

ELKINS REGIONAL CONVALESCENT CENTER

1175 Beverly Pike, Elkins, WV 26241

Phone: (304)-636-1391

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Permanent Address:

Street

City

State

Zip

Phone Number:

Referred By:

Are you 18 years of age or older? Yes

No

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Are You Employed Now? Yes No

If so, may we inquire of your present employer? Yes No

Have You Ever Applied to This Company Before? Yes No

Where?

When?

Last

First

Middle

EDUCATION

	Name and Location of School	Circle Last Year Completed				Did you Graduate?	Subjects Studied and Degree(s) Received
		1	2	3	4		
Grammar School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

(Continued on Other Side)

FORMER EMPLOYERS

List below your last four employers, starting with the most recent first

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

List below, three persons not related to you, whom you have known for at least one year.

Name	Address/Phone	Position	Years Acquainted
1			
2			
3			

CENTRAL ABUSE REGISTRY

"All service providers in the state of West Virginia are subject to provisions of law creating a central abuse registry. Any person providing services for compensation to children or to incapacitated adults or to adults receiving behavioral health services, who is convicted of a misdemeanor or felony offense constituting abuse, neglect or misappropriation of property of a child or an incapacitated adult or an adult receiving behavioral health services, is subject to listing on the central abuse registry. The fact that a person is listed on the registry may be disclosed in specific instances provided by law. Listing on the registry may limit future employment opportunities, including opportunities for employment with residential care facilities, day care centers and home care agencies. It is the policy of Elkins Regional Convalescent Center to promptly report all suspected instances of abuse, neglect or misappropriation of property to the proper authorities and to cooperate fully in the prosecution of these offenses."

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice. I also authorize this firm to check my background history for any criminal convictions.

Date

Signature

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed By:

Date:

REMARKS:

INS Form I-9 completed? Yes No

Hired	For Dept.	Position	Will Report	Salary Wages
Approved: 1.		2.	3.	
Employment Manager		Dept. Head		General Manager