ROANE COUNTY COMMISSION

200 Main Street * SPENCER, WV 25276 * 304 927-0078 Fax: 304 927-0079

APPLICATION FOR EMPLOYMENT

Name:					SS#			
			Home Phone:					
ddress:			Cell Phone:					
osition a	pplied for:							
What qual	lifications do you have?	(be specific)						
			4					
What offic	e/relevant machinery ca	n you operat	te?					
	your salary expectations							
	would be available to sta	9						
are you ei	igible to work in the Unit	ted States?						
			EDUCA	ITION				
SCHOOL NAME OF SCHOOL			CITYIST	FATE	COURSE OF STUDY	DID YOU		
Grammar						GRADUATE?		
ligh								
College								
Other								
			ORK HISTOR	V attach additional				
NAME AN	ID ADDRESS OF COMPANY	DAT		Y - attach additional JOB DUTIES	sheets if necessary REAS	REASON FOR LEAVING		
		From	To Please be specific			Please be specific		
Vame:								
Address:								
Phone:								
Vame:								
Address:								
Phone:								
Vame:								
Address:								
Phone:								
			REFERE					
	NAME	PHONE N	UMBEK	ADDRESS		CCUPATION		
hereby ce	ertify that there are no w	illful misrepr	resentations c	ontained in my respons	ses to the questions	listed on this		
and gover	n. By signing below I giv nment agencies about m	re Roane Co re. mv work	unty Commissions: history, crimir	sion permission to contain the contained and history, or any information of the contained and the cont	tact previous employ mation pertinent to th	ers, references ne nosition		
	of Applicant:				THE POST OF THE PROPERTY OF TH	IV PUDILIVII;		
	plication:							

APPLICANT RELEASE FORM

In connection with my application for employment, I understand and agree that background inquires may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and lega	ıl name, an	d all informatio	n is true and	correct to	the best of my knowledge.
Last Name	First Middle		A Committee of the Comm		
Applicants Signature	Drivers License Number & State				
Social Security Number					
Former Names (if applicable):					
Current Address City/State			Zip & County		Dates(Month and Year)
Previous addresses City/Stat			Zip & Count		Dates(Month and Year)