

Town of Clendenin

103 First Street
P.O. Box 694
Clendenin, WV 25045
(304)548-4192
FAX (304)548-4134

Employment Application

Personal Information

Today's Date _____

Name:			SSN:	
_____	_____	_____	_____	
First Name	Last Name	Middle Initial	XXX-XX-XXX	
Mailing Address:				
_____		_____	_____	_____
Street		City	State	Zip Code
Physical Address:				
_____		_____	_____	_____
Street		City	State	Zip Code
Phone Number:			Birthdate:	
_____		_____	_____	
Home		Other	(DD/MM/YYYY)	
Driver's License:				
_____		_____	_____	
State		License Number	Exp.	

Emergency Contact

Name:		
_____	_____	_____
First Name	Last Name	Middle Initial
Phone Number:		Relationship:
_____		_____
Home		Other

Employment Desired

Position:	Start Date:	Salary Desired:
_____	_____	_____
Have you ever applied for employment with the Town of Clendenin before?		

If yes:	_____	
_____	_____	
Please list date(s)	Please list position(s)	

Education

	Name & Location	Years Attended	Graduation Date	Degree or Subjects Studied
High School				
College				
College				
Trade or Business School				

Describe special skills or abilities:

List any certifications you have:

List any volunteer experience:

Military Service

U.S. Military or Naval Service

Rank

Character of discharge

Present membership in National Guard or reserves

Please provide us with a copy of your DD form 214

Employment History

List most current first

Company Name Company Address City State Zip Code

Company Phone Supervisor Position Wage/Salary

Employed from-to (month/year)

May we contact?

Describe job duties:

Reason for leaving:

Next previous employer

Company Name Company Address City State Zip Code

Company Phone Supervisor Position Wage/Salary

Employed from-to (month/year)

May we contact?

Describe job duties:

Reason for leaving:

References

Give below the names of three persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Phone Number</u>	<u>Address</u>	<u>Business</u>	<u>Years Acquainted</u>

Questionnaire

Are you legally authorized to work in the United States? _____

Have you ever held a position of trust, such as handling money or confidential material? _____

Has your driver's license ever been revoked/suspended/canceled? _____

If YES, explain: _____

Have you ever been arrested, charged, cited or held by law enforcement or juvenile authorities regardless of if the charges were: dropped, dismissed, found not guilty, or expunged? _____

If YES: _____
Date Jurisdiction Charge Disposition

Before a person is selected for employment, entries made in his/her application are verified and a careful and complete character investigation is conducted. You may use this space to explain any irregularities that may be disclosed by our investigations. _____

Signature

I certify that all the information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that compliance with the Town of Clendenin Civil Service Code may be a condition of my employment. I UNDERSTAND THAT MY EMPLOYMENT MAY BE AT-WILL, SO THAT BOTH THE CITY AND I MAY TERMINATE IT AT WILL, WITHOUT CAUSE.

I have read and understand, and by submitting this application, consent to these statements.

Signature

Date

Release of Information

I respectfully request and authorize you to furnish the Clendenin Police Department any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of confidential or privileged nature and Photostats of same, if requested. This information will be used to assist the Clendenin Police Department in determining my qualifications and fitness for the position that I am seeking with the Town of Clendenin.

I hereby release you, your organization, or other from any liability or damages which may result from furnishing the information requested below.

Name: _____ **SSN:** _____
First Name Last Name Middle Initial XXX-XX-XXX

Driver's License: _____
State License Number Exp.

Signature

Date

Affidavit

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____

(Seal)

Notary Public: _____

My Commission Expires: _____

We consider applicants for all positions without regard to race, religion, sex, national origin, age, marital status, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.