

Lewis County

West Virginia



APPLICATION FOR EMPLOYMENT (Pre-Employment Questionnaire) **Equal Opportunity Employer**

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct themselves in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PERSONAL INFORMATION:

Date: _____

Social Security #: _____

Name: _____
Last First Middle

Present Physical Address: _____
Street City State Zip

Mailing Address if different
from physical address: _____
Street City State Zip

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Are you at least 18 years of age or older (circle one): Yes No

Other names you have used: _____

Referred by: _____

_____ \$ _____
Desired Position Title Date you are available to start Salary desired

Are you employed now (circle one): Yes No If "yes" (circle one): Full time Part time

Have you ever been employed by this company before? (Circle one): Yes No

If "Yes", in which department/office? _____ When? _____

Department head or elected official's name: _____

Reason for leaving: _____

Special Questions:

DO NOT ANSWER ANY of the questions in this section unless the employer has checked a box preceding a question indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws or is needed for other legally permissible reasons.

- Height _____ inches
- Weight _____ lbs.
- Citizen of U.S. _____ Yes _____ No _____
- Date of Birth _____
- What foreign languages do you speak fluently? _____
- Can you read and write? _____

Have you ever been convicted of a felony? (circle one) Yes No

(A conviction will not necessarily disqualify an applicant from employment.) If yes, give location, date, charge and disposition of case(s) on a separate page.

If applying for a position which requires driving a vehicle, please provide the following information:

I have a valid driver's license (circle one): Yes No

What state are you licensed in? _____

EDUCATION:	Name & location of school	# of years	Graduate?	Subjects studied?
Elementary/Grammar				
High School				
College				
Trade, business or other				

Degree(s)/certification(s) achieved:

MILITARY INFORMATION:

If you have served in the U.S. Military, please provide the following information:

Branch of Service: _____ From: _____ To: _____

Type of Discharge: _____

Are you presently serving in the National Guard or Reserves? (Circle one) Yes No

Do you have any disabilities that would prevent you from performing the work for which you are being considered? (circle one) Yes No

If "Yes", please describe: _____

Have you any defects in hearing? _____ Vision? _____ Speech? _____

COMPUTER SOFTWARE:

Please list any computer software you use and rank your proficiency as either "familiar", "competent" or "skilled": _____

FORMER EMPLOYERS (list below the last four employers. starting with the last one first):

Date (Month/ Year)	Name & Address of Employer	Salary	Position and Reason for leaving
From To			
From To			
From To			
From To			

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity: _____

I HEREBY AUTHORIZE YOU TO CONTACT MY PRESENT EMPLOYER(S):

(circle one) **YES** **NO**

*Applications/resumes for advertised positions will be kept on file for a period of two (2) years.
Application/resumes accepted for general employment will be kept of file for a period of six (6) month.*

I hereby authorize the employer, its representatives, employees or agents to conduct all preemployment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Lewis County Administrator.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____