



McMechen Police Department

47-Ninth Street

McMechen WV 26040

(304)232-3140

Employment Application

OFFICE USE ONLY:

Candidate Number: PD-_____ **Date Application Turned In:**_____

Position(s) Applied For: _____

Referral Source: Advertisement ___ Employee ___ Relative ___ Walk in ___

Other (explain): _____

Last Name: _____ First Name: _____

Middle Name: _____ Appendix: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____

Are You a United States Citizen?: _____

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Have you filed an application here before?: _____

If Yes, What Dates: _____

Have You Been Employed Here Before?: _____

If Yes, What Dates: _____

List any Special Qualifications: _____

List of Skills: _____

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Education Background:

School and Address: _____

Years Completed: _____ Degree/Diploma: _____

Field of Study: _____

School and Address: _____

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School and Address: _____

Years Completed: _____ Degree/Diploma: _____

Field of Study: _____

Have You Been Convicted of any Crime? _____

Explain: _____

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References:

List name, address and telephone number of three business / work / professional references that are not related to you.

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

List any additional information you would like us to consider.

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Employment History:

Begin with your present or most recent employer and list all positions held including military service:

Name of Employer: _____

Address: _____

Dates of Employment: _____

Job Title: _____ Telephone Number: _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Beginning Salary: _____ Ending Salary: _____

Describe the nature and duties of your position: _____

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It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and / or separation from the employer's service if I have been or may be employed in any capacity.

I give the employer the right to investigate and to secure additional information about me, if job related. This includes but is not limited to, drivers or medical records, criminal history, and credit check. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state and federal law.

This application is current for one (1) year from date of submission. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time with proper notice, the employer reserves the right to terminate my employment at any time with proper cause and notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Applicants Name (Print): _____

Applicants Signature: _____