

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

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

Have you ever filed an application with us before? .....  Yes  No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

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

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

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

Can you travel if a job requires it? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# EDUCATION

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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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 exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	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, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

## **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

## **SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

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

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES       NO

## **REFERENCES**

1. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ Phone #  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 Employee at any time with or without cause.

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

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.





# Town of Moorefield

206 WINCHESTER AVENUE • MOOREFIELD, WEST VIRGINIA 26836

PHONE & TDD: 304-530-6142 FAX: 304-530-6933

E-MAIL: townofmfd@hardynet.com (City Hall)

mfdwwtp@hardynet.com (Wastewater Department)

mfdwater@hardynet.com (Water Department)

## OPTIONAL APPLICATION QUESTIONS

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Give home addresses for the past ten years, including dates of residence at each location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Number of dependants: \_\_\_\_\_

3. Are you a citizen of the United States? Yes No

4. \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

5. Have you ever been arrested or charged with a crime? Yes No

If, yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been issued a traffic citation? Yes No

If yes, Where \_\_\_\_\_ Date \_\_\_\_\_

7. Do you possess a valid driver's license? Yes No

Issuing state & DL number: \_\_\_\_\_

8. Are you a veteran? Yes No If yes, branch of Armed Forces: \_\_\_\_\_

Service dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_; Highest rank achieved: \_\_\_\_\_

9. Have you ever been discharged under conditions other than honorable from any branch of the Armed Forces? Yes No If yes, give details: \_\_\_\_\_

10. Have you ever been discharged from the Armed Forces for medical reasons? Yes No

If yes, give details: \_\_\_\_\_

(Questions continued on other side)

Page two

Optional Questions

11. Are you now drawing benefits from the U.S. Government for disability incurred while in the Armed Forces?    Yes    No    If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
11. Are you drawing benefits from any other source for physical disability?    Yes    No    If yes, give details: \_\_\_\_\_
12. Were you ever rejected upon examination for enlistment in the Armed Forces?    Yes    No  
If yes, give details \_\_\_\_\_
13. Are you a member of the National Guard or Reserves?    Yes    No
14. What serious illnesses or injuries have you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Give names of any relatives employed by the Town of Moorefield \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

SUBMIT ALONG WITH THIS APPLICATION, COPIES OF:  
Military Form D.D. 214  
Birth Certificate  
High School Diploma or G.E.D. certificate

**ALL INFORMATION WILL BE TREATED CONFIDENTIALLY. VARIOUS APPLICABLE LAWS PROHIBIT DISCRIMINATION BASED ON AGE, GENDER, RACE OR PHYSICAL DISABILITY. THE ABOVE INQUIRIES AS TO AGE, DATE OF BIRTH, AND SEX ARE MADE IN GOOD FAITH FOR NONDISCRIMINATORY PURPOSES.**