

APPLICATION FOR EMPLOYMENT
MERCER COUNTY COMMISSION

MERCER COUNTY COMMISSION
1501 W. MAIN ST. STE 210
PRINCETON, WV 24740

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____

Date of Application: _____

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number(s): _____

e-mail address: _____

Social Security Number: _____

If you are under 18 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 country 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 within the last 7 years? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain _____

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

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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(s)	
Job Title: Supervisor:	
Reason for Leaving:	

Employer:	Dates Employed: From: To:
Address:	Work Performed:
Telephone Number(s)	
Job Title: Supervisor:	
Reason for Leaving:	

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Address:	Work Performed:
Telephone Number(s)	
Job Title: Supervisor:	
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 applications are being accepted at that time. 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.

Signature of applicant

Date

EDUCATION:	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
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 offices 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.