

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 Putnam County 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.) _____

(Continued)

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				

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



West Virginia Department of Transportation
Division of Motor Vehicles
Driving Record Release Authorization

Call | (304) 926-3802
Fax | (304) 926-3899
Email | DMVDriverRec@wv.gov

USE THIS FORM IF YOU ARE REQUESTING FOR DMV TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF. WHEN FAXING OR EMAILING YOUR REQUEST, YOU MUST CALL (304)926-3802 FOR PAYMENT INSTRUCTIONS.

I, _____
PLEASE PRINT YOUR NAME

(X) _____
PLEASE SIGN YOUR NAME

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

Solid Rock Investigations, LLC / David Bailey
INDIVIDUAL NAME AND/OR COMPANY NAME IF APPLICABLE

All requestors for information must complete the **request for driving records form** (DMV-101-PS1) and **this form** (DMV-101-PS2) or the request will not be processed. The individual released to receive information must include a copy of their federal or state government issued ID or driver's license.

PLEASE CHECK THE APPROPRIATE FEES

- \$1.00 per page - Additional Cost for certification of document
- \$5.00 - Driving record with driver's license number
- \$6.00 - Driving record without driver's license number
- \$5.00 - Message forwarding service
- \$.25 per page - Copy of suspension/revocation/disqualification file

PLEASE CHECK THE APPROPRIATE ADMINISTRATIVE HEARING DOCUMENT FEES

- \$30.00 - Copy of recorded testimony in CD format
- \$1.50 per page - Copy of transcript of hearing
- \$1.00 per page - Additional cost for certification of document
- \$.25 per page - Copy of suspension/revocation/disqualification file

West Virginia Department of Transportation Division of Motor Vehicles Request for Driving Record



Call | (304) 926-3802
Fax | (304) 926-3899
Email | DMVDriverRec@wv.gov

PLEASE COMPLETE THE FORM DMV-101-PS2 (DRIVING RECORD RELEASE AUTHORIZATION) IN ADDITION TO THIS FORM IF YOU ARE REQUESTING DMV TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF.

This form may be used for multiple requests and a fee of **\$5.00 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee.

All fees are non-refundable.

Driver's License Number	Name	Social Security Number	Date of Birth

Please return requested records to the following address:

PLEASE PRINT COMPANY NAME, IF APPLICABLE		TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP

Any person may request their own driving record at any DMV regional office. You must provide your federal or state government issued ID or driver's license for proof of identification.

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.). **Each request form submitted must include a copy of the requestor's federal or state government issued ID or driver's license. If you do not have a photo ID you must include a copy of a birth certificate, and social security card.** If you do not meet these requirements, your reasons will be reviewed and if accepted, you will receive a driving record that excludes all personal information from the record.

Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

SIGNATURE OF REQUESTOR

OFFICE USE ONLY
ID VERIFIED BY:

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

Before mailing, be sure you've included: A completed DMV-101-PS1 form, applicable fees, copy of driver's license or photo ID, letterhead explanation, and a completed DMV-101-PS2 (if applicable).

<p>Please mail your request to: WV Division of Motor Vehicles Insurance Section / Driving Records PO Box 17020 Charleston, WV 25317</p>	<p>You may also email or fax your request, but you MUST make a follow-up call to make your payment, prior to 4pm. Fax (304) 926-3899 Email DMVDriverRec@wv.gov Call (304) 926-3802</p>
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