

Application for Employment

Name _____

Address _____

Telephone () _____ Social Security # _____

Indicate the position(s) for which you are applying (1) _____ (2) _____

Dept. Preference _____ Do you wish to work: Full time ___ Part time ___ Temporary ___

If part time, specify hours or days _____

Date available for work _____ Salary Expected _____

Do you have any physical limitations/handicaps that would prevent you from performing this job? Yes ___ No ___

If yes, explain _____

EDUCATIONAL DATA

| School | Print name and address for each school listing | No. of years completed | Degree, Major or type of course |
|--------------------------|--|------------------------|---------------------------------|
| High School | | | |
| College | | | |
| Graduate School | | | |
| Trade or Business School | | | |
| Other | | | |

GENERAL INFORMATION

Are you a U. S. Citizen? Yes ___ No ___

If not, are you prevented from becoming legally employed because of visa or immigration status? Yes ___ No ___

Are you 18 years of age or over? Yes ___ No ___ If no, date of birth _____

Have you ever been convicted of a criminal offense? Yes ___ No ___ If yes, when _____?

Are any of your relatives employed here? Yes ___ No ___

If yes, please list name and department: _____

REFERENCES (not employers or relatives - at least three)

Name and Address Occupation Phone

| | | |
|--|--|--|
| | | |
| | | |
| | | |

EMPLOYMENT HISTORY

List present employer, then previous, most recent employer first.
 May we contact these employers? Yes ____ No ____

| | | | | | |
|---------------------|-----|------------------|--|-------------------|--|
| Employer | | Employed | | Supervisor's Name | |
| Address | | From _____ Mo/Yr | | Your Job Title | |
| Telephone | | To _____ Mo/Yr | | | |
| Your Salary | | Duties: | | | |
| Start | End | | | | |
| | | | | | |
| Reason for Leaving: | | | | | |
| Employer | | Employed | | Supervisor's Name | |
| Address | | From _____ Mo/Yr | | Your Job Title | |
| Telephone | | To _____ Mo/Yr | | | |
| Your Salary | | Duties: | | | |
| Start | End | | | | |
| | | | | | |
| Reason for Leaving: | | | | | |
| Employer | | Employed | | Supervisor's Name | |
| Address | | From _____ Mo/Yr | | Your Job Title | |
| Telephone | | To _____ Mo/Yr | | | |
| Your Salary | | Duties: | | | |
| Start | End | | | | |
| | | | | | |
| Reason for Leaving: | | | | | |

Please read and sign:

The facts set forth in my application are true and complete. I understand that as a prerequisite for employment I must undergo a drug screening and background check. I understand that if employed, any false statement can result in my immediate dismissal. This application is not a contract of employment, nor can any employee of KANAWHA COUNTY COMMISSION enter into a contract of employment without the approval of the KANAWHA COUNTY COMMISSION. KANAWHA COUNTY COMMISSION reserves the right to change, interpret, withdraw, and/or add to the policies at its sole discretion, without prior notice or approval by an employee group. If I am hired, my employment can be terminated with or without cause at any time at the discretion of either the KANAWHA COUNTY COMMISSION or myself. I hereby give permission to contact the previous employers and character references that I have listed except for the particular employers here noted.

This application will remain active for 30 days.

Signature of Applicant _____ Date _____