



Wood County Senior Citizens Association, Inc.

914 Market Street
Suite 106
Parkersburg, WV 26101
Phone:304-485-6748
Fax:304-485-8755

 WWW.WCSCWV.ORG

APPLICATION FOR EMPLOYMENT

(Please Print)

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone #			Social Security #		
If you are under 18 years of age can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date			<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date			<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are you currently employed?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
May we contact your present employer?			<input type="checkbox"/> Yes		<input type="checkbox"/> No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status <small>Proof of citizenship or immigration status will be required upon employment?</small>	<input type="radio"/> Yes	<input type="radio"/> No		
On what date would you be available for work? Give date				
Are you available to work:	<input type="radio"/> Full Time	<input type="radio"/> Part Time	<input type="radio"/> Shift Work	<input type="radio"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="radio"/> Yes			<input type="radio"/> No
Do you have a valid driver's license?	<input type="radio"/> Yes			<input type="radio"/> No
Can you travel if a job requires it?	<input type="radio"/> Yes			<input type="radio"/> No
Have you been convicted of a felony?	<input type="radio"/> Yes			<input type="radio"/> No
The position you are applying for may require lifting as part of the job-related tasks. Is there any reason you would not be able to perform these duties?	<input type="radio"/> Yes			<input type="radio"/> No

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1	_____
2	_____
3	_____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe:

Employment Experience

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

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer	Dates Employed	Work Performed
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Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

<p>Summarize special job-related skills and qualifications acquired through other experience.</p> <hr/> <hr/>

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that employment at WCSCA is **at will** and that either WCSCA or I can terminate the employment relationship at any time, for any reason, with or without notice. I further understand that neither this application nor any other WCSCA communication I may receive constitutes an employment contract. If provided, I authorize the WCSCA to contact any or all of my references and former employers listed herein and to inquire about my employment there. I release WCSCA and any employer or reference which is contacted from any liability arising out of such inquiry or the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, an unsatisfactory result of drug screening test, an unsatisfactory result of a criminal background check or an unsatisfactory result of any physical examination which reveals that I cannot perform the essential functions of my job with or without accommodation may result in ineligibility for hire and/or discharge.

Signature of Applicant

Date