



City of McMechen

325 Logan Street

McMechen Wv 26040

Phone:304-232-3140 Fax:304-232-3149

FULL NAME: _____

ADDRESS: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: ADVERTISEMENT ___ EMPLOYEE ___ RELATIVE ___ WALK-IN ___

OTHER. _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ CDL: YES ___ NO ___

ARE YOU A UNITED STATES CITIZEN? YES ___ NO ___

HAVE YOU FILED AN APPLICATION HERE BEFORE?

YES ___ NO ___

IF YES, PLEASE GIVE DATES: _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____

IF YES, PLEASE GIVE DATES: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES?

EXPLAIN: _____

SPECIAL QUALIFICATIONS: _____

SKILLS: _____

EDUCATION BACKGROUND:

SCHOOL AND ADDRESS: _____

YEARS COMPLETED: ____ DEGREE/DIPLOMA: _____

SCHOOL AND ADDRESS: _____

YEARS COMPLETED: ____ DEGREE/DIPLOMA: _____

SCHOOL AND ADDRESS: _____

YEARS COMPLETED: _____ DEGREE/DIPLOMA: _____

REFERENCES:

LIST THE NAME AND TELEPHONE NUMBER OF THREE PROFESSIONAL/BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU.

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

LIST ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO CONSIDER:

EMPLOYMENT HISTORY:

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND LIST ALL POSITIONS HELD, INCLUDING MILITARY SERVICE:

NAME OF EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

JOB TITLE: _____ PHONE NUMBER: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

EMPLOYMENT HISTORY:

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND LIST ALL POSITIONS HELD, INCLUDING MILITARY SERVICE:

NAME OF EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

JOB TITLE: _____ PHONE NUMBER: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

EMPLOYMENT HISTORY:

PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND LIST ALL POSITIONS HELD, INCLUDING MILITARY SERVICE:

NAME OF EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

JOB TITLE: _____ PHONE NUMBER: _____

BEGINNING SALARY: _____ ENDING SALARY: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

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.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED.

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, OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR SIX MONTHS FROM THE 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 ASSURANCES TO THE CONTRARY.

APPLICANT'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____