

# BERKELEY COUNTY PSSD

P.O. Box 944

MARTINSBURG, WV 25402

www.bcpsd.com

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

Are you 18 years of age or older? ..... Yes  No   
(If you are hired you may be required to submit proof of age.)

Social Security Number \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes  No

Have you ever applied here before? ..... Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? ..... Yes  No  If yes, when? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? ..... Yes  No

If yes, give details \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? ..... Yes  No

If yes, please explain \_\_\_\_\_

For Driving Jobs *Only*: Do you have a valid driver's license? ..... Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

| LIST NAME AND ADDRESS OF SCHOOLS   | Number of<br>Years<br>Completed | Diploma<br>Degree<br>Certificate | Subjects<br>Studies |
|--|---------------------------------|----------------------------------|---------------------|
| High School or GED: _____  |                                 |                                  |                     |
| College or University: _____   |                                 |                                  |                     |
| Vocational or Technical: _____   |                                 |                                  |                     |
| What skills or additional training do you have that are related to the job for which you are applying? _____ |                                 |                                  |                     |
| _____  |                                 |                                  |                     |
| What machines or equipment can you operate that are related to the job for which you are applying? _____     |                                 |                                  |                     |
| _____  |                                 |                                  |                     |

|                  |           |   |  |
|------------------|-----------|---|--|
| Name of Employer |           | Job Titles and Duties                   |  |
| Address          |           | Date of Employment: From _____ To _____ |  |
| City, State, Zip |           | Pay: Start \$ _____ Final \$ _____      |  |
| Supervisor       | Telephone | Reason for leaving                      |  |
| Name of Employer |           | Job Titles and Duties                   |  |
| Address          |           | Date of Employment: From _____ To _____ |  |
| City, State, Zip |           | Pay: Start \$ _____ Final \$ _____      |  |
| Supervisor       | Telephone | Reason for leaving                      |  |
| Name of Employer |           | Job Titles and Duties                   |  |
| Address          |           | Date of Employment: From _____ To _____ |  |
| City, State, Zip |           | Pay: Start \$ _____ Final \$ _____      |  |
| Supervisor       | Telephone | Reason for leaving                      |  |

Have you worked under any other name?.....Yes  No   
 If yes, give names: \_\_\_\_\_

Are you presently employed?.....Yes  No   
 If yes, may we contact your present employer?.....Yes  No

Have you ever been fired from a job or asked to resign?.....Yes  No

Give three references, not relatives or former employer.

| Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test. I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask for details.