

**MERCER COUNTY 9-1-1**  
**911 Shelter Road**  
**Princeton, WV 24739**  
**304-425-4911**

(PLEASE PRINT)

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**  
 We consider applicants for all positions without regard to race, color, religion, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

If you are under 19 years of age, can you provide required proof of your eligibility to work? \_\_\_\_ Yes \_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_ Yes \_\_\_\_ No      If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ Yes \_\_\_\_ No      If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? \_\_\_\_ Yes \_\_\_\_ No

**(Proof of citizenship or immigration status will be required upon employment.)**

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Shift Work \_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Indicate any foreign language you can speak, read and/or write

	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

	<b>GRAMMER SCHOOL</b>	<b>HIGH SCHOOL</b>	<b>COLLEGE/UNIVERSITY</b>	<b>PROFESSIONAL OR TECHNICAL</b>
School Name & Location				
Years Completed				
Diploma/Degree				
Describe course of study				

Describe any specialized training, apprenticeship skills & extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

List professional, trade, business or civic activities and office held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status)

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### References:

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States Military?  Yes  No

If yes, please describe: \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

### Special Skills and Qualifications:

(Summarize special job-related skills and qualifications acquired from employment or other experience.)

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**Employment Experience:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WORK PERFORMED: \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WORK PERFORMED: \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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ADDRESS \_\_\_\_\_ WORK PERFORMED: \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

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**APPLICANT'S STATEMENT:**

**I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**