



## Application for Employment

Return to:  
City of Bridgeport  
Attn: City Clerk  
515 West Main Street  
Bridgeport, WV 26330  
-or-  
lrogers@bridgeportwv.gov  
304-842-8235

Date of Application: \_\_\_\_\_

*The City of Bridgeport is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, national origin, sex, age, marital status, or disability status of otherwise qualified individuals. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel/HR Department.*

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_

Email address \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

### **PERSONAL HISTORY**

Are you currently older than 18 years of age and no older than 35 years of age?  Yes  No

Did you serve in the U.S. Armed Forces?  Yes  No (DD-214 is required for veteran's preference)

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Rank: \_\_\_\_\_

Did you receive any discharge other than an honorable discharge?  Yes  No

Have you ever been employed by the City of Bridgeport?  Yes  No

Have you ever applied to the City of Bridgeport before?  Yes  No

Referred by:  Applied on my own  Current/Former Employee  Employment Ad

College  Career Fair  Website

Other (Explain) \_\_\_\_\_

If offered a position, when could you start? \_\_\_\_\_

**ADDRESSES FOR PREVIOUS 5 YEARS**

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Address City State Zip Code Dates: Beg – End

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Address City State Zip Code Dates: Beg – End

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Address City State Zip Code Dates: Beg – End

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Address City State Zip Code Dates: Beg – End

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Address City State Zip Code Dates: Beg – End

(Should additional space be required, list information on a separate sheet)

**REFERENCES**

*(List name, address, occupation, telephone number and length of relationship for 3 business/work references who are not related to you and are not previous supervisors/employers. If not applicable, list three school or personal references who are not related to you.)*

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

**EDUCATIONAL HISTORY**

<u>Type of School</u>	<u>Name and Location</u>	<u>Degree/ Area of Study</u>	<u>Dates Attended From-To</u>	<u>GPA</u>	<u>Graduate?</u>
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/ Trade School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

**QAULIFICATIONS**

Mark any certifications you currently have:

- Firefighter I
- HazMat Awareness
- EVOC (or equivalent)
- EMT (or higher)

**EMS Certification** (if applicable)

NREMT Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  EMT  AEMT  Paramedic

WVOEMS Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  EMT  AEMT  Paramedic

**Additional Skills and Qualifications:** (Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying)

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List professional, trade, business, or civic organizations and/or any special accomplishments, publications, awards, etc.:

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<b>Q &amp; A</b>	
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held a position of trust, such as handling confidential material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a valid driver's license for at least two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been revoked or suspended? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been bonded? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a traffic violation (moving or non-moving offenses)? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for the position of firefighter at another department? <i>If yes, where:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently affiliated with an agency or department that provides Fire, EMS, or Rescue Services: <i>If yes, where:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Before a person is selected for appointment, entries made in his/her application are verified and a careful and complete character investigation is conducted. You may use this space to explain any irregularities that may be disclosed by our investigations.

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**EMPLOYMENT HISTORY**

Begin with your present or most recent employer. List **ALL** work experience including Full or Part-Time, Military Service, Summer Jobs, Volunteer Work, etc. If you have held more than one position/title with the same employer, list each position/title separately.

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

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Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

**APPLICANT STATEMENT**

- I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application may disqualify me from consideration for employment or may result in discipline or discharge from employment.
- 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, under certain circumstances, I may be entitled under federal law to request in writing and receive from the City disclosure of the nature and scope of certain aspects of the City’s investigation.
- I understand that the result of any pre-employment investigation, *i.e.*, criminal background check, polygraph, credit report, DMV, etc. including any information or report received in connection with the investigation, may be made known to other City personnel involved in the hiring process. I consent to the conducting and receiving of any such reports and consent to the dissemination of the results to the City’s investigation personnel.
- If hired, I agree to conform to the rules and regulations of the City which will include a prescreening drug/alcohol screening/test. I understand that, if hired, I may be required to furnish proof of age and will be required to furnish proof that I am legally entitled to work in the United States and that my age meets the Civil Service requirement.
- This application for employment shall be considered for a period not to exceed three (3) years. Any applicant wishing to be reconsidered for employment after this time should file a new application.

\_\_\_\_\_  
Applicant Name (*print*)

\_\_\_\_\_  
Applicant Name (*sign*)

\_\_\_\_\_  
Date

