

### **MORGAN COUNTY COMMISSION**

77 Fairfax Street, Room 101 Berkeley Springs, WV 25411 Phone: 304-258-8540 Fax: 304-258-7305 www.morgancountywv.gov

### **EMPLOYMENT APPLICATION**

(PLEASE PRINT)				
POSITION APPLIED FOR:	DATE OF APPL	ICATION		
HOW DID YOU LEARN ABOUT US?				
ADVERTISING	EMPLOYMENT AGENCY	Y FRIEND		
ADVERTISING	EMPLOTMENT AGENC	FRIEND		
RELATIVE	WALK-IN	OTHER	_	
LAST NAME	FIRST NAME		MIDDI	LE NAME
NO. STREET	CITY	STATE		ZIPCODE
TELEPHONE NUMBER(S)	НОМЕ	CELL		
If you are under 18 years of age,	can you provide required p	proof of you eligibility to work?	yes	no
Do you currently have any family	w members employed by Me	organ County?	yes	no
If yes, provide name of relative a			<i>J</i> • 5	
Have you ever been employed wi		<i>ε</i> ====================================	yes	no
If yes, give date			jus	110
<u> </u>				
Are you currently employed?			yes	no
May we contact your present emp	ployer?		yes	no
Are you prevented from lawfully Immigration Status?		•	yes	no
Proof of citizenship or immig	ration status will be require	ed upon employment.		
On what date would you be avail	able to work?			
·				
Are you available to work: Fu	ll Time Part Time	Temporary		
Are you currently on "lay-off" sta	atus and subject to recall?		yes	no
Can you travel if a job requires it	?		yes	no
Have you ever been convicted of	a felony or crime of moral	turpitude?		
yes no				
If yes, explain				

EMPLOYMENT HISTORY: Beginning with present employer. Please fill in	all sections completely.
NAME	EMPLOYED FROM
MAILING ADDRESS	то
TYPE OF BUSINESS	STARTING SALARY
LAST POSITION HELD	STARTING SALARI
NAME OF SUPERVISOR/TELEPHONE NUMBER	LAST SALARY
DESCIRBE THE WORK YOU DID	
	PART TIME □
	TAKI TIME L
REASON FOR LEAVING	FULL TIME □
NAME	TO
MAILING ADDRESS	10
TYPE OF BUSINESS	STARTING SALARY
LAST POSITION HELD	LAST SALARY
NAME OF SUPERVISOR/TELEPHONE NUMBER	
DESCIRBE THE WORK YOU DID	
	PART TIME □
REASON FOR LEAVING	FULL TIME
NAME	EMPLOYED FROM
MAILING ADDRESS	то
TYPE OF BUSINESS	STARTING SALARY
LAST POSITION HELD	STAKING SALAKI
NAME OF SUPERVISOR/TELEPHONE NUMBER	LAST SALARY
DESCIRBE THE WORK YOU DID	
	PART TIME □
REASON FOR LEAVING	FULL TIME □
NAME	EMPLOYED FROM
MAILING ADDRESS	то
TYPE OF BUSINESS	STARTING SALARY
LAST POSITION HELD	LAST SALARY
NAME OF SUPERVISOR/TELEPHONE NUMBER	LASI SALARI
DESCIRBE THE WORK YOU DID	
	PART TIME □
DEASON FOR LEAVING	FARI TIME
REASON FOR LEAVING	FULL TIME □
IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS	
IF MORE STACE IS NEEDED USE ADDITIONAL SHEETS	

## **Education**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or			
write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.		

**Instructions to applicant regarding form**: Please sign form where requested and date it with the current date. Each employer you listed under Employment History will be contacted and asked to answer the remaining questions.

### REFERENCE SHEET

To Whom It May Concern: The person named below has given your name as a past employer. Your response will be kept in strict confidence. Please return this form in the addressed envelope enclosed for you convenience. Sincerely, Misty Clingerman County Administrator I hereby authorize the organization listed below to disclose any requested information regarding my employment with said organization to Morgan County Commission and agree to release the organization and its agent from all liability as a result of such a disclosure. Applicant's Signature Date Name: \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ Company: Location of Employment: Reason(s) for Leaving: Eligible for Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No Job Title: \_\_\_\_\_ Final Average Monthly Earnings: \$ \_\_\_\_\_ Does this person have a history of work place violence? Company Officer Title Date

# MORGAN COUNTY COMMISSION EMPLOYMENT APPLICATION

### ADDITIONAL INFORMATION

Othe	r Qualifications			
Summa experier		and qualifications acquired fro	m employment or othe	er
	SP	ECIALIZED SKILL	S	
Compi	uter Programs (Please I			
comp	ator riograms (rioase r	3100)		
Other				
		DEEEDENGEG		
		REFERENCES		
1.	NAME			
				PHONE
	ADDRESS	CITY	STATE	ZIP CODE
	Email address:			
				PHONE
2.	NAME			
	ADDRESS	CADA	CTATE	ZID CODE
	ADDRESS  Email address:	CITY	STATE	ZIP CODE
3.	NAME			PHONE
	ADDRESS	CITY	STATE	ZIP CODE
	Email address:			

### APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized representative of the County Commission.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules of the employer

Signature	Date
FOR IN	TERNAL USE ONLY
Arrange Interview [ ] yes	[ ] no
Remarks	
Employed [] yes [] no	Date of Employment
Job Title	Hourly rate/salary
NOTES:	

### AFFIRMATIVE ACTION FORM

FILLING OUT THIS FORM IS <u>VOLUNTARY</u> ON THE PART OF THE APPLICANT. THE INFORMATION ON THIS FORM WILL HELP THE COUNTY COMMISSION TO ENSURE THERE IS NO DISCRIMINATION IN HIRING PRACTICES. THIS FORM HAS BEEN ADDED TO THE APPLICATION IN COMPLIANCE WITH MORGAN COUNTY'S AFFIRMATIVE ACTION POLICY.

Please p	place an <b>X</b> in the spaces that apply to you.
Gender	
_	Male Female
Ethnic I	Background
	American Indian of Native Alaskan
	Asian or Pacific Islander
	Black (not of Hispanic origin)
	Hispanic
	White (not of Hispanic origin)