

# Application for Employment

## Town of Nutter Fort

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

*(Please Print)*

Position(s) Applied For: \_\_\_\_\_

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

How Did You Learn About Us?

Advertisement \_\_\_\_ Employment Agency \_\_\_\_ Friend \_\_\_\_ Relative \_\_\_\_ Other \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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 \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ Yes \_\_\_\_ No

If Yes, give date \_\_\_\_\_

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

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Shift work \_\_\_\_ Temporary

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

Can you travel if a job requires it? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a felony within the last 7-year? (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain: \_\_\_\_ Yes \_\_\_\_ No

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# Education

	Name & City/State of School	Course of Study	Years Completed	Diploma or Degree
High School				
College/ Technical School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeships, skills or extra-curricular activities.

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

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# Employment History

Begin with your present or most recent 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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: \_\_\_\_\_  
Work Performed:

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2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: \_\_\_\_\_  
Work Performed:

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3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: \_\_\_\_\_  
Work Performed:

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4. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: \_\_\_\_\_  
Work Performed:

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5. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: \_\_\_\_\_  
Work Performed:

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*If you need addition space, please continue on a separate sheet of paper*

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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# Additional Information

## Computer Skills

Please identify any training courses in computers you have taken and any computer software programs, or systems you have worked with.

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## Typing Skills

Please specify your typing speed in words per minute: \_\_\_\_\_

Are you opposed to taking a typing test administered by the Town?  Yes  No

## Relatives

Please list any of your relatives who work for the Town of Nutter Fort, Relatives include but are not limited to your spouse, children, mother, father, step-mother, step-father, spouses' children, mother-in-law, father-in-law, grandfather, grandmother, spouse's grandfather, spouse's grandmother, grandchildren, spouse's grandchildren, brother, sister, brother-in-law, and sister-in-law.

Relative's Name

Relationship

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## Residency

Do you live within the corporate limits of the Town of Nutter Fort? Yes \_\_\_\_\_ No \_\_\_\_\_

## Reasonable Accommodation

If you need a reasonable accommodation in the application or hiring process please contact Town Hall:

Phone: 304-622-7713

Email: office@townofnutterfort.com

Address: 1415 Buckhannon Pike, Nutter Fort, WV 26301

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize

**\*PLEASE ATTACH A RESUME WITH AT LEAST THREE (3) REFERENCES.**



<b>For Personnel Department Use Only</b>	
Arrange Interview	_____ Yes    _____ No                      Date of Interview _____
Interviewer(s)	_____
Position applied for	_____
Remarks	_____ _____ _____ _____

**AUTHORIZATION AND RELEASE**

THIS CONSTITUTES MY CONSENT AND AUTHORIZATION FOR DISCLOSURE OF ANY RELAVANT AND NECESSARY INFORMATION OR RECORDS CONCERNING MY CHARACTER, EMPLOYMENT OR MILITARY SERVICE AS MAY BE RELAVANT AND NECESSARY FOR A DETERMINATION OF MY SUITABILITY FOR EMPLOYMENT WITH THE TOWN OF NUTTER FORT TO ANY DULY AUTHORIZED EMPLOYMENT OFFICIAL OF THE TOWN OF NUTTER FORT.

I HEREBY RELEASE THE AFOREMENTIONED PERSONS, CORPORATIONS, AGENCIES, ASSOCIATIONS AND THEIR EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR DAMAGES RESULTING FROM A DECISION BY THE TOWN OF NUTTER FORT NOT TO EMPLOY ME ON THE ACCOUNT OF COMPLIANCE OR ANY ATTEMPTS AT COMPLIANCE WITH THIS AUTHORIZATION, EXCEPT FOR ANY DAMAGES FROM KNOWINGLY PROVIDING FALSE INFORMATION OR RECORDS ABOUT ME.

A COPY OF THIS AUTHORIZATION SHALL BE EFFECTIVE AND VALID AS THE ORIGINAL. THIS AUTHORIZATION SHALL BE VALID FOR 12 MONTHS FROM THE DATE IT IS SIGNED.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNITURE OF APPLICANT

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL

PREFERRED METHOD OF CONTACT: \_\_\_\_\_