



**CITY OF WEIRTON**  
200 Municipal Plaza  
Weirton, WV 26062

**Employment Application- City of Weirton General Fund**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the City? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Training Received: \_\_\_\_\_

Relevant work experience: \_\_\_\_\_

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract or offer of employment.

If this application leads to employment, I understand that false or misleading information in this application or during the interview will result in termination of employment regardless of when discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONFIDENTIAL Employment Background Check Authorization –**

**INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First MI Maiden*

Current Address: \_\_\_\_\_  
*(mo/yr) Street City State Zip*

Previous Address: \_\_\_\_\_  
*(mo/yr) Street City State Zip*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Driver's License Number/State \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

**Authorization and Signature**

I certify that my answers above are true and complete to the best of my knowledge.

I hereby authorize the City of Weirton and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and /or volunteer purposes. I understand that the scope of this report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county, or local jurisdictions; driving records and license checks, birth records as well as other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me to The City of Weirton or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the City of Weirton, the Social Security Administration and its agents, officials, representatives, or assigned agencies including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of truthful compliance with this authorization and request to release.

This authorization is valid for a period of 5 years from the date below, or during the period of employment if hired by the City of Weirton, whichever is longer. The City of Weirton agrees that any information obtained pursuant to this authorization will remain confidential and not be publically released

I hereby further authorize that a photocopy/scan of this authorization shall be considered as valid as original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
TO BE COMPLETED BY NOTARY PUBLIC

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature Notary Public