

Application for Employment

Raleigh County Commission on Aging, Inc. (RCCOA) is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:		
Street Address:				
E-mail Address:	Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?		
Have you entered into an agreement with any former employer or other party that would restrict your ability to work for our company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain the circumstances.		
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, for which employer?		
Have you ever been employed by Raleigh County Commission on Aging?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
Are you related to any current RCCOA employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
Have you ever plead "guilty" or "no contest" or been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide date(s) and details:		
How did you learn about this employment opportunity at Raleigh County Commission on Aging? Check all that apply:				
<input type="checkbox"/> Ad in <i>newspaper</i>				
<input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input checked="" type="checkbox"/> Website				
<input type="checkbox"/> Referral by employee. <input type="checkbox"/> Other:				

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment, other than those due to personal illness, injury or disability.

PLEASE NOTE: Raleigh County Commission on Aging, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: _____ To: _____ Title: _____
 Full time Part-time
Starting Salary: _____ If part-time, # hrs./wk: _____
Organization Name and Address: _____
Final Salary: _____
Supervisor's Name, Title and Phone #: _____ Other Reference Name, Title and Phone #: _____ May we contact for a reference?
 Yes
 No
Primary duties: _____ Reason for Leaving: _____

REFERENCES

Name	Title	Relationship to You	Telephone	Email	# of Years Known	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Raleigh County Commission on Aging, Inc. (RCCOA) to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Raleigh County Commission on Aging, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and that federal immigration laws require me to complete an I-9 form. I understand that this application remains current for 30 days, after that time has expired, it may be necessary for me to re-apply. I understand that this employer does not unlawfully discriminate in employment. Nor does the company tolerate harassment. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

I certify that I have read, fully understand and accept all terms described above.

Applicant Signature: _____ Date: _____



EMPLOYEE REFERENCE REQUEST

1614 South Kanawha Street
Beckley, WV 25801
Phone (304) 255-1397
FAX (304) 252-9360

Please complete the following sections

- Work Reference
- Education Reference
- Personal Reference

And return in enclosed envelope

Applicant, complete enclosed section only!

I hereby authorize the release of the information requested:

Applicant's Name _____

Address _____

Position applied for _____

Birthdate _____ **Signature** _____

WORK REFERENCE

Name while employed _____ Position _____

Employment dates From _____ To _____

Reason for leaving _____

Would you rehire? Yes No Explanation _____

Comments _____

Signature _____ Title _____ Date _____

EDUCATION REFERENCE

Name while attending _____

Degree/course/certification _____

Completion Date _____ Graduated? Yes No

Please comment of faculty evaluations: _____

Signature _____ Title _____ Date _____

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well

Years known? _____ Relationship to applicant _____

Have you had any knowledge of applicant in last 12 month? Yes No

Please rate the applicant on the following	Please rate the applicant on the following					Please rate the applicant on the following			
	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Title _____ Date _____