

Barbour County Senior Center

47 Church St, Philippi, WV 26416
Telephone: (304) 457-4545

APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle Initial

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Social Security #: _____

Are you authorized to work in the United States? yes no

Are you under 18 years of age? yes no

Position(s) Applying For (be specific) _____

Have you ever applied with Barbour County Senior Center before? yes no

Date Available for work: _____

Rate of Pay Expected: _____ per _____

Is there anything that will prevent you from performing the essential functions of the position or positions for which you are applying, with or without reasonable accommodations? yes no
If yes, explain:

Would you be willing to work overtime? yes no

Have you ever been convicted of a crime? yes no
If yes, explain:

EDUCATION (Check Last Year Completed):

High School 1 2 3 4 College 1 2 3 4

Describe any other training such as military, vocational, etc.:

FORMER EMPLOYERS (List last 3 employers, starting with the most recent one first):

Company: _____

Address: _____

Telephone: _____ Supervisor's Name: _____

Starting Pay: _____ per _____ Ending Pay: _____ per _____

Period Worked: From: _____ To: _____

Describe the you're you performed: _____

Reason for leaving: _____

Company: _____

Address: _____

Telephone: _____ Supervisor's Name: _____

Starting Pay: _____ per _____ Ending Pay: _____ per _____

Period Worked: From: _____ To: _____

Describe the you're you performed: _____

Reason for leaving: _____

Company: _____

Address: _____

Telephone: _____ Supervisor's Name: _____

Starting Pay: _____ per _____ Ending Pay: _____ per _____

Period Worked: From: _____ To: _____

Describe the you're you performed: _____

Reason for leaving: _____

Have you ever worked another a different name for any of these employers? yes no

If yes, please identify the employer and state the name _____

REFERENCES: Give below the names of three (3) persons not related to you whom you have known at least one (1) year.

1. _____ work personal
Name Phone Years Known
2. _____ work personal
Name Phone Years Known
3. _____ work personal
Name Phone Years Known

ADDITIONAL INFO:

Do you have your own transportation? yes no

What days and what hours are you available to work?

Monday	Start Time: _____	End Time: _____
Tuesday	Start Time: _____	End Time: _____
Wednesday	Start Time: _____	End Time: _____
Thursday	Start Time: _____	End Time: _____
Friday	Start Time: _____	End Time: _____

Are you willing to work one weekend per month? yes no

Are you willing to work for both male and female clients? yes no

Have you been convicted of any felonies or misdemeanors? yes no

Are you able to lift 50 lbs.? yes no

Do you have any pet or smoke allergies or any medical conditions which may limit the homes you might be able to work in? yes no

APPLICANT CONSENT

Please read each of the following statement and place your initials by each one to indicate that you understand and agree to the terms stated, then sig this form at the bottom.

_____ The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my immediate dismissal. I further understand that this application is not, and is not intended to be a contract of employment, nor does this application obligate the company to which you are applying in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time, at the discretion of either the company or myself.

_____ I hereby give permission to contact the previous employers and character references that I have listed in this application. I also agree not to hold any references contact in regard to this application liable for damages relating to any information they provide to Barbour County Senior Center.

_____ I understand that by filling out this application that I will not be guaranteed a job. I also understand that this application will only be considered for thirty (30) days unless I contact the Office Manager in writing by certified mail on a continuous basis that I am still available for employment.

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street/P.O. Box City State Zip Code

I, the undersigned, hereby authorize and direct any persons or corporations an/or any staff member of a corporation to release any information verbally or in writing regarding my employment or character to:

Barbour County Senior Center
47 Church Street
Post Office Box 146
Phillipi, West Virginia 26416

This information is being used as background information for my employment application with Barbour County Senior Center.

I, the undersigned, waive any liability that may arise against any company and/or any staff member of said company or any individual for releasing said information.

Applicant Signature

Date

Witness Signature

Date