



APPLICATION FOR EMPLOYMENT

Mail to: Attn: Office Manager
3910 Teays Valley Road, Hurricane, WV 25526
304.757.7293

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. All applications will remain active for 30 days.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Cell #: _____

Email Address: _____ Social Security #: _____

Type of employment desired: Full-time Part-time Temporary

Date you will be available to start work: _____

Are you able to work evenings? _____ If not, how late can you be scheduled to work? _____

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our organization? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain (a conviction will not automatically bar employment):

Valid drivers license number: _____

How were you referred to us? _____

Your Next Step to Recovery

EMPLOYMENT HISTORY *(Please provide all employment information for your past three employers starting with the most recent.)*

Employer: _____ Telephone #: _____

Address: _____

Position: _____ Starting Position (if different): _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Wages: _____

Company size in terms of employees: _____ Number of hours worked per week: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Telephone #: _____

Address: _____

Position: _____ Starting Position (if different): _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Wages: _____

Company size in terms of employees: _____ Number of hours worked per week: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Telephone #: _____

Address: _____

Position: _____ Starting Position (if different): _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Wages: _____

Company size in terms of employees: _____ Number of hours worked per week: _____

Job summary: _____

Reason for leaving: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

CAREER OBJECTIVES

What are your long-term career goals? How do you see a career with our company helping you meet those goals?

This job requires regular attendance. Are you able to meet these requirements? Yes No If no, please explain:

REFERENCES

List 3 employment references:

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Have you notified these references that you will be using them for this purpose? _____

List 3 personal references:

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Have you notified these references that you will be using them for this purpose? _____

AUTHORIZATION

I hereby authorize the potential employer to conduct a background check and contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ **Date:** _____

ADDITIONAL INFORMATION
