

# 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.**

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

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**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:*

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# 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

Dates Employed  
From    To

Work Performed

Address

Telephone Number(s)

Hourly Rate/Salary  
Starting    Final

Job Title

Supervisor

Reason For Leaving

2. Employer

Dates Employed  
From    To

Work Performed

Address

Telephone Number(s)

Hourly Rate/Salary  
Starting    Final

Job Title

Supervisor

Reason For Leaving

3. Employer

Dates Employed  
From    To

Work Performed

Address

Telephone Number(s)

Hourly Rate/Salary  
Starting    Final

Job Title

Supervisor

Reason For Leaving

4. Employer

Dates Employed  
From    To

Work Performed

Address

Telephone Number(s)

Hourly Rate/Salary  
Starting    Final

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

# 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 for which you are applying:**

**Today's Date:**

**Social Security Number:**

(Print one number per block)

**Birth Date:**

(Print one number per block)

[ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

## Racial or Ethnic Background

Please check only one box below which best describes your primary racial/ethnic background.

- 1. African-American, a person having origin in one of the black racial groups of Africa.
- 2. American Indian or Alaskan Native – a person having origins in any of the original people of North America.
- 3. Asian or Pacific Islander – a person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or any of the Pacific Islands which includes China, India, Japan, Korea, the Philippines and Samoa.
- 4. Hispanic – a person of Mexican, Puerto Rican, Cuban, Central American, American or other Spanish culture or origin, regardless of race.
- 5. White - a person having origins in any of the original people of Europe or Middle East.
- 6. Other – (please specify) \_\_\_\_\_

## Disability or Veteran Status

Check any of the following that are 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: \_\_\_\_\_

## For Office Use Only

City Agency Receiving This Application: \_\_\_\_\_

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