
EDUCATION BACKGROUND

School	Years Completed	Degree / Diploma	Course of Study Major

Describe any specialized training, apprenticeship, technical skills, etc. _____

Equipment or machinery you can operate _____

Clerical positions: Typing Speed _____ WPM

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer: _____ Telephone # _____
Address: _____ Employed From _____ To _____
Job Title: _____ Reason for Leaving: _____
Supervisor and Title: _____ Hourly Rate/Salary: Start \$ _____ Final \$ _____
Duties _____

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Employer: _____ Telephone # _____
Address: _____ Employed From _____ To _____

Job Title: _____
Supervisor and Title: _____
Duties _____
Comments: _____

Reason for Leaving: _____
Hourly Rate/Salary: Start \$ _____ Final \$ _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying, _____

ADDITIONAL INFORMATION

List professional, trade, business, or civil associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.)

Organization	Offices Held	Years Affiliated With
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

Name	Telephone No.	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to update this application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date _____

THE CITY OF PARKERSBURG IS AN EQUAL OPPORTUNITY EMPLOYER

PRIOR EMPLOYMENT CHECK (Applicant's Authorization)

In consideration for the acceptance by the City of Parkersburg of my employment application, I authorize representatives of the City of Parkersburg to contact, by phone, correspondence or in person, my previous employers and personal references listed on my application for the purpose of making inquiry regarding my performance, character and reputation. I further acknowledge that I will not pursue any legal claims or causes of action including, but not limited to, defamation, libel, slander, false light, invasion of privacy or intrusion into seclusion against the City of Parkersburg or any of my previous employers or personal references, where such claims are based upon or arise out of communications concerning my performance, character or reputation, occurring within a period of six months following my signing of this release. I further authorize the City of Parkersburg to furnish a copy of this release to any of my previous employers or personal references listed on my application upon request.

Applicant's Signature

Date

(Please Print)

Name _____

Address _____

TO BE COMPLETED BY THE PERSONNEL DEPARTMENT

TO: _____

The applicant named above is being considered for employment as _____ with the City of Parkersburg. The applicant states that he/she was employed by your company as _____ from _____ to _____. We would appreciate you completing the Record of Employment information below and returning the same in the enclosed stamped envelope. Thank you for your cooperation.

RECORD OF EMPLOYMENT

Position: _____

Employed From _____ To _____

Reason for leaving: _____

	Excellent	Good	Fair	Poor
Attendance	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Character	_____	_____	_____	_____
Work Performance	_____	_____	_____	_____
Would you re-hire?	_____ Yes		_____ No	

Signed _____ Title _____ Date _____

CITY OF PARKERSBURG

STATEMENT OF DRUG-FREE WORKPLACE

The City of Parkersburg, West Virginia, as a federal agency contractor, is mandated by the Drug-Free Workplace Act of 1988 to provide a drug-free work environment. This act **does not** mandate drug testing.

The City of Parkersburg's Drug-Free Workplace Policy is as follows:

- 1) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on the premises of any City facility or project. Any employee found to be in violation of these prohibited activities will be subject to termination.
- 2) Employees must report to the City (Supervisor or Personnel Director) any drug-related criminal conviction within five (5) days of the conviction. The City, in turn, must report to the contracting agency these employee convictions within ten (10) days of learning about the conviction.
- 3) Employee Assistance is available to deal with employees who have problems with drugs or alcohol. Any individual in need of assistance may request assistance in confidence. For further information contact your Supervisor or Personnel Director.

REMEMBER, MAINTAINING A DRUG-FREE WORKPLACE IS THE LAW.

Office of the Mayor and
Personnel Department
Effective February 6, 1990

