# City of Ravenswood
## APPLICATION FOR EMPLOYMENT
212 Walnut Street, Ravenswood West Virginia, 26164  304/273-2621

| JOB CLASSES FOR WHICH YOU ARE APPLYING: | For Office Use Only |
|---|---|
| | (Do not write in the spaces below.) |
| | Date Received: |

Soc. Sec. No:  ☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

| Last Name (above line) | First Name | Middle Initial |
|---|---|---|

| Mailing Address (above line) | City | County | State & Zip |
|---|---|---|---|

| (Area Code) Home Phone | (AC) Business Phone | Email Address |
|---|---|---|

| Type of Employment you will accept: | YES | NO | Mark with "X".  Have you... |
|---|---|---|---|
| A ____ Permanent Full-Time | | | applied to the City of Ravenswood in the last 12 months? |
| B ____ Permanent Part-Time | | | applied using a different name? Type Name: |
| C ____ Temporary Full-Time | | | previously held/currently hold a job covered by the City of Ravenswood? |
| D ____ Temporary Part-Time | | | |
| E ____ Intermittent | | | Can you legally work in the United States? |
| Date you are available to interview: | | | If temporarily, enter expiration date here: |
| Date: | OFFICE USE ONLY | | |
| Check all shifts that apply: | | | |
| A ____ Day Shift Only | | | |
| B ____ Evening Shift Only | | | |
| C ____ Night Shift Only | | | |
| D ____ Rotating Shift Only | | | |

Have you ever been convicted of a felony with the past 7 years?  _____ YES  _____ NO
A "YES" answer will not cause the removal of your name from an employment register or bar you from
all employment unless the conviction relates to the position for which you are applying.

**Employment History**

| Employer Name and Address | Employer Phone No. |
|---|---|
| | |

| Type of Business | Name of Supervisor | Your Job Title | Last Salary |
|---|---|---|---|
| | | | |

| **Employment Dates** | Employment Status: ____ Paid Employment  ____ Volunteer Work |
|---|---|
| | ____ Full-Time  ____ Part-Time  Number of hours per week: ____ |
| mo./yr. ____  mo./yr. ____ | Did you supervise any employees? |
| | ____ YES  ____ NO |

| Date you began supervising: mo./yr. | List titles and number of Employees you officially supervised: |
|---|---|
| | |

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**Employment history continued.**

Detailed Description of Your Duties and Responsibilities:

| Employer Name and Address | | | Employer Phone No. | |
|---|---|---|---|---|
| | | | | |

| Type of Business | Name of Supervisor | | Your Job Title | Last Salary |
|---|---|---|---|---|
| | | | | |

**Employment Dates**

| | | Employment Status: _____ Paid Employment   _____ Volunteer Work |
|---|---|---|
| | | _____ Full-Time   _____ Part-Time   Number of hours per week: _____ |
| mo./yr. | mo./yr. | Did you supervise any employees?   _____ YES   _____ NO |

| Date you began supervising: mo./yr. | List titles and number of Employees you officially supervised: |
|---|---|
| | |

Detailed Description of Your Duties and Responsibilities:

| Employer Name and Address | | | Employer Phone No. | |
|---|---|---|---|---|
| | | | | |
| Type of Business | Name of Supervisor | | Your Job Title | Last Salary |
| | | | | |

**Employment Dates**

| mo./yr. | mo./yr. |
|---|---|
| | |

Employment Status: _____ Paid Employment _____ Volunteer Work
_____ Full-Time _____ Part-Time Number of hours per week: _____

Did you supervise any employees?
_____ YES _____ NO

| Date you began supervising: mo./yr. | List titles and number of Employees you officially supervised: |
|---|---|
| | |

Detailed Description of Your Duties and Responsibilities:

**Employment History -**

| Employer Name and Address | | | Employer Phone No. | |
|---|---|---|---|---|
| | | | | |
| Type of Business | Name of Supervisor | | Your Job Title | Last Salary |
| | | | | |

**Employment Dates**

| mo./yr. | mo./yr. |
|---|---|
| | |

Employment Status: _____ Paid Employment _____ Volunteer Work
_____ Full-Time _____ Part-Time Number of hours per week: _____

Did you supervise any employees?
_____ YES _____ NO

| Date you began supervising: mo./yr. | List titles and number of Employees you officially supervised: |
|---|---|
| | |

Detailed Description of Your Duties and Responsibilities:

Education. (If you need more space, provide information on a plain sheet of paper.)
Did you receive a high school diploma or high school equivalency diploma (GED)?        ____Yes ___No

Mark highest grade completed        __1 __2 __3 __4 __5 __6 __7 __8 __9 __10 __11 __12

Additional Education:  All academic training, other than high school or GED, must be verified.  Verification
of adademic training may be in the form of an official transcript, copy of diploma or
certificate, or written statement from an authorized agency verifying possession of
the necessary credentials.

| School Name and Address: College (Undergraduate) | Field of Study | Credit Hours | Dates of Attendance | Type of Degree |
|---|---|---|---|---|
|  |  |  |  |  |
| College (Graduate) | Field of Study | Credit Hours | Dates of Attendance | Type of Degree |
|  |  |  |  |  |
| Business, Voactional or Technical School | Field of Study | Credit Hours | Dates of Attendance | Type of Degree |
|  |  |  |  |  |
| Additional Training. Seminars, Military Trg., Workshops, etc.) |  |  |  |  |
|  |  |  |  |  |

Affirmation:  I certify under penalty of law and disqualification that all statements are true and complete.  I
authorize the City of Ravenswood  and any agent on its behalf to conduct an inquiry into any job-related
information contained in this application.  I release the City of Ravenswood and any agent on its behalf
from any and all liability by reason of the request for such information.  I further authoirze and request each
former employer, educational institution or organization (including law enforcement agencies) to provide
all information that may be sought in connection with this application.

Signature: _____    Date: _____

**References:**
   **Personal**

| Name | Address | Phone |
|---|---|---|

| Name | Address | Phone |
|---|---|---|

| Name | Address | Phone |
|---|---|---|