



City of West Liberty



Employment Application

This City is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race religion, creed, color, sex, national origin, or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you may believe is appropriate: _____

Please answer **ALL** questions. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

Applicant Information (To Be Completed By All Applicants)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Driver's License: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO Are you legally eligible to work in the U.S.? YES NO

Have you ever worked for West Liberty? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Motor Vehicle Operator Information

The following 3 questions must be answered in order to complete a check of your driving record:

- 1) Date of Birth: _____
- 2) Drivers License Information: State _____ License # _____
- 3) Traffic Record Conviction: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

**Drug and Alcohol Information
(For All Applicants)**

All applicants for employment are required to submit to a drug and alcohol test after conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the City. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

FOR ALL APPLICANTS- PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I regardless of the date on which the City discovers the violation of its policy regarding application from dishonesty.

In connection with my application for employment with the City, I expressly authorize the release to the City of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.

If I am offered and accept employment with the City, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the City .

Signature: _____ Date: _____