



Application for Employment

WV Parkways Authority

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 a representative of the Human Resources Department.

Full Name: _____

Position(s) applied for:

- | | |
|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Courtesy Patrol | <input type="checkbox"/> Toll |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Tourist Information Centers |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____ |

Date of application (mm/dd/yy): _____ Date available for work (mm/dd/yy): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ E-mail Address: _____

Type of employment desired: Full-Time Part-Time Temporary

Driver's License Number: _____ Driver's License State: _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in the United States? Yes No

Are you available to meet the attendance requirements of the position(s)? Yes No

Have you been convicted of a crime in the last seven (7) years? *Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position(s) for which you are applying.* Yes No

If you answered yes to the previous question, please explain:

Skills and Qualifications

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

Employment History

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

Job #1 - Start Date	End Date	Employer/Business Name	Telephone
Job Title	Immediate Supervisor Name and Title	Address	
Reason for Leaving?	Okay to contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor contact number	Hourly rate/Salary Start \$ _____ Per _____ End \$ _____ Per _____
Summarize the nature of work performed and job responsibilities.			
Job #2 - Start Date	End Date	Employer/Business Name	Telephone
Job Title	Immediate Supervisor Name and Title	Address	
Reason for Leaving?	Okay to contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor contact number	Hourly rate/Salary Start \$ _____ Per _____ End \$ _____ Per _____
Summarize the nature of work performed and job responsibilities.			
Job #3 - Start Date	End Date	Employer/Business Name	Telephone
Job Title	Immediate Supervisor Name and Title	Address	
Reason for Leaving?	Okay to contact previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor contact number	Hourly rate/Salary Start \$ _____ Per _____ End \$ _____ Per _____
Summarize the nature of work performed and job responsibilities.			

Educational Background

Did you receive your High School Diploma or other comparable diploma (*GED, etc.*)? Yes No

	Name and Location	Years Completed	Did you graduate?	Course of Study/Degree
High School				
College				
Technical				

References

Name	Relationship	Telephone	Years Known

*** APPLICATION DISCLAIMER AND SIGNATURE ***

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER’S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

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 LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO 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 REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY’S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON’S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

***By signing your name electronically on this Application for Employment, you agree that your electronic signature is the legal equivalent of your handwritten signature on this document. ***

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date (*mm/dd/yy*) _____