

# APPLICATION FOR EMPLOYMENT

Barbour County Board of Education  
105 South Railroad Street  
Philippi, WV 26416  
(304) 457-3030

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time to contact you at home is: ..... : ..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

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  
*Proof of citizenship or immigration status will be required upon employment* .....  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-time (please indicate 1 2 3 shift)

Part-time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor	Reason for Leaving		
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor	Reason for Leaving		
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor	Reason for Leaving		
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor	Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


# ADDITIONAL INFORMATION

## Other Qualifications

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

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

## REFERENCES

1.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 45 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 of 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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 and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Have you ever been convicted or plead nolo contendere to a felony or misdemeanor other than a traffic ticket:     Yes     No

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

***Authorization and Release***

I hereby authorize and request any person or other entity, including, but not limited to, present and former employers, schools, law enforcement agencies, government agencies, including all entities which have information relating to my employment history, evaluations, plans of improvement, documentation of disciplinary action, reasons for non-rehire, special training and education to furnish a representative of the Board of Education of the County of Barbour with any and all information and copies of records in their possession regarding me in connection with my employment application. By signing below, I hereby release and hold harmless the Board of Education of the County of Barbour and any person or entity responding to a request for information pursuant to this *Authorization and Release* and their members, officers, employees, and agents from claims arising out of or in any connection with their legitimate gathering or disclosure of information as authorized by this Release. I am willing that a copy of this *Authorization and Release* be accepted with the same authority as original.

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_