

City of McMechen

**325 Logan Street**

**McMechen Wv 26040 Phone:304-232-3140 Fax:304-232-3149**

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURJTY 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: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYS AND/OR TIMES NOT AVAILABLE TO WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION BACKGROUND:**

SCHOOL AND ADDRESS:

YEARS COMPLETED: \_\_DEGREE/DIPLOMA:

SCHOOL AND ADDRESS:

YEARS COMPLETED: \_\_DEGREE/DIPLOMA:

SCHOOL AND ADDRESS:

YEARS COMPLETED: DEGREE/DIPLOMA:

LIST ANY ADDITONAL 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:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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:

**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:

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 TIIB RIGHT TO INVESTIGATE AND TO SECURE ADDITONAL INFORMATION ABOUT ME, IF JOB RELATED.

I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVE FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, COPORATIONS 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: