



Jefferson County Commission

EMPLOYMENT APPLICATION

JOB CLASSES FOR WHICH YOU ARE APPLYING  
(This application cannot be processed without job titles)

FOR OFFICE USE ONLY (DO NOT WRITE IN THESE SPACES)

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PLEASE TYPE OR PRINT CLEARLY IN INK. INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED.

SOC SEC NO: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Mailing Address City State Zip Code

TELEPHONE: \_\_\_\_\_  
(Area Code) Home Number (Area Code) Business Number

TYPE OF EMPLOYMENT YOU ARE SEEKING:

- 1 Permanent Full-Time
1 Permanent Part-Time

How did you learn of the position for which you are applying? \_\_\_\_\_

YES NO

1 1 Have you ever used another name? If yes, what name(s) have you used? \_\_\_\_\_

1 1 Do you have a valid driver's license? State: \_\_\_\_\_ License No: \_\_\_\_\_ Class: \_\_\_\_\_

1 1 Were you born in West Virginia? If yes, which County? \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT HISTORY**

Starting with your present or last employer, please account for your work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

|   |   |  |                             |
|---|---|--|-----------------------------|
| Employer Name & Address   |   |  | Employer Phone Number       |
| Type of Business  | Name and Title of Supervisor  | Your Job Title or Occupation                     | Salary (Beginning / Ending) |
| Employment Dates:<br><i>From</i> <i>To</i><br>_____/____/____                      ____/____/____<br>Month/Year                      Month/Year | Employment Status<br><input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week:<br><input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week: |  |                             |
| Did You Supervise Employees?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Date You Began Supervising  | List Titles & Number of Employees You Supervised |                             |
| Detailed Description of Duties and Responsibilities   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
| Reason for Leaving  |   |  |                             |

|   |   |  |                             |
|---|---|--|-----------------------------|
| Employer Name & Address   |   |  | Employer Phone Number       |
| Type of Business  | Name and Title of Supervisor  | Your Job Title or Occupation                     | Salary (Beginning / Ending) |
| Employment Dates:<br><i>From</i> <i>To</i><br>_____/____/____                      ____/____/____<br>Month/Year                      Month/Year | Employment Status<br><input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week:<br><input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week: |  |                             |
| Did You Supervise Employees?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Date You Began Supervising  | List Titles & Number of Employees You Supervised |                             |
| Detailed Description of Duties and Responsibilities   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
|   |   |  |                             |
| Reason for Leaving  |   |  |                             |

Attach additional sheets as necessary

|  |   |  |                             |
|--|---|--|-----------------------------|
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| Employment Dates:<br><i>From</i> _____ <i>To</i> _____<br>Month/Year    Month/Year       | Employment Status<br><input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week:<br><input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time    Number of Hours per Week: |  |                             |
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| Detailed Description of Duties and Responsibilities                                      |   |  |                             |
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|  |   |  |                             |
| Reason for Leaving   |   |  |                             |

|  |   |  |                             |
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| Detailed Description of Duties and Responsibilities                                      |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
|  |   |  |                             |
| Reason for Leaving   |   |  |                             |

Attach additional sheets as necessary

**EDUCATION**

Did you receive a high school diploma or high school equivalency diploma (GED)?  YES  NO

Highest Grade Completed \_\_\_\_\_

Name of High School/City/State \_\_\_\_\_

| College Name & Address | Field(s) of Study<br>Major / Minor | Credit Hours<br>Semester / Quarter | Dates of Attendance<br>MM/YY - MM/YY | Type of Degree |
|------------------------|------------------------------------|------------------------------------|--------------------------------------|----------------|
|                        |                                    |                                    |                                      |                |
|                        |                                    |                                    |                                      |                |

| Business, Vocational & Technical<br>Schools & Additional Training | Course of Study | Number of Weeks<br>Attended | Dates of Attendance<br>MM/YY - MM/YY | Number of Hours<br>per Day |
|---|-----------------|-----------------------------|--------------------------------------|----------------------------|
|   |                 |                             |                                      |                            |
|   |                 |                             |                                      |                            |
|   |                 |                             |                                      |                            |

**MILITARY SERVICE**

Were you in the U.S. Armed Forces? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Date of Entry (or Entries) \_\_\_\_\_

Date of Last Separation \_\_\_\_\_

Rate or Rank at Discharge \_\_\_\_\_ Service Number \_\_\_\_\_

List duties of your military service, including special training: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? If yes, what training did you take? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERSONAL REFERENCES (Do not list former employers or relatives)

|                  |    |    |
|------------------|----|----|
| Name             | 1. | 2. |
| Address          |    |    |
|                  |    |    |
|                  |    |    |
| Occupation       |    |    |
| Telephone Number |    |    |

What other statements would you care to make regarding your qualifications for the position you seek, or other training experiences, or abilities you have that you feel would contribute to your working expertise? Please list any additional information that you feel may be helpful to us in considering your application.

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STATEMENT OF APPLICANT

I hereby affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsifications, I shall be subject to dismissal.

I hereby authorize Jefferson County to make an investigation of my past employment and all of the facts stated on this application for employment. I release from all liability or responsibility all persons, places of business, schools, and municipalities supplying such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date