City of Ranson
Application for Employment

312 S. Mildred Street | Ranson, WV 25438 | Phone (304) 725-1010
www.CityofRansonWV.net

An Equal Opportunity Employer

Instructions: Answer all questions completely and accurately. Do not write "See Résumé." Type or print legibly in ink. All statements subject to verification. An incorrect or incomplete application may bar you from employment.

1. NAME: Last First Middle	**2. TITLE OF POSITION** for which you are applying:
3. ADDRESS: Number Street City State Zip	
4. HOME PHONE NUMBER: / **WORK PHONE NUMBER:**	**EMAIL ADDRESS:**
5. Do you have a valid driver's license	☐ **Yes** ☐ **No** #
6. Have you ever been employed by the City of Ranson?	☐ **Yes** ☐ **No**
7. Do you have any relatives employed by the City of Ranson? If yes: state names: _____	☐ **Yes** ☐ **No**
8. If hired, can you show verification of your right to work in the United States: Date available to start work, if hired:	☐ **Yes** ☐ **No**

9. EDUCATION & TRAINING

Highest level of education completed ☐ High School or GED ☐ Some College ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree

If you do not have a high school diploma or a GED, please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11

Name and Location of College, University, Business, Technical or other schools	Major course of study	Type of Degree	Date of Degree Month & Year

Licenses, Registration, Certificates of professional or vocational competence:
Describe any other job related skills:
Computer Literacy: Check software you are adept at using or are skilled in: ☐ Access ☐ Excel ☐ MS Word ☐ Outlook ☐ PowerPoint ☐ Windows ☐ Other:

10. EXPERIENCE: List all jobs you have had in the last ten years; list your present or most recent job first. Failure to list the related experience required or failure to provide any of the information requested will result in your application being considered incomplete and therefore subject to rejection. Do not write "See Résumé." If more space is required, you may attach additional sheets, but a résumé will not substitute for the information required in this section.

Dates Employed: From: To:		Employer:	Your Title:
Hours Weekly:	Last Salary:	Address:	Reason for leaving:
Supervisor:	Duties:		
Supervisor's Title:			
Supervisor's telephone number:			

Dates Employed: From: To:		Employer:	Your Title:
Hours Weekly:	Last Salary:	Address:	Reason for leaving:
Supervisor:	Duties:		
Supervisor's Title:			
Supervisor's telephone number:			

Dates Employed: From: To:		Employer:	Your Title:
Hours Weekly:	Last Salary:	Address:	Reason for leaving:
Supervisor:	Duties:		
Supervisor's Title:			
Supervisor's telephone number:			

May we contact your employers? ☐ **Yes** ☐ **No**
Comments:

11. SPECIAL ACCOMMODATIONS:

Are you disabled as defined by the Americans with Disabilities Act? ☐ **Yes** ☐ **No**

Do you require reasonable accommodations to satisfactorily perform the essential job duties of the position for which you are applying? (Please review the job description.) ☐ **Yes** ☐ **No**

If you feel that you require assistance in the testing process due to a disability, please specify special accommodations you may need, i.e. reader, interpreter, etc.:

12. REFERENCES: Please list three (3) references. Professional references are preferred; please do not list people related to you.

Name:	Company/Business:	Title:	Phone Number:	Years Known:
Name:	Company/Business:	Title:	Phone Number:	Years Known:
Name:	Company/Business:	Title:	Phone Number:	Years Known:

13. CERTIFICATION:
I certify that the statements contained in this application are true and complete and understand that falsified statements on this application will subject me to disqualification or dismissal. I understand that reference checks may be made regarding my past employment and I authorize investigation of all statements contained herein.

SIGNATURE_____ DATE_____