## **NICHOLAS COUNTY**

WVU Nicholas County Extension Office ADMINISTRATIVE SECRETARY

## **EMPLOYMENT APPLICATION**

### AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

		PLEASE	E PRINT	IN INK				
NAME (As it appears on Social Security Card / Work Permit Card)	Last			First M.L				
SOCIAL SECURITY NUMBER								
ADDRESS								
CITY, STATE, ZIP								
HOME TELEPHONE			MESSAGE C	ONTACT		Area Code Number		
DAYTIME TELEPHONE	ARE YO			OU AT LEAST 18 YEARS OLD? YES NO				
OTHER NAMES YOU HAVE USED:		•						
POSITION APPLIED FOR:				SALARY REQUIREMENTS	: \$			
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:				
HAVE YOU EVER BEEN EMPLOYED BY THIS ORG	SANIZATION	? Ono Oyes	WHEN?	DEPART	MENT:			
SUPERVISOR:			REASON	FOR LEAVING:				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT PROVIDE THE FORM EMPLOYMENT			VING A VEHIC	LE, PLEASE	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?			
□NO □YES If Yes, Give loca charge and disp case(s) on a se	osition of	I HAVE A VALID  YE  D.L.#	DRIVER'S LIC	ENSE	□ YES □ NO			

			U.S. MILIT										
If you have se	erved in the U.S. Milit	ary, ple	ease provide	the fo	ollov	ving ir	nforn	nation:					
			Branc	ch of S	envio	Α							
From:	To:			on c	-								
	Dates Served							Тур	e of Disc	cnarge			
			EDUCAT	ION	/S	KILL	_S						
EDUCATIONAL LEVEL	NAME	CITY	STATE	CON	<b>IPLE</b>		C	UNITS OMPLETE	ED T	DEGRE	E	M	AJOR
HIGH SCHOOL				9 1	0 11	12							
COMMUNITY or JUNIOR COLL					1 2								
BUSINESS or TRADE SCHOOL					1 2								
					2 3								
COLLEGE or UNIVERSITY					2 3								
Ollivenon													
GRADUATE SCHOOL													
		CO	MPUTER S	OFT	W/	ARE	SKI	ILLS					
COMPUTER SOFTWARE		Name of Software				Your Proficiency With The Software							
Word Processing							☐ Skilled ☐ Competent ☐ Familiar						
Spreadsheet								☐ Sk	illed	□ co	mpetent		Familiar
Database								☐ Sk	illed	□ c	mpetent		Familiar
Other	Other							☐ Skilled ☐ Comp			mpetent	petent	
	LICEN	SES /	CERTIFIC	ATIO	NC:	s / O	RG.	ANIZA	TION	S			
			PES OF LICENSES DATE ISSUED			REGISTRATION NUMBER			STATE		EXPIRES MO / YR		
PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS		and	NAME				DATE NAME			DATE			
(J	lob Related)												
Exclude memberships the	hat indicate your race, religion , sex, age, disability or vetera	, color,											
national origin, ancestry	, sex, age, also my er vere		JOB RELA	TE	n T	RAIN	VIN(	G					
			YEAR COMP			AME O						YEAR	COMPLETED
NAME OF COURSE			TEAR COMP	CETEL	1			ONOL					

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#### **EMPLOYMENT HISTORY**

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS. FROM (Mo/Yr) \_\_\_\_\_\_TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_ YRS \_\_\_\_MOS. YOUR POSITION YOUR SUPERVISOR EMPLOYER: ADDRESS: REASON FOR LEAVING TYPE OF BUSINESS BRIFF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES FROM (Mo/Yr) \_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_MOS. YOUR POSITION \_\_ YOUR SUPERVISOR EMPLOYER: ADDRESS: REASON FOR LEAVING \_\_\_ TYPE OF BUSINESS BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES FROM (Mo/Yr) \_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_MOS. YOUR POSITION \_\_\_ YOUR SUPERVISOR \_\_\_ EMPLOYER: ADDRESS: \_\_\_ REASON FOR LEAVING \_\_\_ TYPE OF BUSINESS \_\_\_\_ BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_ FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_ TOTAL \_\_\_\_ YRS \_\_\_\_MOS. YOUR POSITION \_\_\_ YOUR SUPERVISOR \_\_\_ EMPLOYER: PHONE \_\_\_ ADDRESS: REASON FOR LEAVING TYPE OF BUSINESS BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_ FROM (Mo/Yr) \_\_\_\_\_\_TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_YRS \_\_\_\_MOS. YOUR POSITION \_\_ YOUR SUPERVISOR \_\_ EMPLOYER: ADDRESS: REASON FOR LEAVING \_\_\_ TYPE OF BUSINESS \_\_\_\_ BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_ (ATTACH ADDITIONAL PAGE IF NECESSARY)

### EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

BOOK STANDARD SECTION OF THE SECTION OF	REFERENCES						
NAME	NAME	NAME					
ADDRESS	[[일본문문문]] [[스타일본문] [[전문문문문문문문문문문문문문문문문문문문문문문문문문문문문문문문문문문						
CITY,STATE,ZIP		ADDRESS CITY,STATE,ZIP					
DAYTIME PHONE							
RELATIONSHIP (No Relatives)		PELATIONSHIP					
		(No Relatives)					
NAME	NAME						
ADDRESS	ADDRESS						
CITY,STATE,ZIP	CITY,STATE,ZIP						
DAYTIME PHONE	DAYTIME PHONE _	DAYTIME PHONE					
RELATIONSHIP(No Relatives)	RELATIONSHIP	(No Relatives)					
THE STATE OF THE S	EMERGENCY CONTACT	(No Relatives)					
NAME OF THE PROPERTY OF THE PR							
NAME							
ADDRESS							
HOME PHONEBU	SINESS PHONE						
AUTH	ORIZATION AND AGREEM	ENT					
I HEREBY AUTHORIZE YOU TO CONTACT:	MY PRESENT EMPLOYER(S): MY PAST EMPLOYERS:	□ YES □ NO □ YES □ NO					
a check of criminal records will also be conducted by a c investigation for its own business purposes. Further info inquiry, if one is made, is available to you upon written reconcerning any reports prepared about your background CA and MN only: check here 区 if you wish to agency that compiled the report.  I hereby authorize the employer, its representatives, emplauthorize the employer and its agents to verify all statements application. I agree to complete any requisit	ormation such as the name of the consumer equest. You will also be given a separate di for us by a consumer reporting agency that receive a copy of the consumer report directly objects or agents to conduct all pre-employments contained in this application and any of the authorizations forms. I release the employments	reporting agency or the nature and scope of such isclosure and authorization to review and sign at compiled the report.  Ity from the consumer reporting the reporting and tests as described. I further ther materials I submit in connection with my yer, its agents and all providers of information from					
any liability arising out of the gathering and use of such in employment and a photocopy is as effective as the original understand all offers of employment are conditional upor production of all documents necessary for the employer to immigration and Naturalization Services.	iformation. In the event of employment, this al.  In satisfactory reference checks, successful or verify my identity and work authorization in	completion of all pre-employment tests and accordance with the requirements of the					
As an employer, this organization is subject to Section 504 who believe they are covered by these Acts are invited to perform their jobs. Submission of this information is strictly	identify their disabilities and special accomm	nodations they feel are necessary to acequately					
I certify the information provided in this application is true a submitting false or misleading information on this application valid grounds for disqualification from further consideration privileges. I further understand and agree that the employer	on, my resume, during interviews or at any or for hire or immediate dismissal from employ	ment and loss of all employee benefits and					
I understand and agree that if I am applying for a law enforce Police Officer Certification as required by West Virginia Contests, including physical agility, to determine my fitness for the	le. I further understand that any offer of emp	with all the requirements of the West Virginia sloyment is conditioned upon completing all those					
I understand the acceptance of this application by the employment as chief deputy or as a non civil service employ	oyer neither expresses nor implies I will be o ree is at will.	ffered employment. I understand my					
DO NOT SIGN UNTIL YOU HAVE READ THE ABO	OVE AUTHORIZATION AND AGREE	MENT STATEMENTS.					
SIGNATURE OF APPLICANT		DATE					

# FAIR CREDIT REPORTING ACT Disclosure and Authorization Statement

To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)	
Signature	Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)