

Application for Employment

Town of Lumberport

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

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.

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

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:

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

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

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

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

If you need additional 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:

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.

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 Lumberport, 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

Residency

Do you live within the corporate limits of the Town of Lumberport? Yes _____ No _____

Reasonable Accommodation

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

Phone: 304-584-4370
Email: clerk@wvlumberport.com
Address: PO Box 519, Lumberport, WV 26386

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary, in arriving at an employment decision.

This application for employment shall be considered only for the position to which I am applying.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. As a pre-employment condition, a drug screen may be required.

Signature of Applicant

Date

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

For Personnel Department Use Only

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 LUMBERPORT TO ANY DULY AUTHORIZED EMPLOYMENT OFFICIAL OF THE TOWN OF LUMBERPORT.

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 LUMBERPORT 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: _____