

# County Commission of Upshur County, West Virginia

## Application For Employment

**PLEASE PRINT ALL  
INFORMATION  
EXCEPT SIGNATURE**

Please mail completed application to:  
Office of the Upshur County Commission  
91 West Main Street, Suite 101, Buckhannon, West Virginia  
26201

**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? \_\_\_\_\_

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

Are you under age 18? \_\_\_\_\_ 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: \_\_\_\_\_  
Requested Wage or Salary: \_\_\_\_\_  
Times Available to Work: (please indicate)  
Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

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 which is substantially related to the functions or qualifications of the job for which you are applying? ☐ Yes ☐ No (A conviction record will not necessarily disqualify you from employment.)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

Do you have a driver's license? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur  
Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Computer Skills

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No	_____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____		
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____		

Please 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, experience or qualification that you believe should be considered in evaluating your application for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, any disability, religious or political affiliations.

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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 To	Start 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 To	Start Final
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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.			

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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.  
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Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	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		From	Start
City, State, Zip Code		To	Final
Phone Number	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 Upshur County Commission with authorization for the President of the Upshur 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 which is substantially related to the functions or qualifications of the job for which I am applying. In addition, I understand that such convictions, if any, will not necessarily disqualify my employment with the County.

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

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The County Commission of Upshur 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. Opportunity for employment with Upshur County depends solely on your qualifications. Upshur County has established a drug free and tobacco free work environment.



Please return this form to Carrie Wallace or Tabatha Perry at 91 West Main Street, Suite 101, Buckhannon. This form will only be seen by HR Personnel and Equal Employment Opportunity officials. Your response will not be released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public.

**Form - DEMOGRAPHIC INFORMATION ON APPLICANTS**

<b>Vacancy Announcement No.:</b>
<b>Position Title and Grade:</b>
<b>Name (Last, First, Middle Initial):</b>

**Your Privacy Is Protected**

**This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Your voluntary responses are treated in a highly confidential manner. Your responses are not released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public. No information taken from this form is ever placed in your Personnel file. This is vital information not available from any other source. We can only get it directly from you. Thank you for helping us to provide better service.**

**1. How did you learn about this position? (Check One):**

- |  |   |
|--|---|
| <input type="checkbox"/> Agency Internet Site recruitment  | <input type="checkbox"/> Agency or other Federal government on campus.  |
| <input type="checkbox"/> Private Employment Web Site.  | <input type="checkbox"/> Religious organization.                        |
| <input type="checkbox"/> Other Internet Site.  | <input type="checkbox"/> School or college counselor or other official. |
| <input type="checkbox"/> Poster.   | <input type="checkbox"/> Job Fair - give location: _____                |
| <input type="checkbox"/> Newspaper.  | <input type="checkbox"/> Friend or relative working for this agency.    |
| <input type="checkbox"/> Magazine.   | <input type="checkbox"/> State Vocational Rehabilitation Agency.        |
| <input type="checkbox"/> TV/Radio.   | <input type="checkbox"/> Professional organization or publication.      |
| <input type="checkbox"/> Student association.  | <input type="checkbox"/> Other. _____                                   |
| <input type="checkbox"/> Private Employment Office.  |   |
| <input type="checkbox"/> State Employment Office.  |   |
| <input type="checkbox"/> Federal, state, or local Job Information Center.                          |   |
| <input type="checkbox"/> Agency Human Resources Department (bulletin board or other announcement). |   |

**2. Sex (Check One):**

1. ☐ Male
2. ☐ Female

**3. Ethnicity (Check One):**

1. ☐ Hispanic or Latino --a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. ☐ Not Hispanic or Latino

**4. Race (Check all that apply):**

1. ☐ American Indian or Alaska Native --a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
2. ☐ Asian --a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
3. ☐ Black or African American --a person having origins in any of the black racial groups of Africa.
4. ☐ Native Hawaiian or Other Pacific Islander --a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. ☐ White --a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Privacy Act and Paperwork Reduction Act Statement**

**Privacy Act Information:** This information is provided pursuant to Public Law 93-579 ("Privacy Act of 1974"), for individuals completing Federal records and forms that solicit personal information. The authority is Title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201. **Purpose and Routine Uses:** No individual data is ever provided to selecting officials. This form will only be seen by HR Personnel and Equal Employment Opportunity officials. Data summarizing all applicants for a position will be used to determine if we are effectively recruiting from all segments of the population, in conformance with the requirements of Federal equal employment opportunity laws. Only summary data is reported, and only in a format which can not be broken out by individual applicants. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are made based on this information.

**Paperwork Reduction Act Statement:** The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is three (3) minutes, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to the Equal Employment Opportunity Commission, Affirmative Employment Division, Federal Sector Programs, 131 M St., NE, Washington, DC 20507 and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.

