



Employment Application

West Central Indiana Economic Development District, Inc.
 1718 Wabash Ave., Terre Haute, IN 47807
 (812) 238-1561 (800) 489-1561 (812) 238-1564 - FAX

Instructions: Complete, print, sign, date and return this application and any supporting documents (i.e. resume, etc.) to the agency at the above listed address. Your data will not be saved in this form if you complete the form on-line.

APPLICANT INFORMATION

Last Name				First				M.I.				Date			
Street Address								Apartment/Unit #							
City					State				ZIP						
Phone					E-mail Address										
Date Available				Social Security No.				Desired Salary							
Position Applied for															
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?												
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain												

EDUCATION

High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CERTIFICATION AND SIGNATURE

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for rejection of my employment application by the West Central Indiana Economic Development District (WCIEDD), or immediate discharge without recourse. I understand and agree that the WCIEDD may verify all information furnished in this application. I also understand that any employment is subject to a satisfactory check of references and a satisfactory Limited Criminal History Background Check by the Indiana State Police. If this application leads to employment, I understand that I may also be required to satisfactorily pass a drug screening and pre-employment physical. I hereby authorize all individuals and organizations named or referred to by me and any law enforcement organization to furnish WCIEDD all information relative to my employment, work habits, and character, and hereby release such individuals, organizations, and WCIEDD from any liability for any claim or damage which may result.

Signature	Date
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Safety-Sensitive Employee Application Supplement Previous U.S. Department of Transportation Drug & Alcohol Testing

Instructions: Applicants for positions involving the operation, control or dispatch of public transit service vehicles are required to complete this supplement application to comply with the provisions of 49 CFR Part 655 and/or 49 CFR Part 40. An applicant who fails to complete this supplemental application will NOT be considered for a safety-sensitive position.

Last Name, First Name, Middle Initial	Social Security Number
Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?	<input type="checkbox"/> Yes (If Yes, Complete Items #1 and #2 below) <input type="checkbox"/> No (If no, Skip to Item #2)
1. In the last two years, have you ever:	
a) Tested positive (0.04 or greater) for alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Had a verified positive drug test result? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Violated any other DOT drug or alcohol testing regulation within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you tested positive, or refused to test, on any pre-employment drug and alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you responded "YES" to any of the above questions, please provide documentation of your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why in the space provided below.	
<p><i>I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be ground for dismissal.</i></p>	
Signature	Date