

Senior Life Services of Morgan County
 106 Sand Mine Road, Suite 1
 Berkeley Springs, WV 25411
 304-258-3096
 304-947-7922

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)

Position(s) Applied:	Date of Application
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How Did You Learn About Us?

Friend/Relative SLSMC Employee

Newspaper TV Advertisement Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Birth Date (Optional)	Social Security Number
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Have you lived out-of-state in the last five years? Yes _____ No _____

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

If Yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

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

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Do you have a license to drive in West Virginia? Yes _____ No _____

Do you have a car that can be used for work? Yes _____ No _____

Will you be willing to attend the necessary work shops, training sessions, and other such meetings for this position? Yes _____ No _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

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

Employment Experience

Start with your present or last job. Include any job-related service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates Employed From To		Work Performed
	Address				
	Job Title	Supervisor	Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Reason for Leaving				
2	Employer		Dates Employed From To		Work Performed
	Address				
	Job Title	Supervisor	Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Reason for Leaving				
3	Employer		Dates Employed From To		Work Performed
	Address				
	Job Title	Supervisor	Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Reason for Leaving				

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, fax, etc..)

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't 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 answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship 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.

Signature of Applicant

Date

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

Interview Date _____ Interviewed By: _____ Hired: _____ Hire Date: _____

Comments: _____

Senior Life Services of Morgan County Work Reference

FROM:

Senior Life Services
106 Sand Mine Road, Suite 1
Berkeley Springs, WV 25411
(304) 258-3096

TO:

Applicant Name

Social Security Number

The above applicant has applied for a position with our organization. Your verification of employment and rating of employee will be appreciated and kept strictly confidential.

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release you from all liability for any damage whatsoever which might result from furnishing this information.

Applicant's Signature

Date

To be completed by former employer

Occupation

_____ to _____
Date of Employment

Reason for leaving—if more room necessary please use back of sheet

Rating	Out-standing	Very Good	Satisfactory	Fair	Poor
Job Knowledge					
Performance					
Dependability					
Initiative					
Judgment					
Cooperation					

Other information that might be useful.

Is applicant eligible for rehire? Yes _____ No _____

Signature of authorized official

Date