

**Equal Opportunity Employer**  
Each question must be fully and accurately answered. No action can be taken on this application until ALL questions are answered.



Charleston Sanitary Board  
208 26<sup>th</sup> Street  
Charleston, WV 25387

## Charleston Sanitary Board Employment Application

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Position(s) Applying For (Job Title): \_\_\_\_\_

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Last Name	First Name	Middle Initial	Today's Date
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Present Street Address	City	State	Zip
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If lived at present address for less than one year, list previous address including City, State and Zip \_\_\_\_\_

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Home Telephone Number	Social Security Number
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Person to Notify In Case of Emergency	Telephone Number
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Street Address of Person To Notify In Case of Emergency	City	State	Zip
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Do you have a Driver's License?	? Yes	? No	_____	_____	_____
			State	License Number	Exp.

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Do you have a CDL?	? Yes	? No	_____	_____	_____
			State	License Number	Exp.

Are you authorized to work in the United States for any employer? Yes ? No

(Persons authorized to work in the United States on a fulltime and indefinite basis include U.S. Citizens, lawful permanent residents ("green card" holders), temporary residents, asylees, and refugees. "Temporary resident" means approval under the Immigration Reform and Control Act's amnesty program or Special Agricultural Worker (SAW) or Replenishment Agricultural Worker (RAW) program.)

Will you accept employment: ? Full Time ? Part Time ? Shift Work ? Temp/Seasonal

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Date Available To Start	Desired Minimum Salary
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Have you ever applied to the City of Charleston or Charleston Sanitary Board before?  
? Yes ? No

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If yes, please list date(s)	If yes, please list the position(s) applied for:
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If yes, please list the reasons for leaving \_\_\_\_\_

Have you ever been discharged for cause or asked to resign a job?      ?   Yes      ?   No

If yes, please explain.

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Please list any relatives\* presently working for the City of Charleston or Charleston Sanitary Board:  
(\*Defined as a spouse, parent, sibling, grandparent, grandchild, aunt, uncle, or the corresponding in-law or step-relation, who is employed by or is an elected official of the City of Charleston)

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Have you ever been convicted of a felony?      ?   Yes      ?   No

If yes, please explain.

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**EDUCATION**

If you are called for an interview, you **MUST** bring copies of your High School and College transcripts in order to be considered for employment.

Last High School:

_____	_____
Name and Address of School	Last Year Completed (9 <sup>th</sup> , 10 <sup>th</sup> 11 <sup>th</sup> , 12 <sup>th</sup> )
Graduated? ? Yes ? No	

College:

_____	_____
Name and Address of School	Last Year Completed (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> )
Graduated? ? Yes ? No	
	Major Course of Study
	List Degree(s)
	_____
	_____
	_____

Graduate or Special Work:

_____	_____
Name and Address of School	Graduated? ? Yes ? No
_____	
Major Course of Study	

Trade, Business or  
Correspondence School:

_____	_____
Name and Address of School	Last Year Completed (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> )
Graduated? ? Yes ? No	
	Major Course of Study

What are your present plans (if any) for improving your education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subjects of special study or research work: \_\_\_\_\_

\_\_\_\_\_

Describe special skills/abilities/typing speed/dictation speed: \_\_\_\_\_

\_\_\_\_\_

Activities (Civic, Athletic, Etc.) Exclude organizations the name of which indicates race, creed, sex, age, marital status, color or national origin of its members.

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

\_\_\_\_\_ U.S. Military or Naval Service

\_\_\_\_\_ Rank

Present membership in National Guard or reserves

**EMPLOYMENT HISTORY**

List below past and present employment (full-time, part-time and self-employment), beginning with your most recent position.

**Present or most recent employer:**

\_\_\_\_\_ Company Name

\_\_\_\_\_ Company Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

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

\_\_\_\_\_ Supervisor

\_\_\_\_\_ Position

? Full Time

? Part Time

\_\_\_\_\_ Job Duties

\_\_\_\_\_ Employed From-To (Month/Year)

\_\_\_\_\_ Wage/Salary

May we contact?    ? Yes    ? No

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**Next previous employer:**

\_\_\_\_\_  
Company Name                                      Company Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Company Phone                                      Supervisor                                      Position

? Full Time      ? Part Time

\_\_\_\_\_  
Job Duties

\_\_\_\_\_  
Employed From-To (Month/Year)                                      Wage/Salary

May we contact?      ? Yes      ? No

Reason for leaving? \_\_\_\_\_

**REFERENCES (Two must be business, not personal references)**

\_\_\_\_\_  
Name/Business                                      Address                                      City                                      State                                      Zip

\_\_\_\_\_  
How long have you known?                                      Telephone Number

\_\_\_\_\_  
Name/Business                                      Address                                      City                                      State                                      Zip

\_\_\_\_\_  
How long have you known?                                      Telephone Number

\_\_\_\_\_  
Name/Business                                      Address                                      City                                      State                                      Zip

\_\_\_\_\_  
How long have you known?                                      Telephone Number

I certify that all the information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment (if hired) and may result in my dismissal if discovered at a later date.

I agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational histories, driving record, review of social media and criminal history. I authorize any person, school, current or former employer to provide information relevant to such investigation and hereby release all persons and corporations requesting or supplying such information from all liability or responsibility to me for doing so.

I understand that if hired, compliance with the CSB policies and procedures will be a condition of my continued employment. I UNDERSTAND THAT MY EMPLOYMENT WILL BE AT-WILL, SO THAT BOTH THE CSB AND I MAY TERMINATE IT AT WILL, WITHOUT CAUSE. This application for employment will remain active for six (6) months from initial submission date.

I have read and understand, and by submitting this application, consent to these statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### Waiver for Pre-Employment Screening

**Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I give the City of Charleston and the Charleston Sanitary Board permission to conduct any background investigation they deem necessary on me as part of processing this application for employment and to use any information obtained in accordance with the policies of the City of Charleston and the Charleston Sanitary Board.

I hereby authorize and request any City, County, State, and/or Federal agency and/or department to furnish any information in their files under the above name(s). I authorize the City of Charleston and/or the Charleston Sanitary Board to check Department of Motor Vehicles' files for any record I may have therein, and/or I authorize the Department of Motor Vehicles to furnish any information in its files concerning me to the City of Charleston and/or the Charleston Sanitary Board.

I agree to hold any source blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date