



APPLICATION FOR EMPLOYMENT
 200 Pocahontas Trail, White Sulphur Springs, WV 24986
 Phone: 304-536-5030 Fax: 304-536-5043

This application for employment is good for 18 months. Consideration for employment after 18 months requires a new application.

DATE: _____

NAME: _____
 (Last) (First) (Middle)

ADDRESS: _____ **APT.#** _____
 (Street)

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: () _____ **SOCIAL SECURITY #:** _____

Do you have the legal right to be employed in the United States? Yes No
 If no, proof of identity and eligibility will be required.

Are you 18 years of age or older? Yes No

Have you ever been convicted of any crime within the last 10 years (excluding minor traffic violations)? Yes No

Note: A conviction will not necessarily disqualify you from employment; state the offense, location, date and disposition. _____

POSITION YOU ARE APPLYING FOR: _____

Date Available: _____ Salary Desired: _____

Are you willing to work holidays, weekends, and overtime if necessary? Yes No

Explain: _____

EDUCATION AND SKILL

SCHOOL	NAME AND ADDRESS OF SCHOOL	GRADE COMPLETED	GRADUATED	SUBJECTS/MAJOR
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

List former employers, starting with last one first.

EMPLOYER _____	TELEPHONE _____	EMPLOYED FROM: _____	EMPLOYED TO: _____
ADDRESS _____	STARTING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
CITY/ST/ZIP _____	ENDING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
JOB TITLE(S) _____	REASON FOR LEAVING: _____		
SUPERVISOR _____			
MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> LATER			
DUTIES: _____			

EMPLOYER _____	TELEPHONE _____	EMPLOYED FROM: _____	EMPLOYED TO: _____
ADDRESS _____	STARTING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
CITY/ST/ZIP _____	ENDING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
JOB TITLE(S) _____	REASON FOR LEAVING: _____		
SUPERVISOR _____			
MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> LATER			
DUTIES: _____			

EMPLOYER _____	TELEPHONE _____	EMPLOYED FROM: _____	EMPLOYED TO: _____
ADDRESS _____	STARTING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
CITY/ST/ZIP _____	ENDING WAGE: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
JOB TITLE(S) _____	REASON FOR LEAVING: _____		
SUPERVISOR _____			
MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> LATER			
DUTIES: _____			

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain: _____

US Military Service: _____

Rank: _____

PROFESSIONAL REFERENCES

List below the names of three references who you worked with for at least one year that is not related to you. At least one reference (but preferably all) must be your supervisor. It is required that all references be persons that can objectively critique your work skills and performance.

Name	Title	Business Relationship to Applicant	Address	Business	Telephone

APPLICANT STATEMENT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I certify that the facts contained in this record are true and complete to the best of my knowledge. By signing below, I am authorizing Alliance Xpress Care, LLC to conduct a thorough Reference Check which includes prior employment verification, education verification, credential check, social security trace, and criminal background check.

Signature: _____ Date: _____
