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 & eligbility 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	Responsibilties	
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 to useful in our decsion.

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