

PO Box 9276
 South Charleston, WV 25309
 (304) 766-9777 Phone
 (304) 768-5669 Fax



Application for Employment

Date: ___/___/___

Client Name: _____

Employee: _____

Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Job Title: _____

Hire Date: _____

Employment History

EMPLOYER			
PHONE		FROM	TO
TITLE	ADDRESS		
SUPERVISOR	DUTIES		
REASON FOR LEAVING			
HOURLY RATE:	START \$	FINAL \$	
EMPLOYER			
PHONE		FROM	TO
TITLE	ADDRESS		
SUPERVISOR	DUTIES		
REASON FOR LEAVING			
HOURLY RATE:	START \$	FINAL \$	
EDUCATION			
NAME & LOCATION	YEARS ATTENDED	GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			
REFERENCES			
NAME	TELEPHONE	YEARS AQUAINTED	

It is understood and agreed upon that any misrepresentation by myself in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that am I free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant _____ Date _____