Mayor Scott Merki

Recorder Susan J. Webster



Council Alembers
Tom Hall
Mary Lynn Hickey
Rebecca MacLeod
Greg Schene
Elizabeth Skinner

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

Applicant's Personal History Statement

Applicant's Name:	
Applicalit 3 maillo.	

NAME:(Last)	(F)	irst)		(Middle)
POSITION DESIRED:	YEARS EXPERIENCE			CE
HAVE YOU EVER WORKED FOR TH	E TOWN OF BA	гн?		
EMPLOYMENT DESIRED:	PERMANENT	ТЕМІ	PORARY	SUMMER
DATE AVAILABLE TO START:				
ARE YOU WILLING TO WORK ANY	SHIFT?	YES	NO	1
	PERSONAL D	ATA		
DATE OF BIRTH:				
DO YOU HAVE A CURRENT DRIVER	RS LICENSE	STATE	LIC#	
HEIGHTH	AIREY	YESN	IARITAL STAT	US
PRESENT ADDRESS:				
(Street MAILING ADDRESS (if different from a	t) above):	(City)	(State)	(Zip)
PHONE: (Home)	(Ot	her)		
EMERGENCY CONTACT (if needed) _ RELATIONSHIP	РНС	ONE		
ARE YOU A CITIZEN OF THE UNITE. DO YOU HAVE THE LEGAL RIGHT T	D STATES?_ O REMAIN IN TE	VE U.S.?	IF YOU ANSW	VERED NO,
HAVE YOU EVER BEEN CONVICTED IF YES, COMPLETE THE FOLLOWIN	G:			
DATE OFFENSE OFFENSE		PLAC.	E	
ARE YOU CURRENTLY UNDER A PHY			ES 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 emp	oloyment, it is understood that the town of bath reserves the privilege of contacting 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?

REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME			
Why are you interested in	employment with the TOWN OF BATH	I?	
What do you consider you	ur greatest qualifications?		
understand that any inco to discharge at any time i	pect to the question or subject to which to rrect, incomplete, or false statement or in the event that I am employed by the To ion. I hereby authorize my former employ and addition, to furnish any other informate	iformation furnished own of Bath. I agree t yers to give any infor	to comply with all of its mation regarding my
Applicant's Signa	ture	Dat	e
*Application will be retai	ned for one year from date filed.		
FOR OFFICE USE ON	LY		
Date Interviewed			