

# Harrison County Parks & Recreation

## Application for Employment

**PLEASE PRINT ALL  
INFORMATION  
EXCEPT SIGNATURE**

Please mail or drop off completed application to:  
**Harrison County Parks & Recreation**  
**43 Recreation Drive Clarksburg, West Virginia 26301**

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**PLEASE COMPLETE ALL PAGES**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How Long At Current Address? \_\_\_\_\_ Email: \_\_\_\_\_

Contact Telephone Number: ( ) \_\_\_\_\_ Best Time To Contact You: \_\_\_\_\_

Are you under age 18? \_\_\_\_YES \_\_\_\_NO If "YES", can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. (Proof of eligibility will be required if hired.)

Position Applied For: \_\_\_\_\_  
Requested Wage or Salary: \_\_\_\_\_  
Times Available to Work: (please indicate)  
Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

How Many Hours Can You Work Weekly? \_\_\_\_\_

Employment Desired: ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When Are You Available To Start Work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate / Other				

Have you ever been convicted of a crime? ☐ Yes ☐ No (A conviction record will not necessarily disqualify you from employment, but less than a full and complete response can result in termination.)

For each conviction, please state the nature of the crime, the date of conviction, the jurisdiction in which you were prosecuted, the sentence imposed (including probation), and any additional explanation you wish to provide. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PAGE TWO**

**APPLICATION FOR EMPLOYMENT**

Do you have a driver's license? ☐ Yes ☐ No

What is your means of transportation to work? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

**Computer Skills**

Typing ☐ Yes  
☐ No \_\_\_\_\_ WPM

10-key ☐ Yes  
☐ No

Word Processing ☐ Yes  
☐ No \_\_\_\_\_ WPM

Personal Computer ☐ Yes PC ☐

☐ No Mac ☐

Other \_\_\_\_\_

Skills \_\_\_\_\_

Please list two references other than relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Please use this space to elaborate on any background, experience or qualification that you believe should be considered in evaluating your application for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, any disability, religious or political affiliations.

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PAGE THREE

APPLICATION FOR EMPLOYMENT

MILITARY

Have you ever been in the armed forces?

☐ Yes

☐ No

Are you now a member of the National Guard?

☐ Yes

☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Employment  
History**

Please list your work experience for the **past seven years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
	Your Last Job Title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
	Your Last Job Title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

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**PAGE FOUR**

**APPLICATION FOR EMPLOYMENT**

**Employment History** Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
Your Last Job Title			
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address City, State, Zip Code Phone Number		From	Start
		To	Final
Your last job title			
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this location.			

May we contact your present employer?

☐ Yes

☐ No

**DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE RECEIVED A JOB DESCRIPTION OF THE POSITION THAT INFORMS YOU 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 essential functions of the job for which you have applied? \_\_\_\_ Yes \_\_\_\_ No

A review of the essential functions has been provided to me. \_\_\_\_ Yes \_\_\_\_ No

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each section, please provide your signature in the spaces provided below.**

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other County practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the County, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument approved by the Harrison County Commission with authorization for the President of the Harrison County Commission to affix their signature. The undersigned and County may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the County may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize investigation of all statements contained in my application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the County permission to contact schools, previous employers (unless otherwise indicated), references and others and do hereby release the County from any liability as a result of such contact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that, in connection with the routine processing of my employment application, the County may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the County will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that, in connection with the routine processing of my employment application, the County may request or conduct a criminal background request or investigation so as to ascertain whether I have been convicted of a crime. In addition, I understand that such convictions, if any, will not necessarily disqualify my employment with the County. However, less than a full and complete response can result in termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The County Commission of Harrison County, West Virginia, is an equal employment opportunity employer and adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. The opportunity for employment with Harrison County depends solely on your qualifications. Harrison County has established a drug free and tobacco free work environment.

**18 years of age or older: Complete the form on the following pages, and submit with your application.**

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***Subject Information***

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**Full Name (Type or Print Legibly)**

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**Signature**

**Other Names Used (Maiden, Divorced, Alias, Etc.)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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**Social Security Number**

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**Date of Birth**

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**Driver's License Number**

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**State of Issue**

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**Sex**

**Please provide your residential addresses, listing your CURRENT address first:**

1.	_____	To _____
	Street Address/City/State/Zip	From (yrs)
2.	_____	To _____
	Street Address/City/State/Zip	From (yrs)
3.	_____	To _____
	Street Address/City/State/Zip	From (yrs)
4.	_____	To _____
	Street Address/City/State/Zip	From (yrs)
5.	_____	To _____
	Street Address/City/State/Zip	From (yrs)

**Have you ever been convicted of a criminal offense or have any pending charges? \_\_ Yes \_\_ No**

**If yes, give full details, including date(s) and location(s) of the court:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports**

### **Section I: Disclosure**

**Harrison County Commission** may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency— **Credential Research, LLC.** — **Address: PO Box 828 Hawkins, TX 75765.** As a result, Credential Research may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee."

### **Section II: Authorization and Release**

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, Credential Research, LLC., to the Company and its designated representatives and agents. By my signature below, I authorize the company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment /independent contractor relationship with those partners. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

☐ **I authorize that I have read and agree to the terms of the Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports. I also acknowledge that I have received a copy of Section III: A Summary of Rights under the FCRA.**

**Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ **Check this box to receive a free copy of any Consumer Report, or Investigative Consumer Report from Credential Research at [support@credentialresearch.com](mailto:support@credentialresearch.com)**