

WELLS COUNTY HIGHWAY DEPARTMENT



828 E 200 S
Bluffton, IN 46714
Phone: (260) 824-6430 Fax: (260) 824-6431
highway@wellscounty.org

APPLICATION FOR EMPLOYMENT

**** COMMERCIAL DRIVER'S LICENSE REQUIRED ****

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	City	County
		State
Telephone Number(s)		

Do you have a valid CDL license? _____ CLASS _____

Have you ever been employed with us before? _____ If yes, give date _____

Do any of your friends or relatives work here? _____ If yes, state name(s) _____

Are you currently employed? _____

May we contact your present employer? _____

Date available for work _____ Are you available: Full Time _____

What is your desired salary range? _____ Part Time _____

Are you currently on "lay-off" status and subject to recall? _____

Do you have a physical disability that could limit your work? _____ If yes, explain _____

Describe any job-related training received in the United States Military.

EDUCATION				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate School				
Graduate/Professional				
Other/Specify				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Telephone Number(s)			
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Supervisor	Starting	Final	
Reason for Leaving			

COMMENTS

Include explanation of any gaps in employment.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Occupation
1		
2		
3		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant	Date