



## 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.

<u>Skill or Training</u>	<u>Years of Experience</u>	<u>Certifications/Degree/License</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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  
\_\_\_\_\_