

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, 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"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

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 _____

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? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

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

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		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	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:

ADDITIONAL INFORMATION

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

NAME: _____	
CURRENT ADDRESS: _____ _____	
DRIVERS LIC. # _____	STATE _____
SOCIAL SEC. # _____	
DATE OF BIRTH: _____	
PLACE OF BIRTH: _____	

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____

	Date _____

NOTES:

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"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

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.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

- _____ ()
 _____ (Name) Phone #
 _____ (Address)
- _____ ()
 _____ (Name) Phone #
 _____ (Address)
- _____ ()
 _____ (Name) Phone #
 _____ (Address)

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: _____

CITY OF MOUNDSVILLE
NEPOTISM POLICY

EXCERPT FROM EMPLOYEE'S POLICY REGULATIONS

NEPOTISM

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



CITY OF

Moundsville POLICE DEPARTMENT

Moundsville, W. Va.
800 Sixth Street

304-845-1611
FAX: 304-843-1525

BACKGROUND INVESTIGATION 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, MOUNDSVILLE, WEST VIRGINIA

On this _____ day of _____, 20____, _____
whose name is signed to the foregoing instrument, personally appeared 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

Applicant's Statement

I certify that 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 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 such 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

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

NOTES _____
