



WVB East End Partners, LLC
1700 Old Salem Road
Jeffersonville, IN 47130
(o) 812-748-8100
(f) 812-669-4408

Employment Application

All employees are required to hold a valid Commercial Drivers License

An Equal Opportunity Employer

WVB is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____
Home Phone _____
Other _____
Email Address _____

Driver's License Information

State DL issued in _____
CDL Class and Endorsements _____
Restrictions _____
Expiration Date _____

Current Address:
Number and street _____
City _____
State & Zip _____

How were you referred to WVB?: _____

Employment Positions

- Regular full-time work? [] Y or [] N
- Temporary work – such as seasonal or holiday work? [] Y or [] N
- Winter Storm only work? [] Y or [] N
- Can you work on the weekends? [] Y or [] N
- Can you work evenings? [] Y or [] N
- Are you available to work overtime? [] Y or [] N

If hired, on what date can you start working? ___ / ___ / ___

Hourly wage desired: \$ _____

What days and hours are you unavailable for work? _____

If applying for temporary work, when will you be available?

Personal Information:

If hired, would you have transportation to/from work? Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass an alcohol test? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

If hired, are you willing to submit to and pass a medical evaluation? Y or N

(Note: WVB complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Any misinformation or withholding of information may be grounds for denied employment.)

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma earned: _____

College / University:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma earned: _____

Vocational School:

Name: _____
Address: _____
City, state, zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / diploma? : _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____

Additional Information

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?
[] Y or [] N

If yes, please explain _____

Employment History

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

If selected for an interview, all candidates will be required to fill out additional paperwork for previous driving information (CDL), background reference checks and safety history. Be sure to bring all information with you to your interview.

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

_____ Initial

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

_____ Initial

I permit WVB to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

_____ Initial

Applicant's Signature: _____

Date: _____

Application Submittal Instructions:

Complete this form and mail to or drop off in person at

WVB East End Partners
1700 Old Salem Road
Jeffersonville, Indiana 47130

or e-mail completed applications to officemanager@wvb-partners.com