

Hampshire County Committee on Aging
PO Box 41
24781 Northwestern Pike
Romney, WV 26757

Employment Application

Applicant must currently be eighteen (18) years of age or older to be considered for employment.

Position Applied for _____

Date Available _____

Applicant Information

Full Name _____ Date _____
Last First M.I.

Address _____
Mailing Address Street Address, if different from mailing Apartment/Unit #

City State ZIP Code

Phone _____ Email _____ Social Security # _____

Do you have a valid Driver's License YES NO State Issued _____ Driver's License # _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School _____ Address _____

Studies _____ Did you graduate? YES NO Diploma _____

College _____ Address _____

Studies _____ Did you graduate? YES NO Degree _____

Other _____ Address _____

Studies _____ Did you graduate? YES NO Degree _____

References

Please list three personal references, who are not family. Please be sure and list correct mailing address.

Full Name _____ Relationship _____
Address _____ Phone _____

Full Name _____ Relationship _____
Address _____ Phone _____

Full Name _____ Relationship _____
Address _____ Phone _____

Previous Employment

Company _____ Phone _____
Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____

Job Title _____ Starting Salary: \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____

Job Title _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers 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, labor and wage records, etc. or any part thereof, and duly authorized agent of WV Cares, 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.

I authorize, without reservation, any party or agency contacted by WV Care, WV State Police, or the HCCoA to furnish the above-mentioned information.

I agree to provide additional information that may be requested to process my employment application.

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.

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.

In the event of employment, I understand that false or misleading information given in my application and/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 and random drug screening in accordance with employers' drug-free work place policy.

Signature _____ Date _____

***** FOR OFFICE USE ONLY *****	
Interview Date: _____	Interviewed by: _____
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date: _____
Comments: _____	