

Nicholas County Veterans Memorial Park

19 Memorial Park Rd, Suite B
Summersville, WV 26651
304-872-3552
Pool Application

Date of Application ___/___/___

Application for Employment

Please Print

Position (s) applied for _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone # (____) _____ Mobile/Other# (____) _____

Email Address _____ Referral Source _____

Applicant Information

Have you ever filed an application here before? If yes, give date _____ Yes No

Have you ever been employed her before? ----- Yes No

If yes, give dates and positions _____ / ___/ ___

Do you have any relatives currently working for NCVMP?-----Yes No

If yes, Provide names and relation _____

Are you legally eligible for employment in this country? -----Yes No

(Proof will be required upon employment)

Dates available for work ___/___/___ What is your desired salary or rate of pay \$8.75

Are you willing to work part time and split shifts ----- Yes No

Are you able to meet the attendance requirement of the position----- Yes No

Will you travel if the job requires it?-----Yes No

Driver's license number if driving is an essential job function _____ State _____

Have you pled "guilty" or "no contest" to, or been convicted of a felony?----- Yes No

If yes, provide date(s) and details _____

If required by employer, will you undergo a post-offer physical examination?----- Yes No

Are you currently certified as an American Red Cross lifeguard? ----- Yes No

If yes, expiration date ___/___/___

Are you over the age of 16? ----- Yes No

If no, are you eligible for a work permit? ___Yes ___No

Name: _____ Telephone # (____) _____
Last First

Employment History

_____/_____
From (Month/Year) To (Month/Year) Employer Telephone #

Job Title Street Address City State Zip Code

Immediate Supervisor and Title \$_____ per _____ \$_____ per _____
Hourly/Salary Starting Rate Hourly/Salary Final Rate

Nature of work performed: _____

Reason for leaving: _____

May we contact references? _____ Yes _____ No _____ Later

_____/_____
From (Month/Year) To (Month/Year) Employer Telephone #

Job Title Street Address City State Zip Code

Immediate Supervisor and Title \$_____ per _____ \$_____ per _____
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May we contact references? _____ Yes _____ No _____ Later

Name: _____ Telephone # (____) _____

Last

First

Related Training, Licensure/Certification and Experience

List any special training, licensure/certification and/or experience that may qualify you to perform job-related function position for which you are applying:

Educational Background

	Name and Location	Number of years completed	Did you Graduate	Course of Study
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

References

1. Name: _____ Title: _____ Relationship: _____

Telephone #: _____ Number of Years Known: _____
(____) _____

2. Name: _____ Title: _____ Relationship: _____

Telephone #: _____ Number of Years Known: _____
(____) _____

3. Name: _____ Title: _____ Relationship: _____

Telephone #: _____ Number of Years Known: _____
(____) _____

Name: _____ Telephone # (____) _____
Last First

Applicant Statement

I understand that any information provided by me that is found to be false, income or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of application, or (2) immediately discharge me for the employer’s service, whenever it is discovered.

I expressly authorize Nicholas County Veterans Memorial Park, its representatives, employees or agents to contact and obtain information from all references (personal and past employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and authorize NCVMP to obtain consumer reporting information about me from other sources, for the purpose of considering me for employment. This may include information and worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, work habits, job performance, experience and reasons for leaving other employment, public records such as any criminal records. I hereby waive any and all rights and claims I may have regarding NCVMP, its agents, employees or representatives, for seeking such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that NCVMP does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it is necessary to reapply and fill out a new application.

I understand that the position for which I am applying constitutes an at-will employment and that just as I am free to resign at any time, NCVMP reserves the right to terminate at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I certify that I have read, fully understand and accept all terms of the above Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

NICHOLAS COUNTY PARKS AND RECREATION COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER