



# UPSHUR COUNTY APPLICATION FOR EMPLOYMENT

**RECEIVED**

**PRINT IN BLACK INK OR TYPE.** Fill out all 4 pages of application form completely. Upshur County is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

MAILING ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Cell Phone)

List any other names used if different from name on this application. \_\_\_\_\_

Position/Department applying for: \_\_\_\_\_

Do you have any relatives working for Upshur County? If so, list names and relationships: \_\_\_\_\_

Date available for work? \_\_\_\_\_ What days are you unable to work? \_\_\_\_\_

Current Driver's License # \_\_\_\_\_ (State) (Number) Commercial Driver's License Yes  No

**Have you ever been convicted of a misdemeanor or a felony? Yes  No**  If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). An arrest or conviction may not disqualify you, but a false statement will.

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To					
		Mo.	Yr.	Mo.	Yr.				
High School									
College or University School									
Technical or Vocational Schools									

**If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:**

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by Upshur County? Yes  No

Are you currently employed by Upshur County? Yes  No

If you have been previously employed by Upshur County, list the department(s) \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes  No  If yes, list type of discharge \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

### EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. **Include ALL employment. Begin with your current or last position and work back to your first.** Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Position Title:			Immediate Supervisor Name:			
Employer:			Title:			
Mailing Address:			Supervisor's Telephone No.:			
City & State/ZIP:			( )			
Employer's Telephone No.: ( )			( )			
Starting Date			Leaving Date			Current/ Final Salary
Mo.	Day	Yr.	Mo.	Day	Yr.	\$
Summary of experience including special training/skills/qualifications you have used in the performance of this job:						
<b>Specific reason for leaving:</b>						
Position Title:			Immediate Supervisor Name:			
Employer:			Title:			
Mailing Address:			Supervisor's Telephone No.:			
City & State/ZIP:			( )			
Employer's Telephone No.: ( )			( )			
Starting Date			Leaving Date			Current/ Final Salary
Mo.	Day	Yr.	Mo.	Day	Yr.	\$
Summary of experience including special training/skills/qualifications you have used in the performance of this job:						
<b>Specific reason for leaving:</b>						

Position Title:				Immediate Supervisor Name:		
Employer:				Title:		
Mailing Address:				Supervisor's Telephone No.:		
City & State/ZIP:				( )		
Employer's Telephone No.: ( )				( )		
Starting Date			Leaving Date			Current/ Final Salary
Mo.	Day	Yr.	Mo.	Day	Yr.	\$
Summary of experience including special training/skills/qualifications you have used in the performance of this job:						
<b>Specific reason for leaving:</b>						

  

Position Title:				Immediate Supervisor Name:		
Employer:				Title:		
Mailing Address:				Supervisor's Telephone No.:		
City & State/ZIP:				( )		
Employer's Telephone No.: ( )				( )		
Starting Date			Leaving Date			Current/ Final Salary
Mo.	Day	Yr.	Mo.	Day	Yr.	\$
Summary of experience including special training/skills/qualifications you have used in the performance of this job:						
<b>Specific reason for leaving:</b>						

**PERSONAL REFERENCES**  
(NOT FORMER EMPLOYERS OR RELATIVES)

Name: _____	Address: _____
Occupation: _____	Phone #: _____
Name: _____	Address: _____
Occupation: _____	Phone #: _____
Name: _____	Address: _____
Occupation: _____	Phone #: _____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR  
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that this application shall not constitute nor be deemed a contract or promise of employment.
4. Employees remain free to resign their employment at any time for any reason, without notice. Upshur County is an at-will County and retains the right to terminate any employee at any time.
5. I understand that Upshur County will perform back ground and criminal history check in accordance with applicable statutes.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION  
MUST BE SIGNED**

SIGN HERE:

DATE:

**APPLICATIONS MUST BE RETURNED TO THE UPSHUR COUNTY TREASURER'S OFFICE  
UNLESS OTHERWISE STATED IN THE JOB POSTING.**