



CITY OF CHARLES TOWN
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete or inaccurate information could disqualify you from further consideration.*

Name _____ Date _____

Present Address _____
Street City State Zip

Home Phone # _____ Mobile Phone # _____

E-mail Address _____

Are you eligible to work in the U.S? Yes _____ No _____

Are you at least 18 years or older? *(If no, you may be required to provide authorization to work.)* Yes _____ No _____

Have you ever been terminated from employment or asked to resign by an employer? Yes _____ No _____
If yes, please provide company names and details

Can you work any shift? Yes _____ No _____ Overtime, including weekends? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes _____ No _____

EMPLOYMENT DESIRED

Position desired _____

Date you can start _____ Hourly Rate/Salary desired _____

Are you currently employed? Y _____ N _____ If so may we inquire of your present employer? Y _____ N _____

EDUCATION	Name and location of school	No. of Years Attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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From	To	Employer Name	Telephone ()
Job Title		Address	

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Reason for leaving		Hourly Rate/Salary	
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please describe _____

Computer Skills (please describe): _____

Have you ever been convicted of a felony offense: Yes _____ No _____ If so, please briefly described situation _____

(Note: prior conviction an offense does not automatically disqualify candidates for positions within the City of Charles Town).

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Charles Town to hire me. If I am hired, I understand that either the City of Charles Town or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of Charles Town has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City of Charles Town true and complete information on this application. No requested information has been concealed. I authorize City of Charles Town to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I understand that prior to being hired I will be subjected to a conditional background check.

Signature: _____

Date: _____

The City of Charles Town is an equal opportunity employer. The City of Charles Town does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.



CITY OF CHARLES TOWN

**CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT/BACKGROUND CHECK
Authorization for Release of Information**

Carefully read this authorization to release information about you, then please sign and date below in ink.

I understand that, as a condition of my consideration for employment with the City of Charles Town, or as a condition of my continued employment with the City of Charles Town, the City may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Charles Town Police Department conducting my background investigation, to obtain any information relating to my activities from individuals, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the City of Charles Town will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment with the City. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature (In Ink)	Print Name	Date Signed
Other Names Used	Date of Birth	Social Security Number
Current Street Address	City & State	ZIP Code
Home Telephone Number	Driver's License Number	Issuing State