



63 Olde Main Plaza  
 St. Albans, WV 25177  
 Phone: 304-201-7799  
 Fax: 304-201-8900

*Community Services, Inc.*

## Application For Employment

(Please complete all sections, If your application is incomplete it may not be accepted)

Name and Address	
Name: ( Last, First, Middle)	Social Security Number:
Mailing Address:	
City, State and Zip Code	
Home Phone: (     )	Work Phone/Alternate Phone: (     )
Drivers License Number:	Are you at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>

* Additional Information
Have you ever been an employee of this organization in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____
Are you a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below:  
* These questions must be answered in order to be considered for employment.

Employment Desired	
Position:	Wages Desired:
Date Available:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/>
Are you willing to work overtime if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you learn of this opening?

<b>Education/Certification</b> (Schools attended or special training received)			
<b>School:</b>	<b>From:</b>	<b>To:</b>	<b>Did you Graduate:</b>
<b>Location:</b>		<b>Type of degree or diploma:</b>	
<b>School:</b>	<b>From:</b>	<b>To:</b>	<b>Did you Graduate:</b>
<b>Location:</b>		<b>Type of degree or diploma:</b>	
<b>Are you currently certified in CPR?</b>		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Are you currently certified in First Aid?</b>		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>List Other Training/Certifications:</b>			

<b>Employment History</b> (Start with current employer or most recent, a resume may be attached)				
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Hrs/Week:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Supervisor:</b>	<b>May we contact this employer?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Job Duties:</b>				
<b>Salary: Beginning:</b> _____ <b>Ending:</b> _____				
<b>Reason for leaving?</b>				

<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Hrs/Week:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Supervisor:</b>	<b>May we contact this employer?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Job Duties:</b>				
<b>Salary: Beginning:</b> _____ <b>Ending:</b> _____				
<b>Reason for leaving?</b>				

Employment History - Continued				
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Hrs/Week:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Supervisor:</b>	<b>May we contact this employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Job Duties:</b>				
<b>Salary: Beginning:</b> _____ <b>Ending:</b> _____				
<b>Reason for leaving?</b>				

References (Exclude relatives)		
<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Relationship:</b>

<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Relationship:</b>

<b>Name:</b>	<b>Title:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Relationship:</b>

Community Services, Inc. (CSI) is an equal opportunity employer. No applicant will be discriminated against based on race, sex, age, religion, national origin, political affiliation, disability, or any other protected classification under federal, state, or local equal opportunity laws.

I certify that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may cause my application to be rejected, my name removed from consideration, or my employment with this company to be terminated. I authorize Community Services, Inc.(CSI) or any acting agent thereof, to verify any and all information provided by myself above, and release them from any and all liability by reason of the request of such information. I also understand that if hired, I will be required to show proof of education, and that a pre-employment criminal background check is required as part of employment with Community Services, Inc. (CSI).

<b>Printed Name:</b>	
<b>Signature:</b>	<b>Date:</b>