EMPLOYMENT APPLICATION

PHONE: 304-822-3326 FAX: 304-822-8164
EMAIL: lhaines@assessor.state.wv.us
ADDRESS: 66 N High Street, Room 104
Romney, WV 26757

Please complete all applicable fields. Type or print clearly. The information provided will be used to evaluate your application for employment.

1. Applicant Information

Contact details	
Full name: _____	Preferred name: _____
Street address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Email: _____
Best contact method: □ Phone □ Email □ Text □ Other: _____	

2. Position Applied For

Position details	
Position title: _____	
Employment type preference: □ Full-time □ Part-time □ Temporary □ Seasonal	
Desired start date: _____	Preferred work schedule: _____
Schedule details, preferred hours, or limitations: _____	

3. Availability

Indicate the days and hours you are generally available to work. Use additional notes for recurring scheduling details.

Day	Available hours
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Additional availability notes: _____	

4. Work Authorization and Background Questions

Please review each question and select the response that applies.

Question	Response
Are you authorized to work in the United States?	□ Yes □ No
Are you at least 18 years of age?	□ Yes □ No
Can you perform the essential functions of the position, with or without reasonable accommodation?	□ Yes □ No
Are you available to complete any background check required for the position and permitted by applicable law?	□ Yes □ No

Drivers License	Response
Do you have a valid WV Drivers license?	□ Yes □ No
Drivers license number:	
Expiration date:	

5. Education and Training

List your completed education, training, and relevant credentials.

School or training provider	Degree or certificate	Field of study
High school:_____	_____	_____
College or trade school: _____	_____	_____
Relevant licenses or certifications _____		

6. Employment History

List your most recent or most relevant employers first. Include additional information on a separate sheet if needed.

Employer 1	
Employer name: _____	Job title: _____
Dates worked: _____	Supervisor: _____
Phone: _____	Reason for leaving: _____
Primary duties: _____ _____	

Employer 2	
Employer name: _____	Job title: _____
Dates worked: _____	Supervisor: _____
Phone: _____	Reason for leaving: _____
Primary duties: _____ _____	

8. Professional References

Provide three professional references who can speak to your work experience, skills, or qualifications.

Reference 1	
Name: _____	Relationship: _____
Organization: _____	Phone: _____
Email: _____	

Reference 2	
Name: _____	Relationship: _____
Organization: _____	Phone: _____
Email: _____	

Reference 3	
Name: _____	Relationship: _____
Organization: _____	Phone: _____
Email: _____	

9. Applicant Certification and Signature

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that misrepresentation or omission of relevant information may be grounds for disqualification from consideration or termination of employment. I understand that employment is subject to applicable county policies and law.

Applicant signature	**Printed name**	**Date**
_____	_____	_____