# Application for Employment at Will

**The City of South Charleston**

4TH AVENUE & D STREET

SOUTH CHARLESTON, WEST VIRGINIA 25303

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## Personal Information

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Social Security Number</th>
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<table>
<thead>
<tr>
<th>Present Address (Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip Code)</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Home:</th>
<th>Business:</th>
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**Person to notify in case of emergency:**

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<tr>
<th>Name:</th>
<th>Address:</th>
<th>Telephone Number:</th>
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**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
- [ ] Part Time Work
- [ ] Temporary Work

**Salary Desired (Minimum):**

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**Military Service:**

<table>
<thead>
<tr>
<th>None</th>
<th>Branch</th>
<th>Rank</th>
<th>Serial No.</th>
<th>Date</th>
<th>Type of Discharge</th>
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**Have you ever been convicted of a misdemeanor or felony?**

- [ ] No
- [ ] Yes

*Conviction is not a bar to employment. If so, what was it?*

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**Are you legally authorized to work in the US on a full time basis?**

- [ ] Yes
- [ ] No

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**When can you start?**

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## 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:

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**EDUCATION**

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>NAME OF SCHOOL</th>
<th>COURSE MAJORED IN</th>
<th>YEARS ATTENDED FROM - TO</th>
<th>DATE GRADUATED</th>
<th>DEGREE</th>
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<tr>
<td>LAST ELEMENTARY</td>
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<tr>
<td>LAST HIGH SCHOOL</td>
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<td>COLLEGE</td>
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<td>GRADUATED OR SPECIAL WORK</td>
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<td>BUSINESS OR TRADE SCHOOL</td>
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<td>CORRESPONDENCE OR NIGHT SCHOOL</td>
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What are your present plans (if any) for improving your education? 

Describe academic honors, awards, scholarships.

Describe special skills or abilities.


**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.

<table>
<thead>
<tr>
<th>EMPLOYING FIRM</th>
<th>ADDRESS</th>
<th>FROM:</th>
<th>Month</th>
<th>Year</th>
<th>TO:</th>
<th>Month</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>YOUR TITLE</td>
<td>NUMBER SUPERVISED</td>
<td>SUPERVISOR</td>
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FULL TIME: [ ]  PART TIME: [ ]

STARTING SALARY $_________

LAST SALARY $_________

Reason for wanting to leave:

<table>
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<tr>
<th>EMPLOYING FIRM</th>
<th>ADDRESS</th>
<th>FROM:</th>
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<th>Year</th>
<th>TO:</th>
<th>Month</th>
<th>Year</th>
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FULL TIME: [ ]  PART TIME: [ ]

STARTING SALARY $_________

LAST SALARY $_________

Reason for leaving:
EMPLOYING FIRM
ADDRESS

YOUR TITLE
NUMBER SUPERVISED
SUPERVISOR

DUTIES:

FROM: __________  Month  Year
TO: __________  Month  Year

FULL TIME: ☐
PART TIME: ☐

STARTING SALARY $_________

LAST SALARY $_________

Reason for leaving:

EMPLOYING FIRM
ADDRESS

YOUR TITLE
NUMBER SUPERVISED
SUPERVISOR

DUTIES:

FROM: __________  Month  Year
TO: __________  Month  Year

FULL TIME: ☐
PART TIME: ☐

STARTING SALARY $_________

LAST SALARY $_________

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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOME ADDRESS</th>
<th>PHONE</th>
<th>BUSINESS</th>
<th>YEARS KNOWN</th>
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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.

Applicant's Signature

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

Company
Agency
Firm

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

Applicant's Signature

I voluntarily authorize

Company
Agency
Firm

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

Applicant's Signature

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

Applicant's Signature