

CITY OF GLEN DALE
402 WHEELING AVENUE
GLEN DALE, WV 26038
(304) 845-5511

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Social Security # _____

Date of Birth: _____

Are you a citizen of the United States of America? [] Yes [] No

Have you ever been convicted of a felony or misdemeanor? [] Yes [] No

If yes, please explain: _____

Have you applied here before? [] Yes [] No When? _____

What position are you applying for? _____

When can you start? _____

[] Full Time [] Part Time [] Temporary [] Other _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer 1: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____ Salary or Hourly Rate: \$ _____

Employer 2 : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____ Salary or Hourly Rate: \$ _____

Employer 3 : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Supervisor's Name: _____

Job Title: _____ Reason for Leaving: _____

Dates of Employment: _____ to _____ Salary or Hourly Rate: \$ _____

EMPLOYMENT APPLICATION PART 2

EDUCATION

SCHOOLS/COLLEGES ATTENDED, NUMBER OF YEARS ATTENDED, YEAR GRADUATED, AND DEGREE

Describe any special qualifications for this job:

Driver's License # _____ State: _____ Expiration: _____

Do you have a valid CDL License? [] Yes [] No

Has your license ever been suspended? [] Yes [] No

If yes, please explain: _____

Are you a veteran of the U.S. Military service? [] Yes [] No

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature: _____ Date: _____

For Personnel Department Only

Remarks:

Interview Report By: _____

Accurate Credit Bureau Fax: (626) 398-0642

I wish to order Credit Report DMV Records Reference Verification Criminal Records

RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize any representative of The City of Glen Dale bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information at the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use by The City of Glen Dale. Consent is granted for The City of Glen Dale to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, for any and all liability for damages of whatever kind, which may at any time result to me, my heirs family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME (TYPED OR PRINTED): _____

CURRENT ADDRESS:

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

DATE: _____

SIGNATURE: _____