

THE FAMILY SERVICE OF MARION AND HARRISON COUNTIES, INC.

1313 Locust Ave, Suite 1 Fairmont, WV 26554
304-366-4750

Rt 2 Box 406, Suite 108 Clarksburg, WV 26301
304-842-0200



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for					Hours Available					
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					
Have you ever been charged with maltreatment/abuse of a person or child?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					

EDUCATION

High School				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references (not former employers) that will be contacted to answer job related questions

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT

Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

ADDITIONAL TRAINING

TYPE			DATE	
TYPE			DATE	
TYPE			DATE	

DISCLAIMER AND SIGNATURE

I hereby declare that the information provided in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatements or omission of fact, shall be considered cause for dismissal. I authorize such representatives to obtain information on my behalf in order to process this application. I further state that all references and former employers are free from liability in disclosure of any information.

Signature			Date	
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