



THE CITY OF SOUTH CHARLESTON

4TH AVENUE & D STREET
SOUTH CHARLESTON, WEST VIRGINIA 25303

APPLICATION FOR EMPLOYMENT AT WILL

We Are An Equal Opportunity Employer

POSITION (S) APPLIED FOR:
TITLE

PERSONAL

Name (Last) (First) (Middle) Social Security Number

Present Address (Street) (City) (State) (Zip Code)

Telephone Number Home: Business:

Person to notify in case of emergency:
Name: Address: Telephone Number:

Do You Have a Driver's License? (If required for the position for which applying)

☐ Yes ☐ No

Have you ever been discharged or forced to resign from a job? No ☐ Yes ☐ (Explain on page 4) Were you previously employed by the city? No ☐ Yes ☐ (Explain on page 4)

Will you accept? Full Time Work ☐ Shift Work ☐ Salary Desired (Minimum) Part Time Work ☐ Temporary Work ☐

Military Service:

None Branch Rank Serial No. Date Type of Discharge

Have you ever been convicted of a misdemeanor or felony? No ☐ Yes ☐
Conviction is not a bar to employment. If so, what was it?

Are you legally authorized to work in the US on a full time basis? Yes ☐ No ☐

When can you start?

PHYSICAL DATA

Is there anything which would prevent you from performing the essential functions of the job for which you are applying?

☐ Yes ☐ No If yes, give details:

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	COURSE MAJORED IN	YEARS ATTENDED FROM - TO	DATE GRADUATED	DEGREE
LAST ELEMENTARY					
LAST HIGH SCHOOL					
COLLEGE					
GRADUATED OR SPECIAL WORK					
BUSINESS OR TRADE SCHOOL					
CORRESPONDENCE OR NIGHT SCHOOL					

What are your present plans (if any) for improving your education? _____

Describe academic honors, awards, scholarships _____

Describe special skills or abilities _____

TYPING SPEED WPM	DICTATION SPEED WPM	LIST MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

EMPLOYMENT HISTORY

List work experience, beginning with your present or most recent job. Describe each job separately. Give special attention to experience relating to the job you are applying. Incomplete descriptions may result in lower rating.

EMPLOYING FIRM	ADDRESS	FROM: _____ Month Year
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR
DUTIES:		TO: _____ Month Year
		FULL TIME: <input type="checkbox"/>
		PART TIME: <input type="checkbox"/>
		STARTING SALARY \$ _____
		LAST SALARY \$ _____

Reason for wanting to leave: _____

EMPLOYING FIRM	ADDRESS	FROM: _____ Month Year
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR
DUTIES:		TO: _____ Month Year
		FULL TIME: <input type="checkbox"/>
		PART TIME: <input type="checkbox"/>
		STARTING SALARY \$ _____
		LAST SALARY \$ _____

Reason for leaving: _____

EMPLOYING FIRM		ADDRESS		FROM: _____ Month Year TO: _____ Month Year FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/> STARTING SALARY \$ _____ LAST SALARY \$ _____
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR		
DUTIES:				
Reason for leaving:				

EMPLOYING FIRM		ADDRESS		FROM: _____ Month Year TO: _____ Month Year FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/> STARTING SALARY \$ _____ LAST SALARY \$ _____
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR		
DUTIES:				
Reason for leaving:				

ADDITIONAL EXPERIENCE

Describe volunteer work, hobbies, or other experiences that may contribute to qualifications of your job.

REFERENCES

Do Not List Relatives or Former Employers.

NAME	HOME ADDRESS	PHONE	BUSINESS	YEARS KNOWN

INFORMATION.

Use This Space For Additional Comment Or Explanations As Necessary.

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are true to the best of my knowledge. I understand that any false statement or misrepresentation of facts included in this application or supplements thereto is cause of rejection of my application or discharge after my employment.

Date _____

I understand that I am applying for a position as an employee-at-will. I understand that, if hired, my employment will be for no definite period of time, that will be an employee-at-will, that I will be free to leave employment with the city at any time and for any reason and that the city may terminate my employment at any time with or without cause and with or without a notice. I understand that nothing in any of the city's written policies, handbooks or other documents may be construed as creating any contractual obligations on the part of the city. Furthermore, I understand that no one at the city is authorized to make any contract relating to my employment unless the contract is set forth in writing and is signed by the mayor of the city.

I voluntarily authorize the city to obtain information from any former employers or references listed.

I voluntarily authorize

Firm

to give information regarding me and I hereby release said persons from any liability or claim whatsoever for issuing this information

Date _____

I voluntarily authorize

Firm

to give information regarding me and I hereby release said persons from any liability or claim whatsoever for issuing this information.

Date _____

I understand if an offer of employment is made, that it is conditional pending results of any pre-employment drug testing.

Date _____