Employment Application

City of Weston

102 West Second Street
Weston, WV 26452
Phone:(304)269-6141

Please complete the entire application

Applicants Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____ Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Social Security Number: _____

Driver's License (State/ Number): _____ Email:_____

Emergency Contact Information

Who should be contacted on your behalf if you are involved in an emergency?

Contact Name: _____.

Relationship to you: _____ Phone Number: _____.

Job Position Applied For: _____. Salary Desired: $_____ Per _____.

Type of Employment You Will Accept: Full Time ~ Part Time ~ Seasonal. (Circle all that apply)

1. Have you applied for work in this department previously? ___Yes ___No If yes, when? _____.
2. Are you willing to work all shifts, including nights, weekends, and holidays that you are scheduled? ___Yes ___No
   If no, please state any limitations:_____.
3. Are you able to work overtime? ___Yes ___No
4. Are you at least 18 years old? ___Yes ___No
5. How will you get to work? _____.
6. If you are offered employment, on what date could you start? _____.
7. Are you able to preform the functions of the job position you seek with or without reasonable accommodations? ___Yes ___No
8. What reasonable accommodations, if any, would you request? _____.
9. If hired, can you provide proof that you are legally eligible for employment in the United States? ___Yes ___No
10. Have you ever been charged with a crime? ___Yes ___No If so; Date: _____ State: _____
    County: _____What was the disposition?_____.

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Applicant Employment History

Please list all jobs (including self-employment and military service) which you have held, beginning with the current or most recent first. If additional space is needed, continue on another page and attach to this form.

Employer Name: ____

Supervisor Name: ____

Address: ____

Phone: ____

Job Duties: ____

Reason for Leaving: ____

Dates of Employment (Month/ Year): _____________________________

Employer Name: ____

Supervisor Name: ____

Address: ____

Phone: ____

Job Duties: ____

Reason for Leaving: ____

Dates of Employment (Month/ Year): _____________________________

Employer Name: ____

Supervisor Name: ____

Address: ____

Phone: ____

Job Duties: ____

Reason for Leaving: ____

Dates of Employment (Month/ Year): _____________________________

Employer Name: ____

Supervisor Name: ____

Address: ____

Phone: ____

Job Duties: ____

Reason for Leaving: ____

Dates of Employment (Month/ Year): _____________________________

Applicant's Education and Training

- High School Diploma/GED? ___Yes ___No

  Name and Address of School:_____.

- College/University/Trade School ___Yes ___No

  Name and Address of School:_____.

Did you receive a degree? ___Yes ___No

If yes, Degree Received:_____.

Please Indicate any Awards, Honors or Special Achievement You Received From Your School:

_____.

- Military Service: ___Yes ___No

  Branch: _____. Date of Service:_____. Type of discharge: _____.

Specialized Training: _____.

Applicants Skills

Please list any skills or other training that may be useful for the job that you are applying for.

Skill or Training	Years of Experience	Certifications/Degree/License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer.

_____

_____

_____

_____

_____

_____

References

List any two non-relatives who do not live with you and would be willing to provide a reference for you.

Name: _____

Address: _____

City/ State/ ZIP: _____

Telephone: _____

Number of Years Acquainted: _____ Relationship: _____

Name: _____

Address: _____

City/ State/ ZIP: _____

Telephone: _____

Number of Years Acquainted: _____ Relationship: _____

Who referred you to us?_____.

Do you have friends or relatives that work here? ___Yes ___No If yes, who:_____.

It is the policy of the City of Weston to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Office use only

Interviewed By: _____ Date: _____

Please provide a rating for this job candidate as it pertains to the job they are interviewing for.

#1 being lowest and #5 being highest level.

Timeliness: ____. Neatness: ____. Skill Level: _____. Experience: _____. Education ___.

Flexibility ___. Confidence ____. Personal References ____.

Remarks about interview: _____

_____

_____.

Hired: ___Yes ___No. Start Date: _____. Salary: _____.

Department Hired For:_____. Position Hired for:_____.

Department Head Signature

_____

Human Relations Signature

_____