



1400 Ohio Avenue  
 Dunbar, WV 25064  
 Phone: 304-205-7978  
 Fax: 304-205-7984

## Application for Employment

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

Applicant Information					
Last Name:		First Name:		Middle Name:	
Social Security Number:			Date of Application:		
Mailing Address (Street):					
City:		State:		Zip Code:	
Phone:			Alternate Phone:		
Driver's License Number:			Are You At Least 18 Years Of Age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a U.S. citizen/permanent resident/foreign national with authorization to work in the U.S.?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of/ entered a plea of no contest/had a judgment withheld to a felony?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, explain:					

Employment Desired			
Position:		Date Available:	
Wages Desired:	\$	<input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUALLY (Must include \$ amount).	
Hours:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Availability:
How did you learn of this opening?			

Education/Certification					
School:		Location:			
From:		To:			
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Type of degree or diploma:		
School:			Location:		
From:			To:		
Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Type of degree or diploma:		
Do you have a current CPR card?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a current First Aid card?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
List other training/certifications:					

Employment History				
Employer:			Job Title:	
Start Date:		End Date:		Hours/Week:
Address:				Phone:
Supervisor:			May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Duties:			Reason For Leaving?	
Beginning Salary:	\$	Ending Salary:	\$	
Employer:			Job Title:	
Start Date:		End Date:		Hours/Week:
Address:				Phone:
Supervisor:			May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Duties:			Reason For Leaving?	
Beginning Salary:	\$	Ending Salary:	\$	
Employer:			Job Title:	
Start Date:		End Date:		Hours/Week:
Address:				Phone:
Supervisor:			May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Duties:			Reason For Leaving?	
Beginning Salary:	\$	Ending Salary:	\$	
Employer:			Job Title:	
Start Date:		End Date:		Hours/Week:
Address:				Phone:
Supervisor:			May we contact this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Duties:			Reason For Leaving?	
Beginning Salary:	\$	Ending Salary:	\$	

References			
Name:			
Relationship:		Phone:	
Name:			
Relationship:		Phone:	
Name:			
Relationship:		Phone:	

Signature	
Community Services, Inc. (CSI) is an equal opportunity employer. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If submitting electronically: Typing your name into the "printed name" block below, serves as your signature for electronic submission of application.	
Printed Name:	
Signature:	