



CITY OF GLENVILLE

20 N. Court Street * Glenville, WV 26351 * 304-462-7411 * www.glenvillewv.gov

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 alone 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.



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APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the city.

AN EQUAL OPPORTUNITY EMPLOYER

Please print

Date of Application _____

Name _____ Social Security # _____
Last First/Middle

Address _____ City State Zip Code

Telephone # _____ Other Phone # _____

Email Address _____

Have you ever been employed here before? If yes, give dates _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work? _____ What is your desired salary range? \$ _____

Are you able to meet the attendance requirements of the position: ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide dates: _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's License Number and Issuing State _____

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete a T-9 Fann in this regard. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accepted all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



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CITY OF GLENVILLE CONFIDENTIAL INFORMATION AGREEMENT

A thorough investigation will be conducted to determine your qualifications for the position for which you have applied. To a greater extent, your ability to qualify 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



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GENERAL INFORMATION

LAST NAME FIRST MIDDLE

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

HOME PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

(If you 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? ☐ Yes ☐ No If yes, complete the following:

Date	Charge	Where Arrested	Disposition



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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.



Place a check mark in the appropriate box	YES	NO
Are you a United States Citizen?		
If no, are you legally eligible to work in the United States?		

[illegible]



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EDUCATION

List all Colleges / Universities that you have attended.

College	City/State	Major	Minor	Degree earned

List all High School(s) you attended.

School Name	City, State	Grade completed

Do you have a high school diploma or GED? ☐ 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

[illegible]



EMPLOYMENT HISTORY (CONTINUED)

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



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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. (In this question, we are not 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.



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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____

(seal)

Notary Public Signature

My commission expires: _____