



City of Beckley Employment Application

409 South Kanawha Street
P O Box 2514 (25802)
Beckley, WV 25801

Directions: Please respond to ALL questions. If a particular question does not apply to you or the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT CLEARLY. An incomplete application will not be considered for employment.

The City of Beckley is an Equal Opportunity Employer to all persons without discrimination on the basis of race, color, religion, age, sex, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S. or any other legally protected status.

Personal

Last Name	First Name	Middle Initial	Social Security Number	Date of Application
Address		City	State	Zip
Email Address			Home Phone	Alternate Phone
Are employment records pertaining to you kept under any other name? ___ Yes ___ No If yes, give full name			Are you at least 18 years of age? ___ Yes ___ No Employment is subject to verification of minimum legal age	How did you hear of job opening?
Are you able to produce proof of identity & eligibility for employment in the United States? ___ Yes ___ No Ex: Driver's License, Social Security Card, Birth Certificate, Immigration Documentation			You will be asked to undergo a pre-Employment Drug Test. Are you willing to undergo a Drug Test? ___ Yes ___ No	A prerequisite to employment with the City of Beckley is the completion of a criminal background check. Are you willing to authorize a pre-employment background check? ___ Yes ___ No
In case of Emergency Notify:		Phone	Have you been convicted of a misdemeanor or felony? ___ Yes ___ No If yes, please explain.	

Position Desired

Position Applied for: (Be Specific)	Salary Expected:
	\$ _____ annual \$ _____ hourly
Date Available:	___ Full Time ___ Part time

Do you have any commitments to another employer which might affect your employment with us? ___ Yes ___ No If yes, please explain	_____ Yes _____ No	Are you willing to work weekends?
	_____ Yes _____ No	Are you willing to accept shift work?
	_____ Yes _____ No	Are you willing to work emergency "Call Outs"?

Skills

List any special educational training, including: vocational, workshops, training, etc. that may be applicable to the position you are seeking:

Additional Skills (office-computer) or equipment you can operate:

License or Certification

Type	State	Date Received	Last Renewal	Certificate Number

List membership in professional organizations and offices held, if any:

Education

Are you attending school now? ___ Yes ___ No		Course of Study:		
Circle last year of school completed : 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 7 8				Business or Trade School 1 2 3 4
High School	City/State	Graduate ___ Yes ___ No	Major Area of Study	Degree
College		Graduate ___ Yes ___ No		
Business or Trade School		Graduate ___ Yes ___ No		

Military Service

Branch:	Rank at Discharge:
Type of Discharge:	Briefly Describe your Duties:

Employment History

Please list the names of present and previous employers in order, *beginning with the most recent employer*. Include periods of military service, self-employment, and unemployment. Attach additional sheets, if necessary.

Job Title	Starting Salary	Ending Salary	Responsibilities
From: _____ To: _____	Reason For Leaving	Name and Title of Direct Supervisor	May We Contact ____ Yes ____ No
Employer	Address	City- State-Zip	Phone Number
Job Title	Starting Salary	Ending Salary	Responsibilities
From: _____ To: _____	Reason For Leaving	Name and Title of Direct Supervisor	May We Contact ____ Yes ____ No
Employer	Address	City- State- Zip	Phone Number
Job Title	Starting Salary	Ending Salary	Responsibilities
From: _____ To: _____	Reason For Leaving	Name and Title of Direct Supervisor	May We Contact ____ Yes ____ No
Employer	Address	City-State-Zip	Phone Number

Have you previously worked for the City of Beckley? ____ Yes ____ No If yes, please complete the following:

Position Title	Dates: From To	Supervisor	Reason for Leaving

Are any of your relatives working at the City of Beckley? ____ Yes ____ No

If yes, please list: _____

References

Name	Company/Title	Address	Phone	Years Known

Notice

I certify that the information given by me on this application is true. I agree if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that this employment application and any other City of Beckley documents are not contracts of employment, express or implied. If hired, I may voluntarily leave employment or may be terminated by the City of Beckley at any time and for any or no reason, with or without cause. City of Beckley employees are at-will employees. **I also understand that I may be offered employment conditioned on my successfully passing criminal and/or successfully passing other background checks and/or drug tests and/or physical exams to the satisfaction of the City of Beckley.**

Signature of Applicant

Date

Please attach any additional information you believe to be useful in our decision.



409 South Kanawha Street
Beckley, WV 25801

Information Release Authorization

I authorize the City of Beckley's agents to contact by phone, correspondence, or in person, my previous employers and personal references to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, criminal background investigation, character, and reputation. I further acknowledge I will not pursue any legal claims, including, but not limited to, defamation, libel, slander, or invasion of privacy against the City of Beckley.

By signing this agreement, **I agree to hold harmless** any previous employer, or agent of that organization, or any individual providing information in this authorization. I further authorize the City of Beckley to provide a copy of this release upon request.

Applicant (Please Print)

Signature of Applicant

Date