

**WABASH AREA DEVELOPMENT, INC. (WADI)**

Employment Application

110 Latham Street, PO Box 70, Enfield IL 62835

Phone: 618-963-2387 Fax: 618-963-2525 Email: [erhinehart@wadi-inc.com](mailto:erhinehart@wadi-inc.com)

WADI offers equal opportunities to all persons, avoiding discrimination either in the hiring process or in employment opportunities on the basis of race, color, ancestry, religion, disability, age, sex, national origin, sexual orientation, political affiliation, citizenship, military status, veteran status or any other category protected by federal, state or local law. Go to our website [WWW.WADI-INC.COM](http://WWW.WADI-INC.COM) and click on the JOBS button for detailed job opening information.

PERSONAL	Last Name		First Name		Middle Name		Date
	List any other names you have used in the past				Preferred Method of Contact		
	Complete Address ( home & mailing)			City	State	Zip Code	
	Telephone Number		Alternate Telephone Number		Email Address		
	Position applying for			How did you learn of this opening?			
County you live in		Counties you are willing to work in					

Are you legally eligible for employment in the United States? .....  Yes  No

Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment? .....  Yes  No

Can you perform the essential functions involved in the job for which you are applying for either with or without accomodations? .....  Yes  No

Have you been employed by us before? .....  Yes  No

Have you ever been involuntarily discharged from a job? .....  Yes  No

Are you employed now? .....  Yes  No

If hired, when will you be available to begin work? \_\_\_\_\_

EDUCATION	School	Name & Location of School	Course of Study	Did you graduate?	# of Years	Degree Received
	Graduate School					
	College or University					
	High School					
	Other Education					

Please give an accurate, complete employment record. Start with your present or most recent employer.

EMPLOYMENT	Company Name	Company Address and Telephone	Supervisor's Name	Dates Employed	Job Title	Reason for leaving
				to		
				to		
				to		
				to		
				to		

We prefer you do not use family members as references. If you do, please list why.

REFERENCES	Name and complete address	Relationship	Home Phone	Daytime Phone

We may contact the employers and references listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT: (List name and reason)
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Do you have any relatives working for WADI, on the Board of Directors or Policy Council? \_\_\_ Yes \_\_\_ No

If yes, list their name(s) and relationship to you: \_\_\_\_\_

Mark the items below in which you have at least one year experience or training:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Personal Computers | <input type="checkbox"/> Lotus Word Pro | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Typing wpm ( _____ )     |
| <input type="checkbox"/> Microsoft Word     | <input type="checkbox"/> Lotus 123      | <input type="checkbox"/> Email               | <input type="checkbox"/> Multi-line phone systems |
| <input type="checkbox"/> Microsoft Excel    | <input type="checkbox"/> PowerPoint     | <input type="checkbox"/> Internet searches   | <input type="checkbox"/> Fax machines             |

Other (list): \_\_\_\_\_

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or Wabash Area Development, Inc (WADI). In the event that I am employed, I understand that regardless of the shift and job that I am first employed, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of WADI. I understand that I must meet the standards established by WADI for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or a drug test. I understand also, that if employed, I am required to abide by all rules and regulations of WADI. I understand that no supervisor, officer, agent, or representative of WADI, other than its Executive Director, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand this application will be considered active for a period of one (1) year from the application date. If I wish to be considered for any other openings within that one year time frame, I must call the Human Resources department and ask that my existing active application be considered for that opening.

I grant permission to WADI to investigate my personal, educational, and work histories thoroughly. I release WADI and its agents from liability for any acts or omissions occurring during such investigation. I further release any individual, organization, and their agents from any liability for any acts or omissions occurring in its or their responses to WADI's inquiries about me. I understand that any falsification of this application, willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application.

In addition, I authorize WADI to conduct a criminal background check upon conditional offer of employment. Should the background check disclose that I have given false information, I understand that termination of employment may result. Background checks are confidential and will be conducted during initial agency orientation by authorized staff only and be maintained in locked file cabinets in the Human Resources Department.

\_\_\_\_\_

Applicant Name (Print Legibly):

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**NOTE TO APPLICANT: INCOMPLETE EMPLOYMENT APPLICATIONS WILL NOT BE CONSIDERED**