Job Application

Washler Inc.

Garbage & Recycling Services

3435 County Road 52 Auburn IN 46706 (260) 925-8427

Employment Position
Position Applying For:
How did you hear about this position?
If needed, are you available to work overtime?
On what date can you start working if you are hired?
Do you have reliable transportation to and from work?
Salary Desired?
limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Please fill out all sections below:
Applicant Information
Name:
Mailing Address:
City, State, Zip:
Telephone Number:
Email Address:
Linan Address.

Personal Information

Do you have a clean driving record?			Yes	No
What type of driver's license do you have?	Operators	Chauffer	CDL (Class)
Are you 18 years of age or older?			Yes	No
Are you a US Citizen or approved to work in	the United Sta	tes?	Yes	No
What Documentation can you provide	e as proof of ci	tizenship or le	egal status?	
Will you consent to a mandatory controlled s	ubstance test?		Yes	No
Do you have any condition which would requ	iire special job	accommodat	ions? Yes	No
If yes, describe condition:				
Are you a Smoker?			Yes	No
Have you been convicted of a criminal offens	se (felony or m	isdemeanor)?	Yes	No
If yes, please state the nature of the croof the case:			victed and dispos	sition ——
Con you had a touck and toulan officiantly?			Vac	No.
Can you back a truck and trailer efficiently?			Yes	No
Can you lift 50 pounds routinely?			Yes	No
Do you have back pain issues?			Yes	No
What community groups, if any, do you below	ng to?			

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense, the date of the offense, or the nature of the offense.)

Job Skills / Qualifica	and qualifications you possess fo	or the position you	are applying for
riease list below the skills	and quantications you possess to	n the position you	are apprying for.
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	aplies with the ADA and conside		•
be necessary for eli	gible applicants / employees to p	perform essential	functions.)
Education / Training			
High School			
- Ingli School		Year	
Name	Location (City/State)	Graduated	Degree Earned
	Location (City/State)		
College / University			
Name		Year	Degree Earned
Name	Location (City/State)	Graduated	Degree Earneu
Vocational School / Spec	ialized Training	X 7	
Name	Location (City/State)	Year Graduated	Degree Earned
		Graduated	
Military			
Are you a member of the	Armed Services?		Yes No
If Yes:			
What branch of the militar	ry did you serve?		
What was your military ra	nk when discharged?		
How many years did you	serve in the military?		

Previous Employment

Employer Name:		
Address:		
	:	
Dates Employed:	From	То
Reason for leaving:		
Employer Name:		
Job Title:		
Address:		
Telephone Number		
Dates Employed:	From	To
Reason for leaving:		
Employer Name:		
Job Title:		
Address:		
City State Zip:		
Telephone Number:		
Dates Employed:	From	To
Reason for leaving:		

References

Please provide 3 personal or professional reference(s) below:

Name	Relationship	Contact Information

At-Will Employment

The relationship between you and Washler Inc. is referred to as "Employment At-Will". This means that your employment can be terminated at any time for any reason, with or without cause or notice, either by yourself or by Washler Inc. No representative of Washler Inc. has the authority to enter into any agreement contrary to the foregoing employment at-will relationship. You understand that your employment is at will and that you acknowledge that no oral or written statements or representations regarding your employment can alter your At-Will Employment status, except for a written statement signed by you and our Chief Operating Officer.

Signature of Applicant	Date Signed