



# MORGAN COUNTY ASSESSOR

77 Fairfax Street-Room 103  
Berkeley Springs, WV 25411

Phone:304-258-8570

Fax: 304-258-7308

<https://www.morgan.wvassessor.com>

## EMPLOYMENT APPLICATION

(PLEASE PRINT)

POSITION APPLIED FOR:		DATE OF APPLICATION		
HOW DID YOU LEARN ABOUT US?				
ADVERTISING		EMPLOYMENT AGENCY		FRIEND
RELATIVE		WALK-IN		OTHER_____
LAST NAME		FIRST NAME		MIDDLE NAME
NO.	STREET	CITY	STATE	ZIPCODE
TELEPHONE NUMBER(S)		HOME		CELL

Email address:

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 Morgan 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 \_\_\_\_\_  
DESCIRBE 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 \_\_\_\_\_  
DESCIRBE 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 \_\_\_\_\_  
DESCIRBE 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 \_\_\_\_\_  
DESCIRBE THE WORK YOU DID \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_  
TO \_\_\_\_\_  
STARTING SALARY \_\_\_\_\_  
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
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

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

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# 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 Commission.

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 ASSESSOR TO ENSURE THERE IS NO DISCRIMINATION IN HIRING PRACTICES. THIS FORM HAS BEEN ADDED TO THE APPLICATION IN COMPLIANCE WITH MORGAN 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)