

RETURN **JOB APPLICATION** TO:

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

**P. O. Box 27**  
**Fairmont, WV 26554**

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 reliable transportation? \_\_\_\_\_

Do you have current vehicle insurance?

\_\_Yes \_\_No With Whom? \_\_\_\_\_

Do you have any relatives working for agency? \_\_Yes \_\_No If Yes, who? \_\_\_\_\_

Have you worked for our agency previously? If so, when? \_\_\_\_\_

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