

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 1: Personal Information

NAME: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Box # Street Address City, State, ZIP Code

Physical Address: \_\_\_\_\_  
Street Address City, State, ZIP Code

Previous Address: \_\_\_\_\_  
Box # Street Address City, State, ZIP Code

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Section 2: Employment Desired

First Choice	Second Choice	Third Choice
Are you employed now?	Where?	Position
Primary county willing to work in	Second county willing to work in	Other county willing to work in

## Section 3: Education

Name and Location of School	Years Attended	Did you Graduate	Subjects studies and Diploma/ Degree received
Grammar School			
High School			
College			
Trade / Business / Correspondence School			
Other			

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DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Section 4: Employment History

Date Month / Year	Name and Mailing Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

## Section 5: References

Name	Address	Phone Number	Years Acquainted

## Section 6: Vehicle

Driver's License Number	State	Expiration	Vehicle Access		Name of Insurance Company
			Yes	No	

## Section 7: Military Service (Answer if Applicable)

\_\_\_\_\_ Military Service      \_\_\_\_\_ Branch      \_\_\_\_\_ Highest Rank      \_\_\_\_\_ Type of Discharge

Dates: From \_\_\_\_\_ to \_\_\_\_\_

I authorize investigation of all statements contained in this application. I certify that the answers given by me to all questions on this application are to the best of my knowledge true and that I have not withheld any pertinent information. I hereby authorize this agency to make any investigation of my background deemed necessary.

\_\_\_\_\_ Signature      \_\_\_\_\_ Date

For office use only: Employment Check Complete: Yes / No Result:	Reference Check Complete: Yes / No Result:
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If you have a medical, mental, physical disability, please check all that apply and explain.

Priority in placement is given to people who have a disability or who have had a qualifying medical or psychological condition.

These conditions might include such things as:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergic Reaction              | <input type="checkbox"/> Mental Disorders                 | <input type="checkbox"/> Amputee                 |
| <input type="checkbox"/> Multiple Sclerosis             | <input type="checkbox"/> Bi-Polar Disorders               | <input type="checkbox"/> Muscular Dystrophy      |
| <input type="checkbox"/> Head Injury                    | <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Personality Disorders   |
| <input type="checkbox"/> Carpel Tunnel                  | <input type="checkbox"/> Polio                            | <input type="checkbox"/> Cerebral Palsy          |
| <input type="checkbox"/> Post Traumatic Stress Syndrome | <input type="checkbox"/> Clinical Depression              | <input type="checkbox"/> Preferred Worker Status |
| <input type="checkbox"/> Colostomy                      | <input type="checkbox"/> Previous Medical Coverage Denial | <input type="checkbox"/> Cystic Fibrosis         |
| <input type="checkbox"/> Quadriplegic/Paraplegic        | <input type="checkbox"/> Developmental Disabilities       | <input type="checkbox"/> Respiratory Diseases    |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Seizures                         | <input type="checkbox"/> Disfiguring Diseases    |
| <input type="checkbox"/> Sickle Cell Anemia             | <input type="checkbox"/> Sight/Hearing Impairments        | <input type="checkbox"/> Drug/Alcohol Recovery   |
| <input type="checkbox"/> Sleeping Disorders             | <input type="checkbox"/> Eating Disorders                 | <input type="checkbox"/> Speech Impairments      |
| <input type="checkbox"/> Fears/Phobias                  | <input type="checkbox"/> Total or Partial Motion Loss     | <input type="checkbox"/> Heart Conditions        |
| <input type="checkbox"/> Chronic Ulcers                 | <input type="checkbox"/> Chronic Hemorrhoids              | <input type="checkbox"/> Varicose Veins          |
| <input type="checkbox"/> Learning Disabilities          | <input type="checkbox"/> Other                            |  |

Explanation \_\_\_\_\_  
\_\_\_\_\_

CHECK OFF YOUR SKILLS BELOW. The more information you provide, the better chance of matching your qualifications to job openings.

- Medical/Dental:       RN     EMT     LPN     CNA     Dental Asst.,     Lab Tech.,     Other \_\_\_\_\_
- General Office:       General     Receptionist     Switchboard     Teletype     Mailroom     Filing
- Secretarial:       General     Executive     Legal     Medical     Shorthand     Machine Transcription
- Typing:       General     Statistical     Legal     Medical     WPM     Other \_\_\_\_\_
- Word Processing:       Specific Equipment Used: \_\_\_\_\_
- Data Processing:       Key Punch     Data Entry     Computer Operator     Programmer
- Software:       Specific Software used: \_\_\_\_\_
- Accounting:       Bookkeeping     Credit / Collections     Payroll     Payable / Receivables     Bank Teller  
 10-Key Calculator     Equipment used: \_\_\_\_\_
- Sales / Marketing:       General Merchandise     Grocery Clerk     Route Salesman     Telephone Sales / Survey     Demonstrator  
 Other: \_\_\_\_\_
- Food Handling:       Fast Food Counter     Waiter / Waitress     Kitchen Helper     Restaurant Cook     Institutional Cook
- Assembly:       Electronic     Sewing Machine Operator     Other: \_\_\_\_\_
- Mechanical:       Auto     Diesel     Small Engine     Other: \_\_\_\_\_
- Machine Trades:       Machinist     Grinder Operator     Metal Fabrication     Millwright     Other: \_\_\_\_\_
- Millwork:       Sawmill     Plywood     Green Chain     Lumber Straightener     Woodworking Machine
- Paintings:       Spray     Brush     Auto     Other: \_\_\_\_\_
- Construction:       Brick     Cement     Drywall     Insulation     Plumbing     Roofing     General Laborer
- Landscaping:       Design     Laborer     Other: \_\_\_\_\_
- Equipment Operation:       Back Hoe     Forklift     Other: \_\_\_\_\_
- Welding:       Arc     Gas     Combination     Helper     Fitter     Other: \_\_\_\_\_
- Truck Driving:       Heavy     CDL     Tractor-trailer     Light     Delivery     Dump     Log     Other: \_\_\_\_\_
- General Laborer:       Warehouse     Mover     Janitor
- Other: \_\_\_\_\_  
\_\_\_\_\_

# **VOLUNTARY IDENTIFICATION OF DISABILITY STATUS**

**In order to encourage companies to hire individuals with disabilities, the state and federal governments offer employers special opportunities to work under certain contracts if at least 75% of the employees working under those contracts are individuals with disabilities. [EMPLOYER] participates in these government programs, and the job you seek or currently have is a job working under one of those contracts.**

**So that [EMPLOYER] can identify individuals with disabilities and keep the necessary documentation about the make up of the workforce, [EMPLOYER] requests that you voluntarily answer the questions below.**

**THE INFORMATION REQUESTED WILL BE USED ONLY IN CONNECTION WITH [EMPLOYER'S] VOLUNTARY INDIVIDUALS WITH DISABILITIES. YOU ARE NOT REQUIRED TO COMPLETE THIS FORM TO BE CONSIDERED FOR EMPLOYMENT OR TO CONTINUE IN YOU JOB. YOUR PARTICIPATIONS IS VOLUNTARY.**

**ANY INFORMATION YOU PROVIDE ON THIS FORM WILL BE KEPT CONFIDENTIAL AND USED ONLY IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT AND THE WEST VIRGINIA HUMAN RIGHTS ACT.**

**Please circle or mark the appropriate answer:**

**1. Do you have a disability:**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**2. If you have a disability, are you willing to voluntarily provide [EMPLOYER] with documentation about your disability if asked?**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**Print name: \_\_\_\_\_**

**Sign Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**