



Application for Employment

Please print all information requested except for your signature

Date _____ SSN _____ - _____ - _____ Date of Birth _____
Must be at least 18 years of age

Name _____
Last _____ First _____ Middle _____ Preferred Name _____

Address _____
Number Street _____ City _____ State _____ Zip _____

How long have you lived at this Address? _____ Telephone Number _____

Position applying for _____

Days/Hours Available to work Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____

Full Time _____ Part Time _____ When are you available to begin work? _____

WV CARES BACKGROUND CHECK INFORMATION

Do you have a valid drivers license? Yes No Do you have a valid State Id? Yes No
Number _____ Issuing State _____ Expiration Date _____

Do you have/had a WV drivers license that has/had been denied/suspended/revoked? Yes No

If yes why? _____

If yes- you will not be able to drive FSUOV vehicles

Do you have/had a drivers license from any state that has/had been denied/suspended/revoked? Yes No

If yes please explain? _____

Have you been arrested /convicted of a misdemeanor? Yes No

If yes please explain? _____

Have you been arrested / convicted of a felony? Yes No

If yes please explain? _____

Have you ever had a certification or licensure revoked/suspended? Yes No

If yes please provide a full explanation of circumstances and date Date _____

Explanation _____

Have you ever had a certification/licensure related to employment revoked/suspended due to abuse?

Yes No

If yes, provide a full explanation of circumstances and date. Date _____

Explanation _____

Do you have reliable transportation to work? Yes No Type? _____

If you are applying for In Home service positions, getting a ride to each client is not acceptable. Public transportation is acceptable.

How many moving violation have you had in the past three years? _____

Explanation _____

How many accidents have you had in the past three years? _____ Were you cited? Yes No

If yes, please explain _____

To the best of your knowledge, are any of your relatives (spouse, parent, step parent, sibling, step sibling, parent in law, brother/ sister in law, aunt/uncle, and foster/adoptive family) serving on the Board of Directors?

If yes, please list names and relationship _____

To the best of your knowledge, are any of your relatives (spouse, parent, step parent, sibling, step sibling, parent in law, brother/ sister in law, aunt/uncle, and foster/adoptive family) employed at FSUOV?

If yes, please list names and relationship _____

Type of school	Name of School	Location	Years	Major
High School				
College				
Trade School				
Other				

Have /Do you serve/served in the Armed Forces? Yes No

Are you a member of the National Guard? Yes No

Speciality _____ Dates _____ Discharge date _____

Type of Discharge? _____

Work Experience: Please list your work experience for the past five (5) years beginning with your most recent job held.

If you were self employed, give your company name. Use additional sheets if necessary.

May we contact your present employer?

 Yes No

Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone Number _____

Beginning Pay _____ Ending pay _____

Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone Number _____

Beginning Pay _____ Ending pay _____

Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Supervisor _____ **Phone Number** _____

Beginning Pay _____ **Ending pay** _____

Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Name of Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Supervisor _____ **Phone Number** _____

Beginning Pay _____ **Ending pay** _____

Reason for leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____



**Application Form Waiver
Please Read Carefully**

In exchange for consideration of my job application by Family Service – Upper Ohio Valley, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time. Other Family Service – Upper Ohio Valley practices shall serve to create an actual or implied contract of employment, to confer any right to remain an employee of Family Service – Upper Ohio Valley or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. This relationship cannot be altered except by a written instrument signed by the CEO of Family Service – Upper Ohio Valley. Both the undersigned and Family Service – Upper Ohio Valley may end the employment relationship at any time without specified notice or reason. If employed, I understand that Family Service – Upper Ohio Valley may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I certify that the answers I have given within this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize Family Service – Upper Ohio Valley to contact by phone, correspondence or in person, my previous employers, schools, and personal references listed on the application for the purpose of making inquire regarding my performance, character, and reputation. I further acknowledge that I will not pursue any legal claims or causes of action including but not limited to, defamation, libel, slander, false light, invasion of privacy or intrusion into seclusion against Family Service – Upper Ohio Valley or any of my previous employers or personal references, where such claims are based upon or arise out of communications concerning my performance, character, or reputation. I further authorize Family Service -Upper Ohio Valley to furnish a copy of this release at any of my previous employers or personal references listed on my application upon request.

I understand that investigation into my background may include fingerprinting which can be used to conduct an inquiry into criminal history with law enforcement agencies.

Applicant Name _____

I further understand that if hired, my employment with Family Service _ Upper Ohio Valley shall be probationary for a period of ninety (90) days and that at any time during this probationary period or thereafter, my employment with Family Service – Upper Ohio Valley is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

Family Service – Upper Ohio Valley is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, or disability.

Thank you for completing this application form and for your interest in Family Service – Upper Ohio Valley.