

Name: _____

SSN: _____

Date: _____

**APPLICATION FOR EMPLOYMENT
KANAWHA COUNTY ASSESSOR'S OFFICE**

Last Name		First Name		Middle Name		Today's Date	
Daytime Phone #		Home Phone #		Email Address		Social Security Number	
Current Address: Street			City		State		Zip Code
How long have you lived at this address? (If less than 1 year, fill in prior address) _____							
Prior Address: Street			City		State		Zip Code
Desired Position		Type of Work Desired: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/>			Salary Required		Date Available for Work
Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Are you a citizen of the US? YES <input type="checkbox"/> NO <input type="checkbox"/>			If NO, are you legally entitled to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Do you have a valid driver's license if required for the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Has your driver's license been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>			If YES, please indicate period of suspension and reason.				
EDUCATION							
High School Attended		Address		Graduated or GED YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>		If NO, highest grade completed?	
College, University or other training		Address		Major		Degree, Certificate, or Hours Completed	
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WORK EXPERIENCE							
Employer's Name		Address			Phone		Dates of Employment
Job Title		Duties and Responsibilities					
Starting Salary		Last Salary		Reason for Leaving			
Name and Title of your supervisor				May we contact this person for a reference?			
Employer's Name		Address			Phone		Dates of Employment
Job Title		Duties and Responsibilities					
Starting Salary		Last Salary		Reason for Leaving			
Name and Title of your supervisor				May we contact this person for a reference?			

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Employer's Name	Address	Phone	Dates of Employment
Job Title	Duties and Responsibilities		
Starting Salary	Last Salary	Reason for Leaving	
Name and Title of your supervisor		May we contact this person for a reference?	
Licenses, Certificates, and other skills. (List any licenses and certificates you hold, including Title & Number, original issue date, and current expiration date if applicable. List special equipment or machines you can operate. List computer software in which you have skill, including word processing, spreadsheet and database programs. List any clerical skills, including typing and shorthand. List additional relevant skills you have.			
REFERENCES (Not Related To You)			
Name	Address	Occupation	Phone
In what capacity does he/she know you?			
Name	Address	Occupation	Phone
In what capacity does he/she know you?			
Name	Address	Occupation	Phone
In what capacity does he/she know you?			
OTHER INFORMATION			
Have you ever been convicted of a crime (excluding traffic violations)? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, explain, giving dates and locations:	
Have you had any traffic violations or citations in the last 7 years (except parking violations)? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, explain, giving dates and locations:	
Affirmation: I hereby certify that all of the foregoing information is true and complete. I understand that any misrepresentation or false statement made by me in connection with this application or any related documents, which is deemed material by the employer and/or any agent acting on its behalf, shall result in my immediate disqualification from being further considered for potential employment, or, if employed, the termination of my employment. I authorize the employer and/or any agent acting on its behalf to conduct whatever inquiries it deems appropriate to verify any information given in my application and/or determine my qualifications and ability to perform that job for which I am applying. I understand that my consideration for employment is contingent upon the results of this background/reference investigation (including verification of previous assignments); education, military, and criminal/law records; inquiries into the truth of all statements herein; and general references (including inquiries into my character, work performance, general reputation, and work habits). I release the employer and/or any agent acting on its behalf from any and all liability whatsoever in making such inquiries; moreover, I hereby give my express consent for all contacted persons to provide information concerning this application, and I release each such person from liability for providing information to the employer and/or any agent acting on its behalf. <i>I acknowledge that completion of this application does not constitute a promise of future employment and that this application will expire 60 days from its submission. Finally, I understand that my employment, if any, is at will, is for definite period of time, and can be terminated with or without cause, and with or without notice, at any time, at the option of the employer and/or any agent acting on its behalf.</i>			
Signature:		Date	

Name:

SSN:

Date:

APPLICANT CONSENT

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

_____ The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my immediate dismissal. I further understand that this application is not, and is not intended to be a contract of employment, nor does this application obligate the office to which you are applying in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time, at the discretion of either the Assessor or myself.

_____ I hereby give permission to contact the previous employers and character references that I have listed in this application. I also agree not to hold any references contacted in regard to this application liable for damages relating to any information they provide to the Kanawha County Assessor.

_____ I understand the Employer maintains a drug-free workplace. All applications for this position may undergo a pre-employment drug screening. All applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, I will be expected to abide by the Assessor's drug testing policy. I further voluntarily agree to be drug tested by the Kanawha County Assessor, if requested.

_____ I understand that by filling out this application that I will not be guaranteed a job. I also understand **this application will only be considered for sixty (60) days** unless I contact the Personnel Director in writing by certified mail on a continuous basis that I am still available for employment.

Signature

Date: _____