

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

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

	GRAMMER SCHOOL	HIGH SCHOOL	COLLEGE/UNIVERSITY	PROFESSIONAL OR TECHNICAL
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)

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: _____

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.)

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

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