Harrison County Clerk 229 South 3rd Street Clarksburg, WV 26301 (304) 624-8675

Application for Employment

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE Please return completed application by mailing it to:

John Spires
Office of the Harrison County Clerk
Attn: Deputy Clerk's Position
229 S. 3rd St., Clarksburg,
West Virginia 26301

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLE	TE ALL PAGES		DATE		
Name	Last	First	Middle	Maiden	
Present Address					
	Number	Street	City	State Zip	
How Long At Current A	ddress?	S	ocial Security# XXXXXX	(XXXXXX (Do Not Complete)	
Contact Telephone Nur	mber:	E	est Time To Contact You	:	
Are you under age 18?	YESNO If	f "YES", can you prov	ide proof of your eligibility	to work?YESNO	
Are you currently autho	rized to work in the Unite	d States?YES_	NO. (Proof of eligibility	y will be required if hired.)	
Position Applied For	:				
Employment Desired:	FULL-TIME ONLY	PART-TIME	ONLY FULL- OR	PART-TIME	
\//b = = = = = =	Ship to oto at words?				
vvnen are you avalla	able to start work?				
T)/DE 05 0011001	NAME OF SOURCE	LOGATION	AHIMPED OF VE	· ADO	
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Addres	NUMBER OF YE S) COMPLETED		
High School					
College					
Graduate / Other					
	nvicted of a crime? \Bar{\text{\text{\text{Invision}}} \text{Y} \\ \text{\text{nan a full and complete re}}			ssarily disqualify you from	
	•	•	•	nuhiah varuwara praggautad	
For each conviction, please state the nature of the crime, the date of conviction, the jurisdiction in which you were prosecuted, the sentence imposed (including probation), and any additional explanation you wish to provide.					

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Do you have a driver's license? ☐Yes ☐No					
Typing: Yes No Word Processing:	Computer Yes	Skills No	Other Skills:		
Please list two references other than relatives.					
Prease list two references other than relatives.					
Name		Name			
Position		Position _			
Company		Company			
Address		Address _			
Telephone		Telephone			
Please use this space to elaborate on any background evaluating your application for employment. You may relevant. Please omit any information that would disclereligious or political affiliations.	include hobbie	es, voluntee	er experience	and any other activities you beli-	eve

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WILL	TARY				
Have you ever been in the armed forces? Yes	No				
Are you now a member of the National Guard? Yes	No				
Specialty Date En	ntered	Discharge Date	e		
Employment History Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary		
Address		From	Start		
City, State, Zip Code		То	Final		
Phone Number	Your Last Job				
Reason for Leaving (be specific)	100. 200. 220				
Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary		
Address		From			
City, State, Zip Code			Start		
		To	Start		
Phone Number	Vour Last Joh Titlo	То	Start		
	Your Last Job Title				

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Employment History	Please list your work experience for the pa			nt job held.		
Name of Employer		Name of Last Supervisor	Employment Dates	Pay or Salary		
Address			From	Start		
City, State, Zip C	Code		То	Final		
Phone Number		Your Last Job Title	Your Last Job Title			
Reason for Leav	ring (be specific)					
List the jobs you	held, duties performed, skills used or learne	d, advancements or proi	motions while you wo	rked at this location.		
Name of Employ	ver	Name of Last Supervisor	Employment Dates	Pay or Salary		
Address			From	Start		
City, State, Zip 0	Code		То	Final		
Phone Number		Your last job title	Your last job title			
Reason for Leav	ving (be specific)					
List the jobs you	held, duties performed, skills used or learne	d, advancements or pro	motions while you wo	rked at this location.		
May we contact	your present employer?	Yes No				
Are you capable the job for which	ER THESE QUESTIONS UNLESS YOU HAABOUT THE REQUIREMENTS OF THE JO of performing in a reasonable manner, with you have applied?YesNo essential functions has been provided to me.	OB FOR WHICH YOU A	RE APPLYING. accommodation, the e			
	rad boon provided to me.	100110				
I hereby certify th statements on this granting the Harris Criminal Backgrou	rement by Applicant (Read this statement be at all answers and statements given by me on application will result in my not being hired, and on County Clerk permission to conduct reference and Check may be completed once an offer of excess is intended to create an employment contribution.	this application are true, of if I am hired, may be grour e inquiries, except where in temployment is made to me	nds for immediate dismindicated otherwise by mandicated otherwise by manderstand that noth	issal. In addition, I am ne, and further that a		
Date:	Signature:					

Harrison County Clerk is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political belief, veteran's status, sexual orientation, or marital or family status. A TDD for the hearing impaired is located in the Harrison County Commission Office and the telephone number for the TDD is (304) 624-8500. Anyone having questions concerning or needing special accommodations should contact the ADA Coordinator c/o Harrison County Planning Commission at (304) 624-8690.