



# Green Valley - Glenwood Public Service District

P.O. Box 6099

Bluefield, WV 24701

Office: (304) 325-6832 • Fax: (304) 325-6475

## Application for Employment

(PLEASE PRINT OR TYPE)

NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	SOCIAL SECURITY NO.	PHONE NUMBER:
PRESENT ADDRESS:		CITY:	STATE:	SINCE:
PREVIOUS ADDRESS:		CITY:	STATE:	FROM: TO:
PREVIOUS ADDRESS:		CITY:	STATE:	FROM: TO:
TYPE OF WORK DESIRED:				
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> TEMPORARY
				SALARY REQUIRED \$
DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF WORK? IF YES, EXPLAIN:				
HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST 5 YEARS? IF YES, DESCRIBE:				
HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK THE LAST 12 MONTHS?			DUE TO ILLNESS:	FOR OTHER REASONS:
HOW MANY DAYS WERE YOU ABSENT FROM WORK THE PREVIOUS 12 MONTHS?			DUE TO ILLNESS:	FOR OTHER REASONS:
LIST ANY FRIENDS OR RELATIVES WORKING FOR US.				
IF HIRED, ON WHAT DAY WILL YOU BE ABLE TO START WORK?				
IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, EXPLAIN CIRCUMSTANCES.				
LIST ANY SPECIAL QUALIFICATIONS OR REASONS AS TO WHY YOU WOULD LIKE TO WORK HERE:				

### EDUCATIONAL RECORD

HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	
HIGH SCHOOL	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	
COLLEGE OR UNIV.	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	
COLLEGE OR UNIV.	NAME:	CITY AND STATE:	FROM:	TO:	YRS. COMP.	YR. GRAD.
COLLEGE WORK	COURSES OF STUDY:		DEGREES RECEIVED			
OTHER	NAME:		FROM:	TO:	COURSE OF STUDY	

# PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

# PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below what one(s) you do not wish us to contact.

Person to notify in case of accident:		Address:	Phone Number:
Date of Application	Referred By:		

## PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements in this application may result in dismissal. I understand that if employed I will be an employee-at-will subject to discipline or discharge at any time. You are hereby authorized to make any investigation of my personal history.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Interviewed By \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**I UNDERSTAND THAT A CONSUMER CREDIT REPORT MAY BE OBTAINED ON ME DURING THE PROCESSING OF MY EMPLOYMENT APPLICATION, AND IF HIRED, A CONSUMER CREDIT REPORT MAY BE OBTAINED ON ME DURING MY EMPLOYMENT.**

**AUTHORIZATION SIGNATURE OF APPLICANT: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**NOTE: The provisions of The Fair Credit Reporting Act will be applicable if a credit report is obtained and considered.**