

# Martinsburg General Employment Application



City of Martinsburg  
Attn: Human Resources Director  
232 N. Queen Street Martinsburg, WV 25401

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.

How did you hear about us?  advertisement?  employment agency?  friend or relative?  web?  
 inquiry? Other? \_\_\_\_\_

Date of Application: \_\_\_\_\_

Position: \_\_\_\_\_

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 and position.

\_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do any of your friends or relatives work for the City? \_\_\_\_\_ If so, what department? \_\_\_\_\_

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? \_\_\_\_\_

Desired salary range? \_\_\_\_\_

Can you travel if the position requires it? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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Beginning with your current or most recent employment, please complete the following.

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Work performed \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Rate of pay, starting: \_\_\_\_\_ final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Work performed \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Rate of pay, starting: \_\_\_\_\_ final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Work performed \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Rate of pay, starting: \_\_\_\_\_ final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Work performed \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Rate of pay, starting: \_\_\_\_\_ final \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Please list additional experience on separate page.

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### Education

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

### Foreign Languages

	Fluent	Well	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

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

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



### 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 **90 days**. Any applicant wishing to be reconsidered for employment after this time should file a new application.
- 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.

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Signature

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Date of Application

## Equal Employment Survey Questionnaire

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms and conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

**Position applied for:**

**Today's Date:**

\_\_\_\_\_

\_\_\_\_\_

**Birth Date:**

**Gender:**

\_\_\_\_\_

\_\_\_\_\_

### Racial or Ethnic Background

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

- Black/African American (non-Hispanic)** A person having origins in any of the black racial groups of Africa.
- White (non-Hispanic)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- American Indian or Alaskan Native (non-Hispanic)** a person having origins in any of the peoples of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment
- Asian(non-Hispanic)**-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander (non-Hispanic)** a person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South of Central American, or other Spanish culture or origin regardless of race.

### Disability or 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**