

Application For Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____
Last
First
Middle

Present Address: _____
Street
City
State
Zip Code

Permanent Address: _____
Street
City
State
Zip Code

Phone Number: _____

Referred By: _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied with PCEMS before: Yes No When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Elementary School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or other school		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

General

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.) _____

FORMER EMPLOYERS List below your last four employers, starting with the most recent one.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES List below three persons not related to you whom you have known for at least one year.

Name	Address	Relationship	Years Acquainted

QUESTIONS Please check the appropriate box.

- Are you legally authorized to work in the United States? Yes No
- Do you have a valid driver's license? Yes No
- Have you ever been convicted of a traffic violation? Yes No
- Have you ever been convicted of a misdemeanor crime? Yes No
- Have you ever been convicted of a felony? Yes No
- Are you currently under any pending criminal charges? Yes No

If you checked "yes" to any question numbered 3 through 6, please explain: _____

CERTIFICATION AND AUTHORIZATION Please read carefully, initial and sign if in agreement therewith.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application may cause me not to be hired or, if hired, may cause my dismissal regardless of when discovered by the employer. INITIAL []

I authorize the employer to conduct a thorough background check including, but not limited to, my criminal and driving history, and I authorize my references and former employers to disclose any information regarding my employment history, character and general reputation, without giving me prior notice of the disclosure. I release the employer, any former employers, all references listed above and any law enforcement or governmental agency that assists in conducting my background check from any and all claims, demands or liabilities arising out of or related to the investigation or disclosure. INITIAL []

If I am offered employment, I agree to submit to a drug/alcohol test, and a medical examination if applicable, before starting work. If employed, I also agree to submit to medical examinations and drug/alcohol testing at any time deemed appropriate by the employer as permitted by law. I authorize and consent to the release of the test results of the examinations to the employer. I understand that my employment or continued employment is contingent upon satisfactory medical examinations and drug tests, to the extent permitted by law. INITIAL []

I understand that completing this form does not create an employment contract and does not indicate that there is a position open. Further, I understand that if hired, I will be an at-will employee whose term of employment is not fixed and may be terminated at any time, with or without cause, at the option of myself or the employer. INITIAL []

Date: _____ Signature _____

Disclosure And Authorization Regarding Obtaining Consumer and/or Investigative Reports for Employment

In considering your application for employment or in making other employment decisions, "**Putnam County Commission**" may request that a consumer reporting agency prepare a consumer report or investigative report regarding you. In addition, the **Commission** may independently conduct background checks on you. The consumer report, investigative report and/or background check may include, but not be limited to, information regarding your credit history, criminal conviction, former employers, education and/or training.

1. By signing this disclosure, you consent to the **Commission** obtaining a consumer report and/or investigative report on you and further consent to the **Commission** independently conducting a background check on you.
2. By signing this disclosure, you acknowledge that you:
 - a. Have received a copy of this disclosure.
 - b. Have been notified of the possibility that a consumer and/or investigative report will be prepared.
3. In accordance with the deferral Fair Credit Reporting Act, if an investigative report is requested, you have the right to request that the **Commission** completely and accurately disclose to you the nature and scope of any requested report.

I hereby consent and authorize the company to obtain a consumer report and/or investigative report and/or conduct a background check on me for the purpose of making hiring and other employment decisions about me. By signing the acknowledgement below, I release the **Commission** from any and all liability relating to and arising from such consumer reports and/or investigative reports and/or background checks. I acknowledge that I have read this entire document and understand the same.

(For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check here _____.)

Date

Applicant or Employee Signature

Social Security Number

Date of Birth

Current Address

**Putnam County
Applicant Notification**

In conjunction with your application for employment with us, we utilize the services of **HEALTH RESEARCH SYSTEMS, INC.** to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information and driving records.

HEALTH RESEARCH SYSTEMS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

HEALTH RESEARCH SYSTEMS, INC. can be contacted at:

Health Research Systems, Inc./EMSI
821 Sixth Avenue
Huntington, WV 25701
1-800-442-3926 x305