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Mayor
Susan J. Webster

Recorder
J. Vincent Kiddwell



Town of Bath

271 Wilkes Street, Berkeley Springs, MD 25411

Phone (304) 258-1102 Fax (304) 258-2638

Council Members
Scott Berki
Kenny Easton
Andrew Swaim
Elizabeth Skinner

Applicant's Personal History Statement

Applicant's Name _____

(Please print clearly or Type)

NAME: _____
(Last) (First) (Middle)

POSITION DESIRED: _____ YEARS EXPERIENCE _____

HAVE YOU EVER WORKED FOR THE TOWN OF BATH ? _____

EMPLOYMENT DESIRED: _____ PERMANENT _____ TEMPORARY _____ SUMMER

DATE AVAILABLE TO START: _____

ARE YOU WILLING TO WORK ANY SHIFT? _____ YES _____ NO

PERSONAL DATA

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

DO YOU HAVE A CURRENT DRIVERS LICENSE _____ STATE _____ LIC# _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ MARITAL STATUS _____

PRESENT ADDRESS: _____

(Street) (City) (State) (Zip)
MAILING ADDRESS (if different from above): _____

PHONE: (Home) _____ (Other) _____

EMERGENCY CONTACT (if needed) _____

RELATIONSHIP _____ PHONE _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ IF YOU ANSWERED NO,
DO YOU HAVE THE LEGAL RIGHT TO REMAIN IN THE U.S.? _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEANOR OR FELONY? _____

IF YES, COMPLETE THE FOLLOWING:

DATE _____ OFFENSE _____ PLACE _____
DISPOSITION _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE _____ IF YES EXPLAIN _____

EDUCATION

INSTITUTION	NAME/ADDRESS OF SCHOOL	YEARS ATTENDED	FIELD OF STUDY	DEGREE / AWARD
HIGH SCHOOL				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY

EMPLOYMENT DATES FROM / TO	COMPANY NAME ADDRESS, PHONE #	POSITION / DUTIES	WAGE / SALARY	REASON FOR LEAVING

In applying here for employment it is understood that the town of bath reserves the privilege of contacting past employees regarding references. May we also contact your present employer at this time?

_____ Yes _____ No

Are there any additional comments you would like to make regarding your experience or special skills?
