

RETURN **JOB APPLICATION** TO:

CENTRAL WV AGING SERVICES, INC.
AND/OR
C.A.R.E., INC.

P. O. Box 186
Buckhannon, WV 26201

Date: _____

Date Application Mailed/Given

To Applicant: _____

Name: _____

Phone No.: _____

Address _____

E-Mail Address: _____

Emergency Contact: _____

Days/Hours Available (List Below)

Date Available to Start: ____/____/____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Certifications/Other

Counties Willing to Work In:

CPR? _____

CNA/HHA/HMA? _____

Food Handler's? _____

First Aid? _____

Other? _____

Do you have any relatives working for agency? ___Yes ___No If Yes, who? _____

Do you have reliable transportation? _____

Have you worked for agency previously? If so, when? _____

Do you have current vehicle insurance? ___Yes ___No With Whom? _____

Do you have a valid WV Driver's License? _____

Education

Name(s) of School(s) Attended	Major Course of Study	Date Attended	Certificate of Degree
High School:			
Vocational Training:			
College:			

Job Application (Continued)

Name: _____

Work History (start from present or most recent employment, attach additional sheets if needed)

Date (s) Employed	Establishment's Name, Address, Phone No. & Supervisor's Name	Your Title	Duties	Starting and Ending Salary
Reason for Leaving:			May We Contact This Employer? Yes No	
Reason for Leaving:			May We Contact This Employer? Yes No	
Reason for Leaving:			May We Contact This Employer? Yes No	
Reason for Leaving:			May We Contact This Employer? Yes No	

Have you ever been arrested/charged/or convicted of a felony/misdemeanor?
 _____ If so, what for _____

Our agency conducts routine checks on any prospective employee through the Criminal Investigation Bureau/Magistrate's/Circuit Clerk. Please give signature below consenting to the release of this information.

I hereby give Central West Virginia Aging Services, Inc./C.A.R.E., Inc. permission to conduct a criminal background check from any and all sources:

_____ Applicant _____ Date
 _____ Witness _____ Date

Please list any other abilities, knowledge, or training that might be of use in considering your Application:

References (at least three with name/phone #---no relatives) _____

I hereby certify that all information given by me in this application is true and correct to the best of my knowledge. I hereby give my consent for Central West Virginia Aging Services, Inc./C.A.R.E., Inc. to contact the references I have listed.

_____ Applicant's Signature _____ Date