Midland Public Service District

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

APPLICATION FOR EMPLOY	IVIENI								
Social Security Number			DATE						
			DATE						
Name		List other first and last names which you have used.							
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Address			1		Advantiana quantum din basania anno anno anno anno anno anno anno	**************************************			
				O WARRY BRAINING TO THE STATE OF THE STATE O					
City, State, Zip			Type of position desired						
Phone #		Date available for work							
Are you 18 years or older Yes		Have you been convicted of a crime other than minor traffic citations? Yes: No.							
Have you previously worked for Midla		If yes, list all convictions showing offense and date. (Only job related convictions are considered by Midland PSD)							
After employment, can you submit ve	erification of your legal rig	ght to work?							
Former Addresses Within Last Five A			_!		·····				
Address	City	State		Zip	From	Fø			
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PERSONAL DATA Education- circle total years education	n gannlatad		12.0	College: Fresh	15-Callege Junion	17-Master Degree			
1 2 3 4 5 6 7 8		ool Graduate		College Soph	16-Bachelor Degree	18-Ph D			
College Information			High School Information						
Undergrad Major			Name of School						
College/University				Location					
Month, Year graduated			Major courses taken						
Graduate Major	para tanapatan bandan Pandan Mandah Kandan Hababah Mahabah (Alban) Pandah Mala		***************************************	D-0000 CHRONING PARAMETER PROPERTY OF THE PARAMETER PARA	MANISAMA Alakaka kifalia adilah makaka fakala kikanaka kanifa a anafidi ipama	······································			
College/University	The state of the s				retti bidi in Ne 1808 Cirean lin Neu Interne caratura eschunicat in acus can can can cat esc can acus andra				
Month,Year graduated			Are you currently attending school? Yes No						
EDUCATION		1	if yes, ar	nticipated gradua	tion date	·			
Have you served in the United States					during military service tha	t you feel might be of			
YesNo	interest or va	t or value to Midland Public Service District.							
Branch of Service									
Highest Rank Attained		r.							
MILITARY					4-14-14-14-14-14-14-14-14-14-14-14-14-14				
In case of accident or emergency ple name	ease notify: address				phone	#			
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EMERGENCY INFORMATIO	N	uru abaurababbat kara	ини и паке на петичана	PRESENTENDO DE DESCRIPTO DE LA GRANCIA GRANTA DA LA CARRA DE L	ki (Mikifalla dhishadh kanifara dasanak kabada a kamba makkara padisan q kasaba dayaya	eff delights to second to delice the second of the second			
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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.

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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 exp	rerience	Listim	nest recent employer first. Include periods of unemplo	yment.	•						
Company Name	From	То	Job Title	F/T	starting salary						
Address	phone #		Supervisor	P/T	final salary						
City, State	Zip code		Reason for Leaving								
Company Name:	Fram	To⊹	Job Title:	FAT	starting salary						
Address	phone	<u>}</u> #	Supervisor	P/T	final salary						
City, State	Zip code		Reason for Leaving								
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Company Name	From	То	Job Title	F/T	starting salary						
Address	phone#		gineux iset	P/T	final salary						
City, State	Zip code		Reason for Leaving								
Company Name	From	То	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 positiorYes No											
Funderstand that any untrue statements in this application	an will h	a Must c	nuon for Alexandra	<u></u>							
		-			;						
I understand that failure to pass drug screening will be ju	ust carus	e for dis	smissal		,						
l 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.											
THAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.											
Date Signature of Applicant											
(A copy of this statement is available upon request)											