



CITY OF GLENVILLE APPLICATION PROCEDURES

Applicants must complete and return all application and background forms to the City of Glenville on or before any return date listed **in** the advertisement. This job application must be submitted; a resume only is not sufficient.

With this initial application (attached), at a minimum you must provide copies of the following documents:

Driver's license
Completion of any or all training
Proof of residency

Your application must be received on or before any return date listed in the advertisement.

Those applicants who appear qualified may receive additional materials and forms that must be completed and returned to complete the application process.

Applicants who provide an incomplete application fail to provide requested information, who provide misleading or false information, or submit information after the specified deadline(s) will be removed from further consideration for employment.

Those applicants passing all of these examinations, tests, and checks may be subject to drug testing. Those successful candidates may then be subject to a physical examination by a physician.

Your application will remain on file for a period of (1) year after the date of the application. This pool of applications may be utilized during this period to fill in any openings during that time period. The fact that you were not selected for any immediate openings does not necessarily mean that you will not be considered for other openings that arise within our municipality.

The City of Glenville is an Equal Opportunity Employer.



CITY OF GLENVILLE CONFIDENTIAL FORMATION

AGREEMENT

A thorough investigation will be conducted to determine your qualifications for the position for which you have applied. To a great extent, your ability to be qualified for employment will depend on information obtained on this application, and in confidential interviews with persons with whom you have been associated, including the personal references you have listed in the application, as well as other persons.

If the reason(s) for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot re-apply at a later date, but that other candidates provided experience, education, and background data that appeared more suitable for employment.

By completing and returning this initial application, you have completed one step in the process of applying for employment with the City of Glenville/City of Glenville Police Department. If your initial application is suitable, you may receive additional materials that must be completed and returned within the deadline period for those materials, and failure to complete and return any such materials, providing insufficient or misleading information, or failure to submit to, or appear for further testing/evaluation, will result in your application being withdrawn from further consideration.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

Signature

Date

Once you have completed the application, and have verified your answers, this application, along with the required documents, should be submitted immediately to:

Mail or drop off:
City of Glenville
20 N. Court St.
Glenville, WV 26351

Email:
clerk@glenvillewv.gov

GENERAL INFORMATION

LAST NAME FIRST MIDDLE

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ D.O.B. _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

HOME PHONE: (_____) OTHER PHONE: (_____)

EMAIL ADDRESS: _____

(indicate an email address, all correspondence regarding your application will be sent to your email address. This is the preferred method. If you do not indicate an email address, all correspondence will be sent by US Mail to the address you listed above)

List any other name(s) you have been known by: _____

List any other social security numbers you have used: _____

Date of application: _____ Date available for work: _____

Have you ever worked for this City? Yes No

If yes, list name(s) used and dates: _____

Are you related to any City employee, or any member of the City Council? Yes No

**DRIVING HISTORY
CRIMINAL HISTORY**

Your driver's license number: _____ Issuing State: _____

Since age 18, have you ever been arrested? If yes, complete the following:

Date	Charge	Where Arrested	Disposition



CITY OF GLENVILLE BACKGROUND INFORMATION FOR EMPLOYMENT

I am applying for the position of: _____ Full Time ___ Part Time ___

INSTRUCTIONS

Use a blue ballpoint pen to complete this application. Answer each question clearly and completely. All questions must be answered. If a section or question does not apply to you, write 'NA' to that question or section. **The failure to provide information requested during any part of the application or hiring process will result in your application being withdrawn from further consideration for employment.** Be as specific as possible, since your application will be screened on what you include regardless of what you might otherwise be able to perform.

This is the background packet for employment, and no employment contract is being offered. If you need additional space to respond, attach a separate piece of paper, noting the question/section and the additional information.

If you need assistance in completing these forms, you may ask the city clerk for help. The City of Glenville does not discriminate on the basis of race, color, religion, sex, gender, national origin, age, familial of veteran status, political affiliation, disability status, or any other legally protected status.

WARNING:

All information in this packet will remain confidential and will be only released as necessary to evaluate your application. However, it will be subject to an extensive background examination. **Any false, misleading, or incomplete statements will be considered grounds for rejection, or dismissal. Leave no section blank.** If you are selected for employment, this background application packet will become a part of your personnel file.

EDUCATION

List all Colleges, Universities that you have attended.

College	City/State	Major	Minor	Degree earned

List the High School(s) you attended

School name	City, State	Grade completed

Do you have a high school diploma, or G.E.D.? Yes No

Have you ever been expelled or suspended from any school, dropped out, or withdrawn because of poor scholastic standing? Yes No

If yes, explain:

EMPLOYMENT HISTORY

Starting with your current, or most recent, employer, list all jobs you have held for the last 10 years.

From	To	Employer name/address	City/State	Phone	Type of duties & Reason for leaving

Have you ever been fired, suspended, or put on inactive status (other than for prior workers compensation cases) by any of your previous employers? [] Yes [] No

If yes, specify which employer and circumstances:

Do you have any special licenses, training, or volunteer experience that would help us determine your suitability for this position? If so, list:

REFERENCES

The following question seeks background references to determine past character. Do not list family members or former employers. Provide at least 3 references. If you desire, you may provide more references on an additional sheet of paper.

Name	Address	City, State, Zip	# years known	phone number

Have you ever been served with a Summons or Subpoena to appear in Court? (Do not count Jury Duty, or in a law enforcement officer capacity? Yes No

Do you know of any other information that we have not asked for, if discovered, could be detrimental to the consideration of your application? If so, you have the opportunity to disclose this information below at this time. If you have omitted or withheld any information that was asked for in this application, it may be cause for the rejection of your application, or if you are accepted for employment, it may be cause for the termination of your employment. (We are not in this question interested in your physical or mental ability to do the job).

Have you ever stolen anything of value? Yes No

If your answer is yes, please indicate when, what it was, your age at the time, the circumstances and how often it happened.



CITY OF GLENVILLE AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern

I hereby authorize any sworn Police Officer of other authorized representative of the City of Glenville Police Department bearing this release, or a copy thereof, within six (6) months of its date, to obtain information from your files pertaining to my employment, financial status, or educational records, including but not limited to credit history, academics, achievements, attendance, athletics, personal (non-medical) history, employment history, and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Glenville Police Department. Consent is granted for the Glenville Police Department to furnish such information as is described above, as third parties, in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records, and any school, college, university, or other educational institution, or retail business establishment including its 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 compliance with this authorization and request to release information, or any attempt to comply with it.

I hereby acknowledge that information obtained in the background investigation is confidential and will not be released to the applicant. I acknowledge that this is important in order to obtain objective and unbiased information. I will not attempt to obtain from the City of Glenville a copy of any background information obtained by the City of Glenville.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: _____ Signature: _____

Printed full name: _____

Current address: _____

Phone number: _____

Subscribed and sworn in before me, a Notary Public, this _____ day of _____
20__

Notary Public Signature (seal)

My commission expires: _____