

Midland Public Service District

P.O. Box 544 Elkins, WV 26241
phone 636-1431 fax 636-8941

APPLICATION FOR EMPLOYMENT

Social Security Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		DATE _____	
Name _____ Address _____ City, State, Zip _____ Phone # _____		List other first and last names which you have used. <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	
Are you 18 years or older? Yes _____ No _____ Have you previously worked for Midland PSD? Yes _____ No _____ After employment, can you submit verification of your legal right to work? Yes _____ No _____		Type of position desired _____ Date available for work _____ Have you been convicted of a crime other than minor traffic citations? Yes _____ No _____ If yes, list all convictions showing offense and date. (Only job related convictions are considered by Midland PSD)	
Former Addresses Within Last Five Years			
Address	City	State	Zip
From	To		
PERSONAL DATA			
Education - circle total years education completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate: 13-College Fresh 14-College Soph 15-College Junior 16-Bachelor Degree 17-Master Degree 18-Ph D			
College Information Undergrad Major _____ College/University _____ Month, Year graduated _____ Graduate Major _____ College/University _____ Month, Year graduated _____		High School Information Name of School _____ Location _____ Major courses taken _____ Are you currently attending school? Yes _____ No _____ if yes, anticipated graduation date _____	
EDUCATION			
Have you served in the United States Armed Forces? Yes _____ No _____ Branch of Service _____ Highest Rank Attained _____		Indicate any skills or training acquired during military service that you feel might be of interest or value to Midland Public Service District. <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	
MILITARY			
In case of accident or emergency please notify: name _____ address _____ phone # _____			
EMERGENCY INFORMATION			

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints may be filed with the Secretary of Agriculture, USDA, Washington, 20250-0760.

ESSENTIAL JOB FUNCTIONS

The work for which you are applying may involve one or more of the following job requirements: lifting, pushing, pulling or extending above the head, items weighing 25 lbs. or more; lifting, bending and turning at the waist simultaneously; standing or walking at least two hours at a time; operating mechanical equipment, exposure to temperature extremes.

(If you do not know, please inquire about whether any of these are essential functions of the position for which you are applying.)

Can you perform the essential job functions of the position for which you are applying with or without reasonable accomodation? Yes _____ No _____

PREVIOUS EMPLOYMENT

Please provide a complete report of all your working experience. List most recent employer first. Include periods of unemployment.

Company Name	From	To	Job Title	F/T	starting salary
Address	phone #		Supervisor	P/T	final salary
City, State	Zip code		Reason for Leaving		
Company Name	From	To	Job Title	F/T	starting salary
Address	phone #		Supervisor	P/T	final salary
City, State	Zip code		Reason for Leaving		
Company Name	From	To	Job Title	F/T	starting salary
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City, State	Zip code		Reason for Leaving		
Company Name	From	To	Job Title	F/T	starting salary
Address	phone #		Supervisor	P/T	final salary
City, State	Zip code		Reason for Leaving		

Have you ever been discharged or asked to resign from any positior Yes _____ No _____

If yes, please explain: _____

I understand that any untrue statements in this application will be just cause for dismissal.

I understand that failure to pass drug screening will be just cause for dismissal

I authorize the release of information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to the Midland Public Service District.

I understand this application will be considered current for 60 days. A new application must be completed for further consideration after 60 days.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.

Date _____ Signature of Applicant _____

(A copy of this statement is available upon request)