

Mayor  
Scott Alerki

Recorder  
Susan J. Webster



Council Members  
Elizabeth Skinner  
Rick Weber  
Chris Chapman  
Rose Jackson  
John Bohrer

## Town of Bath

271 Wilkes Street, Berkeley Springs, WV 25411  
Phone 304-258-1102 Fax 304-258-2638

# Applicant's Personal History Statement

Applicant's Name \_\_\_\_\_

The Nation's Oldest Health Spa  
Since 1748

(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?*

---



---



---

