

# County Commission of Harrison County, West Virginia

## Application for Employment

**PLEASE PRINT ALL  
INFORMATION  
EXCEPT SIGNATURE**

Please mail completed application to:  
**Office of the Harrison County Commission**  
**301 West Main Street Clarksburg, West Virginia 26301**

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_

**PLEASE COMPLETE ALL PAGES**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present Address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How Long At Current Address? \_\_\_\_\_ Email: \_\_\_\_\_

Contact Telephone Number: ( ) \_\_\_\_\_ Best Time To Contact You: \_\_\_\_\_

Are you under age 18? \_\_\_YES \_\_\_NO If "YES", can you provide proof of your eligibility to work? \_\_\_YES \_\_\_NO

Are you currently authorized to work in the United States? \_\_\_YES \_\_\_NO. (Proof of eligibility will be required if hired.)

Position Applied For: \_\_\_\_\_ Times Available to Work: (please indicate)  
 Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_  
 Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
 Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
 Saturday: \_\_\_\_\_

Requested Wage or Salary: \_\_\_\_\_

How Many Hours Can You Work Weekly? \_\_\_\_\_

Employment Desired:     FULL-TIME ONLY             PART-TIME ONLY             FULL- OR PART-TIME

When Are You Available To Start Work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate / Other				

Have you ever been convicted of a crime?     Yes     No    (A conviction record will not necessarily disqualify you from employment, but less than a full and complete response can result in termination.)

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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**APPLICATION FOR EMPLOYMENT**

**MILITARY**

Have you ever been in the armed forces?

Yes

No

Are you now a member of the National Guard?

Yes

No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**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 City, State, Zip Code Phone Number		From	Start
		To	Final
Your Last Job Title			
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
Your Last Job Title			
Reason for Leaving (be specific)			
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**APPLICATION FOR EMPLOYMENT**

**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 City, State, Zip Code Phone Number		From	Start
		To	Final
Your Last Job Title			
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
Your last job title			
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

May we contact your present employer?  Yes  No

**DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE RECEIVED A JOB DESCRIPTION OF THE POSITION THAT INFORMS YOU ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions of the job for which you have applied? \_\_\_\_ Yes \_\_\_\_ No

A review of the essential functions has been provided to me. \_\_\_\_ Yes \_\_\_\_ No

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each section, please provide your signature in the spaces provided below.**

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other County practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the County, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument approved by the Harrison County Commission with authorization for the President of the Harrison County Commission to affix their signature. The undersigned and County may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the County may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize investigation of all statements contained in my application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the County permission to contact schools, previous employers (unless otherwise indicated), references and others and do hereby release the County from any liability as a result of such contact.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that, in connection with the routine processing of my employment application, the County may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the County will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that, in connection with the routine processing of my employment application, the County may request or conduct a criminal background request or investigation so as to ascertain whether I have been convicted of a crime. In addition, I understand that such convictions, if any, will not necessarily disqualify my employment with the County. However, less than a full and complete response can result in termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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The County Commission of Harrison County, West Virginia, is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. The opportunity for employment with Harrison County depends solely on your qualifications. Harrison County has established a drug free and tobacco free work environment.

Revised May 1, 2014

