information that may concern me. I release all persons including the City of Wabash, schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize the City of Wabash to discuss the results of any pre-employment investigation with persons who conduct the interviews in my investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between the City of Wabash and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon the City of Wabash unless made in writing by the Mayor, Board of Works, or a designee.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and the City of Wabash may terminate my employment at any time pursuant to the express provisions of the Personnel Policies Handbook if applicable to me. If any employment relationship is established in consideration of such an employment relationship. I agree not to use or reveal any confidential information of the City of Wabash.

The City of Wabash and its elected officials, administrators, manager, employees, and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability that may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all the terms set forth above.

Applicant's Signature

Date