Hampshire County

Homeland Security and Emergency Management

1160 Jersey Mountain RD – Romney, WV 26757 Ph: (304) 822-7513 Fax: (304) 822-7430

Application for Employment

Disclaimer: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied for:		How did you learn ab	out the p	oosition	? (please √)
		[] Advertisement [] Relat	ive []	Inquiry [] Friend
		[] Employment Age	ncy []	Other:	
Last Name	First Name			Middle	e Name
Mailing Address	Cit	у	State		Zip code
Physical Address (If PO Be	ox or if different from N	Mailing Address:			
Telephone numbers:	Do at time				Social Security Number
	Best tim	e to contact you? _		_am/p	m
Home:	Cell:	Other:			
	Gon.	Other.			Date of Birth:
Email Address:					
Please check ve	s or no to the question	s helow:	Yes	No	
Have you ever filed an appl	•	S DCIOW.	162	INO	
TIGAC AND EACH HICH WILL WAND	ivativit with us pelule!				

Please check yes or no to the questions below:	Yes	NO
Have you ever filed an application with us before?		
Maria de la companya		
If yes, give date:		
Have you ever been employed by Hampshire County Government?		
If yes, give date:		
Do any of your family members work here?		
Are you currently employed?		
May we contact your present employer?		
Are you legally eligible for employment in the United States? (proof of citizenship or immigration status required upon employment)		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if a job requires it?		
Have you ever been charged of a crime (excluding traffic violations)?		

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					Date availab	le for work:
If yes, what State?	Date of Charge:				l ,	,
					/	_/
Desired salary range? _						
Are you available to wor (Please check all that apply) [] Full time [] Part-tim [] Temporary [] Rotatin	ne					
Do you have a preferred [] Days [] Evenings [
	EDUCATIONAL IN	FORM	ATIC	<u>NC</u>		
	Name and Address of School		urse o	f	Years completed	Diploma/Degree
High School			_		·	
Technical School						
Undergraduate College						
Graduate Professional						
Other (specify)						
Describe any specialized training, apprenticeship, skills and extra-curricular activities below (including any job-related training received in the United States military:						

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EMPLOYMENT HISTORY

<u>Start with your present or last job</u>. Attach additional pages as necessary. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin disability or other protected status.

Employer:		Dates En	nployed	Work Performed:	
Address:		From	То		
Telephone Number(s)	:	Starting Salary	Final Salary		
Job Title:	Supervisor:			Reason for leaving:	
Employer:		Dates Employed		Work Performed:	
Address:		From	То		
Telephone Number(s)	:	Starting Salary	Final Salary		
Job Title:	Supervisor:			Reason for leaving:	
Employer:		Dates Employed		Work Performed:	
Address:		From	То		
Telephone Number(s)	:	Starting Salary	Final Salary		
Job Title:	Supervisor:			Reason for leaving:	
Employer:		Dates En	nployed	Work Performed:	
Address:		From	То		
Telephone Number(s)	:	Starting Salary	Final Salary		
Job Title:	Supervisor:			Reason for leaving:	

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List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)
rovour gonast, race, rengron, material engin, age, anecety, alcasmy er other protected status.
Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.
Check below to indicate any anguislined skills and aguinment you have avacuioned with
Check below to indicate any specialized skills and equipment you have experience with:
[] PC/MAC [] Typewriter (wpm) [] Keyboarding (wpm) [] Spreadsheets
[] NIMS Training (Nat'l Incident Management System/Incident Command) [] CAD Experience [] EMD
[] CPR [] First Aid
State any additional information you feel may be helpful to us in considering your application:
Note to Applicants. DO NOT ANSWED THIS QUESTION HAVE SEEN INCOMED ADOUT THE
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED 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 activities
involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given?
[] Yes [] No

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REFERENCES

You must include three <u>non-family member references</u> who can speak to us as to your character and abilities as they would apply to this position.

Reference 1			
Name:	Phone num	nber(s):	
Mailing address:			
Email Address:			
Reference 2			
		nber(s):	
Mailing address:			
Email Address:			
Reference 3			
Name:	Phone num	nber(s):	
Mailing address:			
Email Address:			
	For Personnel O	ffice Use Only	
Deferences		inco dos diny	
References:			
		Checked by:	
2- [] Favorable [] Unfavorable	Date checked:	Checked by:	
Comment:			
3- [] Favorable [] Unfavorable	Date checked:	Checked by:	
Comment:			
	Off: Ho	- OI.	
	Office Us	e Only	
Position(s) Applied For Is Open: []	Yes [] No Position((s) considered for:	
		Date:	

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APPLICANT'S STATEMENT

I certify that the answers given are true and complete					
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.					
In the event of employment, I understand that false or misleading 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.					
Printed Name of Applicant Signature of Applicant Date signed					
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.					
Fe	or Personnel Department Use	Only			
Arrange Interview? [] Ves [] No					

For Personnel Department Use Only					
Arrange Interview? [] Yes Remarks:					
Hired [] Yes [] No	Date of Hire:/_	/			
Job Title			Hourly rate/Salary: _		
Department		_ Supervisor _			
Hired byPrinted Name		Signature		itle and Date	

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Return Application to:

Hampshire County HSEM c/o Brian Malcolm 1160 Jersey Mountain RD Romney, WV 26757

PLEASE READ THIS APPLICATION CAREFULLY

Phone: 304 822-7513

Fax: 304 822-7430

Email: bmalcolm@hampshirewv.com

All sections of this application shall be completed, submit any additional information which you feel is pertinent to the position you are seeking. Do Not erase, scratch through or change this application in any manner. Application is to be clean and legible.

The position for which you are about to apply for will expose you to information that must, as a requirement by law, be kept confidential. For this reason, in order for you to be considered for the position, you will be required to submit to rigid testing standards, thorough interview(s) and a COMPLETE background investigation.

STATEMENT OF UNDERSTANDING

Read and Sign this statement to indicat	your agreeme	ent to these terms	and conditions:
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TO: Any Law Enforcement agency, court or other governmental body; or

Any Doctor, Hospital, Medical Association; U.S. Armed Forces, Maritime Service Veterans Administration; the U.S. Selective Service System; or

Any academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at any College, business, trade or high school; or

Any past or present employer; Credit Bureau or Retail Merchants Association; Bank financial Institution, or any other credit extending agency.

I have applied for employment with the Hampshire County Commission / HSEM and I am aware that my entire background is to be investigated. Upon presentation of this release or copy hereof, I hereby respectfully request and authorize you to furnish the Hampshire County Sheriff's Office/911/Commission any and all information you have concerning me, my work performance, school record and conduct, my reputation and any of my financial and credit status. Please include any and all medical and physical and mental records or reports, including information of a confidential or privileged nature, and photocopies of the same if required. This information is to be used to assist the Hampshire County Commission in determining my qualifications and fitness for the position I am seeking.

I hereby waive all rights to view or have access to any information given to the Hampshire County Sheriff's Office/911/Commission					
as part of the employment investigation. I hereby release you, your organization or other from any liability or damage which may					
result from furnishing the information requested to be released above.					
Signature of Applicant	Date signed				

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