

City of Morgantown

Employment Application Form

Personal Information

Last _____ First _____ MI _____ SSN# _____ Email _____

 Street Address _____ City _____ St _____ Zip _____ Primary Phone _____

Are you entitled to work in the United States? Yes No | Are you 18 or older? Yes No If no, age: _____

Have you applied for employment or been employed here before? Yes No If yes, give position(s) and date(s): _____

Military Service? Yes No | Are you a veteran? Yes No | Type of employment desired: Full Time Part Time

Date available for work: _____ What position are you seeking? _____ Minimum salary requirement: _____

Does anyone in your immediate family work for the City of Morgantown? Yes No If Yes, list name(s) and relationship(s): _____

Prior Work Experience

| | Current or Most Recent | | Prior | | Prior |
|----------------------|------------------------|----|-------|----|---------|
| Employer | | | | | |
| Address | | | | | |
| City, ST, Zip | | | | | |
| Name of Supervisor | | | | | |
| Dates of Employment | From | To | From | To | From To |
| Position / Job Title | | | | | |
| Reason for Leaving | | | | | |
| May we Contact | | | | | |

List any offices held in school, civic clubs, non-profit or business organizations in which you have been or are involved:

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Education

| | Name / Location | Last Year Completed | Degree |
|---|-----------------|---------------------|--------|
| High School | | | |
| College / University | | | |
| Trade School | | | |
| Other | | | |
| List any applicable special skills, training, or proficiencies. | | | |

Other

If a license or certificate is needed to perform the work in the position for which you are applying, please complete the following:

Driver's License Number:

Name of Trade or Profession License Number:

_____ | _____

Please read the following before completing and signing the application

This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatments.

By signing this application, you are certifying that:

- the answers given herein are true and complete to the best of your knowledge
- you authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision
- in the event of employment, false or misleading information given in this application or interview(s) may result in discharge, and that during employment you are required to abide by all rules and regulations of the employer
- neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract
- unless otherwise defined by law, policies, and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice
- this application is the property of the employer and will be considered active for six months from the date signed

Signature

Date

PO Box 397,
Morgantown, KY 42261
Ph: 270-526-3557 Fax: 270-526-6295

