



**SHERIFF AND TREASURER
OF MORGAN COUNTY
K.C. BOHRER**



LAW ENFORCEMENT DIVISION
226 Gayle Drive
Berkeley Springs, WV 25411
304-258-1067
FAX 304-258-8630
kcbohrer@morgancountywv.gov

TAX DEPARTMENT
77 Fairfax Street, Room 104
Berkeley Springs, WV 25411
304-258-8562
FAX 304-258-7497
morgancountysherifftax@morgancountywv.gov

JOB OPENING

THE MORGAN COUNTY SHERIFF'S TAX OFFICE IS ACCEPTING APPLICATIONS FOR A FULL-TIME OFFICE DEPUTY. CUSTOMER SERVICE EXPERIENCE IS PREFERRED.

MUST BE PROFICIENT IN MICROSOFT 365.

ALSO MUST BE SELF-MOTIVATED,
ABLE TO MULTITASK AND BE A TEAM PLAYER.

STARTING SALARY IS \$15.00 PER HOUR

ANNUAL LEAVE, SICK LEAVE AND PAID HOLIDAYS
HEALTH/DENTAL/VISION/LIFE INSURANCE AVAILABLE
WV PUBLIC EMPLOYEE RETIREMENT PLAN

APPLICATIONS MAY BE OBTAINED FROM
THE SHERIFF'S TAX OFFICE LOCATED AT:
77 FAIRFAX STREET, ROOM 104

OR ONLINE AT: MorganCountySheriffTax@MorganCountyWV.Gov

INTERESTED APPLICANTS SHOULD SUBMIT THEIR APPLICATION
AND THE SIGNED/NOTARIZED BACKGROUND CHECK
PAPERWORK TO THE MORGAN COUNTY SHERIFF'S TAX OFFICE
OR ONLINE TO: Kmichael@morgancountywv.gov

EQUAL OPPORTUNITY EMPLOYER.

APPLICATION FOR EMPLOYMENT-----Sheriff's Tax Office

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name: _____
 LAST FIRST MIDDLE

Address: _____
 NUMBER STREET CITY STATE ZIP CODE

Telephone: () _____ Social Security Number: _____/_____/_____

If employed and you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO If Yes, give date: _____

Have you ever been employed here before? YES NO If Yes, give date: _____

Are you employed now? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work - Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? YES NO

Can you travel if a job required it? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
 "Conviction will not necessarily disqualify applicant from employment."

If Yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: \$ _____ FINAL: \$ _____

Work Performed: _____

Reason for leaving: _____

2. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

Reason for leaving: _____

3. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

Reason for leaving: _____

4. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

Reason for leaving: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment.

Are you able to stand all day?

Morgan County Sheriff's Department

Authorization Release

(YOU MUST ALSO INCLUDE A COPY OF YOUR DRIVER'S LICENSE)

Date received: _____

Date of test (if applicable): _____

(Office use only)

(Office use only)

AUTHORIZATION TO RELEASE INFORMATION

Full legal name (Type/Print)

I hereby authorize and representative of the Morgan County Sheriff's Department bearing this release, or any copy thereof, within one year of its date, to obtain any information from individuals, employers, schools or agencies relating to my activities. This information may include but is not limited to, academic achievement, performance, attendance, personal history, disciplinary actions, credit, medical, birth, and other vital records, criminal and domestic court records and conviction and arrest records.

I further authorize and request your release of such information upon request of the bearer. I understand the information released is for official use only by authorized agents of the Morgan County Sheriff's Department and is necessary in fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages whatsoever, which may at any time result to me on account of compliance with any attempts to comply with this authorization.

APPLICANT - SIGN ONLY IN THE PRESENCE OF A NOTARY

GIVEN UNDER MY HAND THIS _____ Day _____ Month _____ Year

SIGNATURE: _____

NOTARY

On _____ Month/Day/Year _____ Applicant's Name

personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public _____ Signature _____ In _____ County () City of State

My commission expires the _____ Day _____ Month _____, 20 _____ Year