

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 about the position? (please \checkmark) <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____ |
|--------------------------|---|

| | | | |
|--|------------|---------------------------------------|-------------------------------|
| Last Name | First Name | Middle Name | |
| Mailing Address | City | State | Zip code |
| Physical Address (If PO Box or if different from Mailing Address): | | | |
| Telephone numbers: | | Best time to contact you? _____ am/pm | Social Security Number - - |
| Home: | Cell: | Other: | Date of Birth: |
| Email Address: | | | |

| Please check yes or no to the questions below: | Yes | No |
|---|-----|----|
| Have you ever filed an application with us before? | | |
| 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? <i>(proof of citizenship or immigration status required upon employment)</i> | | |
| 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)? | | |

| | | | |
|---------------------------|-----------------------|--|--|
| If yes, what State? _____ | Date of Charge: _____ | | |
|---------------------------|-----------------------|--|--|

Date available for work:

____/____/____

Desired salary range? _____

Are you available to work?

(Please check all that apply)

Full time Part-time

Temporary Rotating shifts?

Do you have a preferred shift?

Days Evenings Nights

EDUCATIONAL INFORMATION

| | Name and Address of School | Course of Study | 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:

EMPLOYMENT HISTORY

Start with your present or last job. 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 Employed | | Work Performed: |
| Address: | | From | To | |
| Telephone Number(s): | | Starting Salary | Final Salary | |
| Job Title: | Supervisor: | | | Reason for leaving: |

| | | | | |
|----------------------|-------------|-----------------|--------------|---------------------|
| Employer: | | Dates Employed | | Work Performed: |
| Address: | | From | To | |
| Telephone Number(s): | | Starting Salary | Final Salary | |
| Job Title: | Supervisor: | | | Reason for leaving: |

| | | | | |
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| Address: | | From | To | |
| Telephone Number(s): | | Starting Salary | Final Salary | |
| Job Title: | Supervisor: | | | Reason for leaving: |

| | | | | |
|----------------------|-------------|-----------------|--------------|---------------------|
| Employer: | | Dates Employed | | Work Performed: |
| Address: | | From | To | |
| Telephone Number(s): | | Starting Salary | Final Salary | |
| Job Title: | Supervisor: | | | Reason for leaving: |

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.)

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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 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

REFERENCES

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

Reference 1

Name: _____ Phone number(s): _____

Mailing address: _____

Email Address: _____

Reference 2

Name: _____ Phone number(s): _____

Mailing address: _____

Email Address: _____

Reference 3

Name: _____ Phone number(s): _____

Mailing address: _____

Email Address: _____

For Personnel Office Use Only

References:

1- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

2- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

3- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

Office Use Only

Position(s) Applied For Is Open: Yes No Position(s) considered for: _____

Date: _____

Return Application to:

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

Phone: 304 822-7513

Fax: 304 822-7430

Email: bmalcolm@hampshirewv.com

PLEASE READ THIS APPLICATION CAREFULLY

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 indicate your agreement to these terms and conditions:

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