



City of Glen Dale

402 Wheeling Ave • Glen Dale, WV 26038-1537

Phone: (304) 845-5511 • Fax: (304) 845-5581

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

Are you a citizen of the United States of America? _____ YES _____ NO

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

If yes, please explain: _____

Have you applied here before? _____ YES _____ NO If yes, when? _____

What position are you applying for? _____

When can you start? _____

_____ FULL TIME _____ PART TIME _____ TEMPORARY _____ OTHER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

EMPLOYER 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: _____ to _____

SALARY OR HOURLY RATE: \$ _____

EMPLOYER 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: _____ to _____

SALARY OR HOURLY RATE: \$ _____

EMPLOYER 3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SUPERVISOR'S NAME: _____

JOB TITLE: _____ REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: _____ to _____

SALARY OR HOURLY RATE: \$ _____

EDUCATION

SCHOOLS / COLLEGES ATTENDED	# OF YEARS ATTENDED	YEAR GRADUATED	DEGREE

Describe any special qualifications for this job?

DRIVER'S LICENSE #: _____

STATE: _____ EXPIRATION: _____

Do you have a valid CDL License? _____ YES _____ NO

Has your license ever been suspended? _____ YES _____ NO

If yes, please explain: _____

Are you a veteran of the U.S. Military service? _____ YES _____ NO

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

SIGNATURE: _____ DATE: _____

FOR PERSONNEL DEPARTMENT ONLY

REMARKS:

INTERVIEW REPORT BY: _____

ACCURATE CREDIT BUREAU FAX: (626) 398-0642

I WISH TO ORDER: _____ CREDIT REPORT _____ DMV RECORDS
_____ REFERENCE VERIFICATION _____ CRIMINAL RECORDS

RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize any representative of The City of Glen Dale bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information at the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use by The City of GlenDale. Consent is granted for The City of Glen Dale to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, for any and al liability for damages of whatever kind, which may at any time result to me, my heirs family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below

FULL NAME (typed or printed): _____

CURRENT ADDRESS:

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

PHONE#: _____

DATE: _____

SIGNATURE: _____

Remit completed form to Glen Dale City Building or email to forms@glendalewv.gov.