



**Rauch, Inc.**  
 845 Park Place  
 Phone (812) 945-4063 / Fax (812) 941-8820  
 Web Address: **www.rauchinc.org**  
 EEO/ADA Employer

<b>POSITION FOR WHICH YOU ARE APPLYING:</b>							For Rauch, Inc. Employees Only: Transfer <input type="checkbox"/> Reemploy <input type="checkbox"/>	
Check <b>all</b> that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Job-Share: <input type="checkbox"/>								
Last Name				First Name			Middle Initial	
Mailing Address				City			County	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.		E-Mail Address		
Driver's License #		State	Expiration Date		<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)		License Class _____ Endorsement _____	
Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability)							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name &amp; Location of Court</i> <i>Date of Conviction</i>							<b>(Inaccurate information here will result in disqualification.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a former employee of Rauch, Inc.? If yes please give: <i>Last Date(s) of Employment</i> <i>Department / Division</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for Rauch, Inc.? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) <i>Name</i> <i>Relationship</i> <i>Department</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.							<input type="checkbox"/> Yes <input type="checkbox"/> No	
References								
Name				Telephone Number				

## EDUCATION AND TRAINING

### ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED?  <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO                 </div>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____  Location: _____
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### RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

### COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

**\*\*Must be from a recognized accredited school - original transcript is required if hired\*\***

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

### RELATED LICENSES (provide current original)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

### SKILLS

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Drafting	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written FLUENTLY  _____  _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> PowerPoint	_____	_____	

Also include specific software experience in your job descriptions.  
Ask about PC skills exams and provide certificates of courses completed.









**VOLUNTARY AFFIRMATIVE ACTION FORM**

Date: \_\_\_\_\_

In compliance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, Veteran status and position for which applied. **This information will be kept separately from your application and will be used only in accordance with federal and state regulations.**

**You are not required to provide this information.** Your application for employment will be considered in the same manner whether or not you fill out this form.

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Gender: Male:  Female:

**Race/Ethnic Group**

- White
- Black
- Hispanic
- Race missing or unknown
- Veteran

**Referral Source**

- Newspaper
- Employee Referral
- Recruiter
- Other
- Tech School/College Placement
- Temporary Service
- State Employment Service