



BERKELEY COUNTY COUNCIL

400 West Stephen Street, Suite 201
MARTINSBURG, WV 25401
FAX 304-267-5049
www.berkeleycountycomm.org

EMPLOYMENT APPLICATION

(PLEASE PRINT)

POSITION APPLIED FOR:		DATE OF APPLICATION		
HOW DID YOU LEARN ABOUT US?				
<input type="checkbox"/> ADVERTISING		<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> FRIEND
<input type="checkbox"/> RELATIVE		<input type="checkbox"/> WALK-IN		<input type="checkbox"/> OTHER _____
LAST NAME		FIRST NAME		MIDDLE NAME
NO.	STREET	CITY	STATE	ZIPCODE
TELEPHONE NUMBER(S)		HOME		CELL

If you are under 18 years of age, can you provide required proof of you eligibility to work? yes no

Do you currently have any family members employed by Berkeley County? yes no

If yes, provide name of relative and department to which they are assigned. _____

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 to work? _____

Are you available to work: [] Full Time [] Part Time [] 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 ever been convicted of a felony or crime of moral turpitude?

yes no

If yes, explain _____

EMPLOYMENT HISTORY: Beginning with present employer. Please fill in all sections completely.

NAME _____
 MAILING ADDRESS _____
 TYPE OF BUSINESS _____
 LAST POSITION HELD _____
 NAME OF SUPERVISOR/TELEPHONE NUMBER _____
 DESCRIBE THE WORK YOU DID _____

 REASON FOR LEAVING _____

EMPLOYED FROM _____
 TO _____
 STARTING SALARY _____
 LAST SALARY _____
 PART TIME
 FULL TIME

NAME _____
 MAILING ADDRESS _____
 TYPE OF BUSINESS _____
 LAST POSITION HELD _____
 NAME OF SUPERVISOR/TELEPHONE NUMBER _____
 DESCRIBE THE WORK YOU DID _____

 REASON FOR LEAVING _____

EMPLOYED FROM _____
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 TO _____
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 LAST SALARY _____
 PART TIME
 FULL TIME

IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Computer Programs (Please List)

Other

REFERENCES

1.	_____	_____	_____	_____
	NAME		PHONE	
	_____	_____	_____	_____
	ADDRESS	CITY	STATE	ZIP CODE
2.	_____	_____	_____	_____
	NAME		PHONE	
	_____	_____	_____	_____
	ADDRESS	CITY	STATE	ZIP CODE
3.	_____	_____	_____	_____
	NAME		PHONE	
	_____	_____	_____	_____
	ADDRESS	CITY	STATE	ZIP CODE

APPLICANT'S STATEMENT

I certify that the 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 180 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized representative of the County Council.

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 of the employer

Signature

Date

FOR INTERNAL USE ONLY

Arrange Interview yes no

Remarks _____

Employed yes no Date of Employment _____

Job Title _____ Hourly rate/salary _____

NOTES: _____

AFFIRMATIVE ACTION FORM

FILLING OUT THIS FORM IS VOLUNTARY ON THE PART OF THE APPLICANT. THE INFORMATION ON THIS FORM WILL HELP THE COUNTY COMMISSION TO ENSURE THERE IS NO DISCRIMINATION IN HIRING PRACTICES. THIS FORM HAS BEEN ADDED TO THE APPLICATION IN COMPLIANCE WITH BERKELEY COUNTY'S AFFIRMATIVE ACTION POLICY.

Please place an **X** in the spaces that apply to you.

Gender

Male Female

Ethnic Background

American Indian of Native Alaskan

Asian or Pacific Islander

Black (not of Hispanic origin)

Hispanic

White (not of Hispanic origin)