

APPLICATION FOR EMPLOYMENT

City of Kenova

P.O. Box 268

Kenova, West Virginia 25530

AN EQUAL OPPORTUNITY EMPLOYER

(Please print clearly in ink or type)

Positions Applied for:

1. _____

2. _____

3. _____

Full-time Part-time Seasonal

How did you learn of an opening?

Name: _____ Social Security Number _____

Present Address: _____ City: _____ State _____

Zip Code: _____ Phone Number: _____ Other Number: _____

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Do you have a valid driver's license? Yes No
If yes, give state _____ and number _____

Do you have a valid CDL license? Yes No

Have you ever been employed with us before? Yes No
If yes, give date _____

Do any of your friends or relatives; other than spouse, work here? Yes No
If yes, state name, relationship and location _____

Are 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? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date of available for work: ___/___/___ Desired pay range? _____

Are you available to work: Full Time Part Time Temporary

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

Do you have any limiting physical handicaps? Yes No
If yes, please describe: _____

Have you had any serious illness or injury within the past five years? Yes No
If yes, please describe: _____

Have you ever received compensation for injuries? Yes No
If yes, please describe: _____

Have you ever been convicted of a crime? Yes No
If yes, please give date, court and charge: _____

Employment Record

Start with your present or most recent employer and give a complete account of your employment/unemployment during the last ten years. (Include service in the armed forces if applicable.). If former employers are out of business, so state. If you were in business for yourself, give nature of business and location. Be accurate—you must account for all of your time during the last ten years. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Note: If you do not have sufficient space to give a complete employment record for the past ten years, please attach an additional sheet and continue.

Employer	Dates Employed		Worked Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting:	Final:	
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Worked Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting:	Final:	
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting:	Final:	
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

School	Name and address of school	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any specialized certification, training, apprenticeship, skills and extra-curricular activities

Military Service

Were you ever in the Unites States Military? Yes No
If yes, give branch, dates of enlistment and discharge, and duties performed.

References (Do not use relatives)

Name and Occupation	Address	Phone Numbers
1.		
2.		
3.		
4.		

Applicant's Statement

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

*The City of Kenova is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. If you feel that you have been discriminated against in employment on any of these bases, please report it to the Office of the Mayor of the City of Kenova.

For Office Use Only

Date Received:

By:

Date Interviewed:

By:

Date of Hire:

By:

Position:

Department:

Probationary Rate of Pay:

Notes: