

APPLICATION FOR EMPLOYMENT

DATE: _____

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY OR ANY OTHER PROTECTED CLASSIFICATION.

How did you hear about this job opening? _____ Newspaper, If so which one _____;

_____ WV Job Service; _____ Internet; _____ Other Describe _____

PERSONAL INFORMATION

Name _____
First Middle Initial Last

Present Address _____
Street City State Zip Code

Telephone (_____) _____
Area Code Number

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.? (YOU WILL BE REQUIRED TO FURNISH PROOF OF LAWFUL WORK STATUS IF YOU ARE EXTENDED A JOB OFFER) Yes _____ No _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (Other than Traffic Violations)? Yes _____ No _____

The WV State Police Criminal Identification Bureau Requires that employers take fingerprints on each new employee to be filed at the Central Abuse Registry, according to WV Legislative Rule for Behavioral Health Centers Licensure, 64CSR11, "the Center shall not employ individuals with conviction of consumer or child abuse or neglect." Employment with Berkeley Senior Services will be contingent on this Central Abuse Registry clearance.

If you have ever been convicted of a crime, please describe fully the criminal conviction(s), listing the nature of the offense, the date of the offense, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment. Use additional paper if necessary.

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____

DATE YOU CAN START: _____
MONTH DAY YEAR

HAVE YOU EVER FILED AN APPLICATION WITH THIS AGENCY BEFORE? YES _____ NO _____

HAVE YOU EVER WORKED FOR THIS AGENCY BEFORE? YES _____ NO _____

When? _____

Supervisor _____

Reason for Leaving _____

DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK AT BSS? YES _____ NO _____

If yes, state name, relationship and department _____

ARE YOU AVAILABLE TO WORK: _____ Full Time _____ Part Time _____ Evenings/ Weekends _____ Temporary

CAN YOU USE YOUR AUTOMOBILE IF THE JOB REQUIRES IT? YES _____ NO _____

CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES _____ NO _____

EDUCATION

HIGHEST GRADE COMPLETED _____

Grade School

High School

College/ Grad/ Prof

NAME OF LAST SCHOOL ATTENDED _____

LICENSE, VOCATIONAL OR TRADE TRAINING _____

EMPLOYMENT HISTORY

LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE LAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS, WHICHEVER WILL PROVIDE US WITH THE GREATEST INFORMATION ABOUT YOU. USE ADDITIONAL PAPER IF YOU NEED ADDITIONAL SPACE. PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THIS SECTION.

<u>Dates of Employment</u>	<u>Name and Address of Employer</u>	<u>Name of Supervisor</u>	<u>Telephone</u>	<u>Job Title</u>	<u>Salary</u>
From _____	_____	_____	_____	_____	Start _____
To _____	_____	_____	_____	_____	Finish _____

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE _____

REASON FOR LEAVING _____

<u>Dates of Employment</u>	<u>Name and Address of Employer</u>	<u>Name of Supervisor</u>	<u>Telephone</u>	<u>Job Title</u>	<u>Salary</u>
From _____	_____	_____	_____	_____	Start _____
To _____	_____	_____	_____	_____	Finish _____

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From _____	_____	_____	_____	_____	Start _____
To _____	_____	_____	_____	_____	Finish _____

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

APPLICANT'S STATEMENT

I understand that if employed by Berkeley Senior Services, I will be an employee at will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. No statement whether written or oral, by any agency representative other than a written statement signed by the Director, may vary the foregoing. I give the agency permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the agency.

I understand that any offer of employment is conditioned upon receipt of satisfactory references. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the agency's rules and regulations, which I understand are subject to change by the agency.

Date

Approved by BSS Board: 10/15/97; amended 1/21/98; 1/11/01; 2/12/01; 3/8/01; 10/31/02; 8/20/09

Applicant's Signature

PROFESSIONAL REFERENCE CHECK

Please list three professional references with the following information:

1.) Name: _____
Address: _____
Telephone: (Business) _____ (Home) _____
What is the best time to reach person listed? _____
How has this person known you professionally? _____

<p>FOR OFFICE USE ONLY:</p> <p>Dates of employment: From: _____ To: _____</p> <p>Would you rehire this applicant?: Yes _____ No _____</p> <p>Date Checked _____ Supervisor's Initials _____</p>

2.) Name: _____
Address: _____
Telephone: (Business) _____ (Home) _____
What is the best time to reach person listed? _____
How has this person known you professionally? _____

<p>FOR OFFICE USE ONLY:</p> <p>Dates of employment: From: _____ To: _____</p> <p>Would you rehire this applicant?: Yes _____ No _____</p> <p>Date Checked _____ Supervisor's Initials _____</p>

3.) Name: _____
Address: _____
Telephone: (Business) _____ (Home) _____
What is the best time to reach person listed? _____
How has this person known you professionally? _____

<p>FOR OFFICE USE ONLY:</p> <p>Dates of employment: From: _____ To: _____</p> <p>Would you rehire this applicant? Yes _____ No _____</p> <p>Date Checked _____ Supervisor's Initials _____</p>
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