



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
Zip			State	
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?			Yes	No
If yes: state names: _____				
8. If hired, can you show verification of your right to work in the United States:			Yes	No
Date available to start work, if hired: _____				
9. EDUCATION & TRAINING				
Highest level of education completed <input type="checkbox"/> High School <input type="checkbox"/> Some <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters				
or GED College Degree Degree				
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 _____