



City of Moundsville

Application For Employment



PLEASE PRINT

Date of application: _____ Position(s) applying for: _____

Full Name:
Full Address:
Phone Number(s):
E-mail:

If you are under the age of 18, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
**Proof of citizenship or immigration status will be required upon employment*

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever filed an application with the City of Moundsville? Yes No

If yes, give the dates. _____

Have you ever been employed with the City of Moundsville? Yes No

If yes, give the position and dates. _____

On what date would you be available to begin employment with the City of Moundsville? _____

Can you travel if the job requires it? Yes No

Are available to work: Full Time Part Time Shift Work Temporary (Please check all that apply.)

Have you been convicted of a felony? **Conviction will not necessarily disqualify an applicant from employment.* _____

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.



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Education



	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Experience

Describe any apprenticeships, specialized training, job-related training and extra-curricular activities. Also include any equipment or machinery you are familiar with.

Computer Skills -

Are you proficient using: Microsoft Word Yes No Excel Yes No Outlook Yes No

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

Name	Address	Phone Number
1		
2		
3		



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Employment Experience

Start with your **present** or last job. Include any job-related military service assignments and volunteer activities. You may include organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

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Employment Experience Continued

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

**You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status:*



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AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____ authorize the Moundsville Police Department to conduct a personal background investigation in connection with my application for employment.

This investigation may include information from current and/or former employers, educational institutions, physicians and/or medical records, mental health records, listed personal references, and/or other appropriate sources.

I fully understand all information gained from such an investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentations, omissions or falsifications, my application will be rejected; or if already employed, my employment may be terminated.

I hereby release the Moundsville Police Department, Moundsville, West Virginia and any of its agents or representatives, and any persons so furnishing information, from any liability for damages from the release of records, documents, and other information for the investigation made by the Moundsville Police Department.

****All applications shall have signature notarized prior to turning in application.**

Signature: _____

Date: _____

STATE OF WEST VIRGINIA, MARSHALL COUNTY, MOUNDVILLE, WEST VIRGINIA

On this ____ day of _____, 20____, _____ whose name is signed to the foregoing instrument, personally appear before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made on the said instrument are true.

My commission expires _____.

Notary Public



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PERSONAL BACKGROUND INFORMATION

This information is to be used solely by the Moundsville Police Department for background investigation.

Name:	
Address:	
Driver's License Number:	State:
Social Security Number:	Date of Birth:
Place of Birth:	



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EMPLOYEE NEPOTISM POLICY REGULATIONS

The purpose of a nepotism policy is to establish policy for the employment of immediate relatives in order to assure the reality and appearance of fairness in the best interest of the City.

It is the City's policy that immediate relatives will not be employed in regular full-time or regular part-time positions where:

1. One relative would have the authority to supervise, appoint, remove, discipline or evaluate the performance of the other.
2. One relative would be responsible for auditing the work of the other.
3. Other circumstances exist which would place the relatives in a situation of actual or reasonably foreseeable conflict between the City's interest and their own.

Where business necessity requires the limitation of employment opportunity of spouses, the means chosen to meet the business necessity shall be those which have the least adverse impact on spouses or members of either sex. For example: The exclusion should be limited to the job, work crew, shop or unit where the reason for exclusion exists, and should not bar the person from the whole work force, unless the reason applies to the whole work force. When it is necessary to exclude a person because of what his or her spouse does, then the employees will be asked to determine which spouse shall keep the job. The City may require one spouse to quit 60 days after marriage if they become in violation of this policy and a mutually-agreeable solution cannot be reached between the City and the employee.

DEFINITIONS:

Immediate Family - Includes spouse, child, parent, brother, sister, grandparents, parent-in-law, daughter-in-law, son-in-law, grandchildren, aunts and uncles.

ADOPTED: March 6, 2012

I certify, as the applicant for a position with the City of Moundsville, I am in compliance with the attached nepotism policy currently in effect in the Policy Regulations.

SIGNATURE: _____

DATE: _____



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I, _____, certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____

NOTES: _____

