



City of Martinsburg
Employment Application

The City of Martinsburg is an equal opportunity employer and considers all applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation or any other legally protected status.

Date of Application: _____

Position: _____

Date of Birth: _____

Last Name

First Name

Middle Name

Physical Address

Mailing Address (if different)

Home number

Cell number

Email address

Have you applied with us before? If yes, give date. _____

Have you been employed with us before? If yes, give dates. _____

Are you currently employed? _____ If yes, may we contact your employer? _____

Are you prevented from lawfully becoming employed in this country for any reason? _____

Proof of citizenship will be required upon employment.

On what date will you be available for work? _____ Subject to any lay-off recall? _____

Can you travel if the position requires it? _____

Have you ever been convicted of a felony? _____ If yes, explain.

Beginning with your current or most recent employment, please complete the following. Be sure to list any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status if you wish.

Employer: _____ Dates employed: _____ to _____
Work performed _____
Address: _____
Phone: _____ Rate of pay, starting: _____ final _____
Job Title _____ Supervisor _____
Reason for leaving _____

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Work performed _____
Address: _____
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Address: _____
Phone: _____ Rate of pay, starting: _____ final _____
Job Title _____ Supervisor _____
Reason for leaving _____

Education

	Name and Address	Course of Study	Diploma/degree
Elementary			
High School			
Undergraduate College			
Graduate/Professional			
Other (specify)			

Foreign Languages

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the U.S. Military

References

You must list at least four (4) references.

Name	Address	Phone	Relationship

Applicant Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered for a period of time not to exceed **45 days**. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted for any particular positions.
- I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date of Application

Equal Employment Survey Questionnaire

This survey is voluntary; however, your cooperation is essential for us to ensure affirmative action/equal employment opportunity for all job applicants. The questionnaire will assist us in reaching the goals of our affirmative action/equal employment plan. Any information provided will not, in any way, affect your application.

Position applied for:

Today's Date:

Social Security Number

Birth Date:

Racial or Ethnic Background

Please check only one (1) which best describes your primary racial/ethnic background.

Black (non-Hispanic)

White (non-Hispanic)

American Indian or Alaskan Native

Asian or Pacific Islander

Hispanic

Other _____

Disability of Veteran Status

Check any that applicable:

Disabled Individual

Disabled Veteran

Date of Discharge_____

Vietnam Era Veteran

Date of Discharge_____

Military service in a campaign for which a campaign badge was authorized and received

Campaign_____

Date of Discharge_____

Office Use Only

Department receiving application_____

Return to: City of Martinsburg 232 N. Queen Street Martinsburg, WV 25401