



Aging & Family Services
1 South Main Street
Keyser, WV 26726
(304) 788-5467

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

| | | | | | | | | |
|---|--|------------|------|--|-------|--|----------|------------------|
| Last Name | | First Name | | Middle Name | | Maiden Name | | |
| How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other _____ | | | | | | Drivers License Number and State: | | |
| <input type="checkbox"/> Friend/Relative: Name _____ | | | | | | | | |
| Position(s) Applied: | | | | | | Date of Application: | | |
| Address | | | City | | State | | Zip Code | Years Lived Here |
| Telephone Number(s) | | | | Birth Date | | Social Security Number | | |
| Emergency Contact | | | | Relationship | | Have you lived outside WV in last 3 years? | | |
| E-Mail Address | | | | Cell Phone # and provider (i.e. AT&T, Verizon) | | | | |

Have you ever filed an application with us before? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

On what date would you be available to begin employment? _____

Are you available to work: Full-Time _____ Part-Time _____ Weekends _____

Do you have a current, valid drivers license? Yes _____ No _____

Do you have a vehicle available for your use? Yes _____ No _____

Have you ever been **convicted** of a crime? Yes _____ No _____

If **NEVER** convicted of a crime please print "NEVER" _____
 (Background check(s) will be performed —please detail if YES is marked)

Describe any instance(s) where you were convicted of any crime:

Education

| | Name and Address Of School | Course of Study | Years | Diploma/ Degree |
|-----------------------------------|---------------------------------------|----------------------------|--------------|----------------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |

Specialized Training

Describe any specialized training, apprenticeships, skills and extra-curricular activities. List professional, trade, business, or civic activities or office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Also, list specialized skills and equipment or machinery you can use. (I.E. Calculator, Computer, Blood Pressure, etc.)

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Employment Experience

Start with your present or last job and #1 and work back. Include and job-related assignments and volunteer activities. You may exclude employment which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

| | | | | |
|-----|------------------------------|--|-------------------------|----------------|
| # 1 | Employer: | Dates Employed From To | | Work Performed |
| | Address: | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | |
| | Telephone Number: | | Starting Final | |
| | Specific Reason for Leaving: | | | |
| # 2 | Employer: | Dates Employed From To | | Work Performed |
| | Address: | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | |
| | Telephone Number: | | Starting Final | |
| | Specific Reason for Leaving: | | | |
| # 3 | Employer: | Dates Employed From To | | Work Performed |
| | Address: | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | |
| | Telephone Number: | | Starting Final | |
| | Specific Reason for Leaving: | | | |

References

You must complete this section to be considered for employment. References need to be filled in with a complete address and phone number where they can be reached. References can not be members of your family.

| | | |
|----|---------|--------------|
| 1. | _____ | _____ |
| | Name | Phone Number |
| | _____ | _____ |
| | Address | |
| 2. | _____ | _____ |
| | Name | Phone Number |
| | _____ | _____ |
| | Address | |
| 3. | _____ | _____ |
| | Name | Phone Number |
| | _____ | _____ |
| | Address | |

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I hereby understand and acknowledge that, unless otherwise defined by the applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at-will" employment may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant will be required to pass a pre-employment drug screening in accordance with employers drug -free work place policy

Signature of Applicant

Date

******* FOR OFFICE USE ONLY *******

Interview Date _____ Interviewed by: _____ Hired: _____ Hire Date _____

Comments: _____

