

APPLICATION FOR EMPLOYMENT

CITY OF MARTINSBURG

232 N. Queen St., P.O. Box 828, Martinsburg, WV 25402

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____

Date of Application _____

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other _____

Last Name _____

First Name _____

Middle Name _____

Address _____

Number _____

Street _____

City _____

State _____

Zip Code _____

Telephone Number(s) _____

Social Security Number (voluntary) _____

Best time to contact you at home is: _____ AM
_____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes No

Have you ever filed an application with us before? _____ Yes No
If Yes, give date _____ Position Applied for _____ Were You Interviewed? _____

Have you ever been employed with us before? _____ Yes No
If Yes, give date _____ Position Held _____
Reason for Leaving _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes No
If yes, what Department? _____

Are you currently employed? _____ Yes No

May we contact your present employer? _____ Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status
Proof of citizenship or immigration status will be required upon employment _____ Yes No

Have you ever been convicted of a felony? _____ Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time ___ Part-Time ___ Temporary ___

Are you currently on "lay-off" status and subject to recall? _____ Yes No

Can you travel if a job requires it? _____ Yes No

EDUCATION

<u>Name and Address Of School</u>	<u>Course of Study</u>	<u>No. of Years Completed</u>	<u>Diploma Degree</u>
Elementary School			
Middle School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

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

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include 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.

1. Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		<u>Starting</u>	<u>Final</u>	
Job Title	Supervisor			
Reason For Leaving				

2. Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		<u>Starting</u>	<u>Final</u>	
Job Title	Supervisor			
Reason For Leaving				

3. Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		<u>Starting</u>	<u>Final</u>	
Job Title	Supervisor			
Reason For Leaving				

4. Employer		<u>Dates Employed</u>		Work Performed
		<u>From</u>	<u>To</u>	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		<u>Starting</u>	<u>Final</u>	
Job Title	Supervisor			
Reason For Leaving				

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check Skills/Equipment Operated)

Terminal

Spreadsheet

Machinery (list)

Other (list)

PC/MAC

Word Processing

Typewriter

Shorthand

WPM _____

WPM _____

List any additional information you feel may be helpful to us in considering your application.

REFERENCES

Do not include family members or past supervisors.

1. _____ ()

(Name)

Phone #

(Address)

2. _____ ()

(Name)

Phone #

(Address)

3. _____ ()

(Name)

Phone #

(Address)

APPLICANT'S STATEMENT

I certify the answers given herein are true and complete.

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 active for a period of time not to exceed 90 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Martinsburg is "**at will**", which means the Employee may resign at any time and the City of Martinsburg may discharge the 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 unless such change is specifically acknowledged in writing by an authorized Official of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Prior to any employment, I will be subject to a **physical examination, drug screen** (scheduled by and paid for by the City) **and Police Department background investigation, to include fingerprinting**. I also understand I am required to abide by all rules and regulations of the City.

Signature of Applicant

Date

