

# 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
Other Names / Aliases Used

Present Address \_\_\_\_\_  

Number
Street
City
State
Zip

How Long At Current Address?    less than 1 year                       1 to 5 years                       more than 5 years

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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**PAGE TWO**

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

(This section contains a large empty rectangular box for the applicant to provide detailed information as requested in the text above.)

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**PAGE THREE**

**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.			

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Address City, State, Zip Code Phone Number		From	Start
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Your Last Job Title			
Reason for Leaving (be specific)			
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**PAGE FOUR**

**APPLICATION FOR EMPLOYMENT**

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		To	Final
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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 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 obtain information from a third party consumer reporting agency. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding my criminal history, social security verification, motor vehicle records ("driving records"), credit history\*, verification of my education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about my character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that I have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (\*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.) 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. With regards to criminal convictions, 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 actual or perceived 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 the Administrative Annex, 91 West Main Street, Suite 101. 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.

**DEMOGRAPHIC INFORMATION ON APPLICANTS**

**OMB No.: 3046-0046**

**Expiration Date: 5/31/2020**

<b>Vacancy Announcement No.:</b>
<b>Position Title:</b>

**YOUR PRIVACY IS PROTECTED**

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

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

- Agency Internet Site recruitment
- Private Employment Web Site
- Other Internet Site
- Job Fair
- Newspaper or magazine
- Agency or other Federal government on campus
- School or college counselor or other official
- Friend or relative working for this agency
- Private Employment Office
- Agency Human Resources Department (bulletin board or other announcement)
- Federal, State, or Local Job Information Center
- Other

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

- Male**
- Female**

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

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

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

- 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.
- 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.
- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**5. Disability/Serious Health Condition**

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

**A. Do you have any of the following? Check all boxes that apply to you:**

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment

If you did not select one of the options above, please indicate whether.

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

If you have indicated that you have one of the above conditions, you may be eligible to apply under Schedule A Hiring Authority. For more information, please see <http://www.opm.gov/policy-data-oversight/disability-employment/hiring/#url=Schedule-A-Hiring-Authority> .



If an applicant checks the box for “other disability or serious health condition,” the applicant will be taken to Section A.1.

#### A.1. Other Disability or Serious Health Condition (Optional)

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn’s disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease
- Difficulty seeing even when wearing glasses
- Hearing impairment
- History of drug addiction (but not currently using illegal drugs)
- HIV Infection/AIDS or other immune disorder
- Kidney dysfunction: for example, requires dialysis
- Learning disabilities or ADHD
- Liver disease: for example, hepatitis or cirrhosis
- Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
- Morbid obesity
- Nervous system disorder: for example, migraine headaches, Parkinson’s disease, or multiple sclerosis
- Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
- Orthopedic impairments or osteo-arthritis
- Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
- Sickle cell anemia, hemophilia, or other blood disease
- Speech impairment
- Spinal abnormalities: for example, spina bifida or scoliosis
- Thyroid dysfunction or other endocrine disorder
- Other. Please identify the disability/health condition, if willing: \_\_\_\_\_

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

**Privacy Act Statement:** This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

**Purpose and Routine Uses:** The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the

executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

**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 five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.