



*City of Wabash*  
Scott Richardson  
Street Commissioner

**Street Department**  
1360 Manchester Ave.  
Wabash, IN 46992

**(260) 563-3611**  
**FAX (260) 563-5293**  
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March 15, 2022

The City of Wabash Street Department is accepting applications for the position of laborer. This position will require applicant to acquire a class A CDL within 90 days from hire date. Application can be picked up at City Hall or online at the City's website. Applications need returned to City Hall before April 1<sup>st</sup>.

# APPLICATION FOR EMPLOYMENT

## CITY OF WABASH, INDIANA

*An Equal Opportunity Employer*

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

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Please type or print responses to ALL questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work: \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

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 unemployed, check here \_\_\_\_\_ and skip to **Previous employer** below.

• Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Hire date \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Work phone \_\_\_\_\_

Briefly describe the work you do such as duties, responsibilities, equipment you operate, promotions:

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

Why do you want to leave? \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

• Previous employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Work phone \_\_\_\_\_

Briefly describe the work you do such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

• Previous employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Work phone \_\_\_\_\_

Briefly describe the work you do such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

• Previous employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Dates employed \_\_\_\_\_ Job title \_\_\_\_\_

Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Work phone \_\_\_\_\_

Briefly describe the work you do such as duties, responsibilities, equipment you operate, promotions:

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

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why: \_\_\_\_\_

*If you had additional employers within the last five years, attach additional pages as needed.*

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

From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

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**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** *Attach additional pages as needed*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Activities, awards (you may exclude any that indicate race, color, religion, gender, age national origin, or disability)

\_\_\_\_\_

**College(s) or Trade School(s) attended** *Attach additional pages as needed*

• Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

• Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

• Activities, awards (you may exclude any that indicate race, color, religion, gender, age national origin, or disability)

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

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**MILITARY HISTORY AND STATUS**

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

<u>Military Branch</u>	<u>Dates of Service</u>	<u>Highest Rank Attained</u>	<u>Rank at Separation</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Type of Discharge: \_\_\_\_\_ Citations/awards received \_\_\_\_\_

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**PROFESSIONAL OR SPECIALIZED TRAINING**

Specialized training \_\_\_\_\_

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

<u>State</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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**PROFESSIONAL AFFILIATIONS**

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

<u>Organization name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
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_____	_____	_____	_____
_____	_____	_____	_____

• 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 which indicate race, color, religion, gender, age, national origin or disability.)

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**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:

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• Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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• 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 \_\_\_\_\_

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**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.

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

Initials: \_\_\_\_\_

• I understand that it may be necessary for me to approve and sign any waivers necessary in order 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, that 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.

Initials: \_\_\_\_\_

• I solemnly swear that all of 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 falsification 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, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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# Voluntary Affirmative Action Survey

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• TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION •

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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.

In an effort 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 \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

#### • Referral Source

- Advertisement       Employee       Relative       Walk-in       School  
 Government 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 the following that are applicable:

- Veteran       Vietnam Era Veteran       Disabled Veteran       Disabled individual



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AUTHORIZATION AND RELEASE

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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 any and all 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 any 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 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 of the terms set forth above.

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Applicant's signature

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Date