

Lincoln County Commission
P.O. Box 497
Hamlin, WV 25523
304-824-7878 Ext. 221

EMPLOYMENT APPLICATION

An equal opportunity employer.

PERSONAL

Name~~ _____
(Last) (First) (Middle)

Address ~_~ _____
(Street) (City) (State) (Zip Code)

Telephone --:--:---:-- _____ -- Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony

Are you a citizen of the United States? Yes No

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? DYes D No

Type of employment requested D Full Time D Part Time D Temporary D Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications

EDUCATION						
TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	#OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Supervisor and Title _____

Your Title _____

Employed >From _____

To _____

Starting Salary _____

Ending Salary _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Supervisor and Title _____

Your Title _____

Employed From _____

To _____

Starting Salary _____

Ending Salary _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Supervisor and Title _____

Your Title _____

Employed From _____

To _____

Starting Salary _____

Ending Salary _____

Work Performed _____

Reason for leaving _____

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REFERENCES (3)

<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Daytime Phone</i>

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature

Date _____

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE MILITARY? YES

NO __

IF YES, WHAT BRANCH? _____ -

ENLISTMENT DATE: _____ -

WERE YOU HONORABLY DISCHARGED? YES

NO __

IF NO, PLEASE EXPLAIN:

(PLEASE ATTACH A COPY OF YOUR DISCHARGE FORMS)

APPLICANT'S STATEMENT

I CERTIFY THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAYBE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OF INTERVIEW(S) MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT

DATE

PLEASE PROVIDE A LEGIBLE COPY OF YOUR SOCIAL SEC. CARD, DRIVERS LICENSE.