



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) <table border="1"> <tr> <td data-bbox="808 472 933 504">A</td> <td data-bbox="933 472 1047 504">R</td> <td data-bbox="1047 472 1185 504">V-5 ()</td> <td data-bbox="1185 472 1437 504">V-10 ()</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	A	R	V-5 ()	V-10 ()	_____	_____	_____	_____	_____	_____	_____	_____
A	R	V-5 ()	V-10 ()										
_____	_____	_____	_____										
_____	_____	_____	_____										

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:

- Permanent Full-Time
- Permanent Part-Time

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

YES NO

Have you ever used another name? If yes, what name(s) have you used? _____

Do you have a valid driver's license? State: _____ License No: _____ Class: _____

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: <i>From</i> _____ <i>To</i> _____ Month/Year Month/Year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week:		
Did You Supervise Employees? <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			

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Attach additional sheets as necessary

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
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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 Major / Minor	Credit Hours Semester / Quarter	Dates of Attendance MM/YY – MM/YY	Type of Degree

Business, Vocational & Technical Schools & Additional Training	Course of Study	Number of Weeks Attended	Dates of Attendance MM/YY – MM/YY	Number of Hours 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.**

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