

HARRISON COUNTY ASSESSOR'S OFFICE

APPLICATION FOR EMPLOYMENT

Please Print or Type

Date: _____

(The information supplied herein will be treated as confidential)

Name: _____
Last First MI

Address: _____
Street Address City State ZIP

Social Security Number: _____ Phone Number: _____

Are you applying for: Full Time _____ Part Time _____ Temporary _____

Position applied for: _____ Department: _____

After receiving an offer for employment, would you be able to present verification of your legal right to work in the United States? Yes _____ No _____

Can you perform the essential functions of the job for which you are applying without special accommodations? (job description attached)

Yes _____ No _____

If no, please describe any accommodations that will be required:

EDUCATION

Name of High School attended: _____

Location: _____

Have you received training beyond high school? Yes _____ No _____

Briefly describe course of study: _____

RECORD OF EMPLOYMENT

Most recent employer Kind of business: _____

Name of employer: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Dates Held: _____

Type of Work: _____ Salary: _____

Reason for Leaving: _____

Name of Supervisor: _____

May we contact? Yes _____ No _____ If no, Why? _____

Please complete application and mail or return to:

**Joseph R. "Rocky" Romano, Assessor
Harrison County Assessor's Office
301 W. Main Street
Clarksburg, WV 26301**

Previous employer

Kind of business: _____

Name of employer: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Dates Held: _____

Type of Work: _____ Salary: _____

Reason for Leaving: _____

Name of Supervisor: _____

May we contact? Yes _____ No _____ If no, Why? _____

Previous employer

Kind of business: _____

name or employer: _____

Address: _____
Street Address City State ZIP

Position Held: _____ Dates Held: _____

Type of Work: _____ Salary: _____

Reason for Leaving: _____

Name of Supervisor: _____

May we contact? Yes _____ No _____ If no, Why? _____

Please make any comment below, or add any supplemental information you might want to give regarding yourself. If you have a resume, please attach it to this application and submit them together.

PERSONAL REFERENCES
(Other than former employers or relatives)

NAME, POSITION	ADDRESS	PHONE #

Certification Statement by Applicant (*Read this statement carefully before signing*):

I hereby certify that all answers and statements given by me on this application are true, complete and correct. I understand that false statements on this application will result in my not being hired, and if I am hired, may be grounds for immediate dismissal. In addition, I am granting the Harrison County Assessor's Office permission to conduct reference inquires, except where indicated otherwise by me, and further that a Criminal Background Check may be completed once an offer of employment is made to me. I understand that nothing in this application or the interview process is intended to create an employment contract between the County and me.

Date Signature

Harrison County Assessor's Office is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, political belief, veteran's status, sexual orientation, or marital or family status. A TDD for the hearing impaired is located in the Harrison County Commission Office and the telephone number for the TDD is 304-624-8500. Anyone having questions concerning or needing special accommodations should contact the ADA Coordinator c/o Harrison County Planning Commission at 304-624-8690.