

APPLICATION FOR EMPLOYMENT

Southwestern Community Action Council, Inc.
540 Fifth Avenue
Huntington, WV 25701
Phone: 304-525-5151 Fax: 304-525-5162

www.scacwv.org

Application Date: _____

HOW DID YOU LEARN ABOUT US? (Please provide as much detail as possible)

_____ Newspaper _____ Website _____ Friend/Relative _____ Walk In
_____ Employment Agency _____ Bulletin Board _____ Other: _____

Notice: This employer considers all applicants without regard to age, race, color, religion, gender, national origin, disability, or family or veteran status. **Be advised, this application will only be considered for sixty days.** Applicants seeking consideration for longer periods of time must reapply as necessary.

Last Name	First Name	Middle Name		
Address	City	State	County	Zip Code
Telephone Number XXX-XX-	Cell Number	Email Address		
Social Security Number	Date available for work			

Are you at least **18 years** of age? _____ Yes _____ No

Are you authorized to work in the United States? _____ Yes _____ No _____

Do you have a current, valid driver's license? _____ Yes _____ No _____ If yes, what state? _____

Are you applying for a position that requires a commercial driver's license? _____ Yes _____ No

To obtain a CDL you must be at least 21 yrs. of age and have driven for 3 years.

Driver's License Number _____ State _____ Expiration Date _____

CDL License Number _____ State _____ Expiration Date _____

A current DMV check will be made and maintained.

Position(s) Applied For (Be Specific. Include Posting Number): _____

Rate of Pay Desired _____

Have you ever applied with Southwestern Community Action Council, Inc. before? _____ Yes _____ No

Do you have any relatives employed by this agency? _____ If so, what is relationship? _____
Name of relative: _____

Is there anything that will prevent you from performing the essential functions of the position(s) for which you are applying, with or without reasonable accommodations: _____ Yes _____ No

If yes, please explain: _____

Are you willing to work (Answer Yes or No)

Part Time _____ Full Time _____ Irregular Hours _____ Substitute _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No

If yes, please explain: _____

Employment History

All sections of the Employment Application MUST be completed. Stating "See Attached" in reference to a resume will not be sufficient and application will not be considered complete.

List your present and past employment, beginning with your most recent employment.

Company Name: _____ Address: _____ Phone: _____ Supervisor: _____ Describe the work you performed: _____ Starting Pay: _____ per _____ Ending Pay: _____ per _____ Periods Worked From: _____ To: _____ Reasons for Leaving: _____
Company Name: _____ Address: _____ Phone: _____ Supervisor: _____ Describe the work you performed: _____ Starting Pay: _____ per _____ Ending Pay: _____ per _____ Periods Worked From: _____ To: _____ Reasons for Leaving: _____
Company Name: _____ Address: _____ Phone: _____ Supervisor: _____ Describe the work you performed: _____ Starting Pay: _____ per _____ Ending Pay: _____ per _____ Periods Worked From: _____ To: _____ Reasons for Leaving: _____
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Company Name: _____ Address: _____ Phone: _____ Supervisor: _____ Describe the work you performed: _____ Starting Pay: _____ per _____ Ending Pay: _____ per _____ Periods Worked From: _____ To: _____ Reasons for Leaving: _____

Is there any additional information relative to name changes necessary to enable background check of your work or education records? Yes No

If yes, please identify this information: _____

Education

Please circle the last year completed:

Elementary School.....5 6 7 8

High School.....1 2 3 4

College.....1 2 3 4

Describe any other training such as military, vocational, etc: _____

PERSONAL REFERENCES – Do Not List Relatives

Name/Occupation	Address	Telephone #	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

You may be required to provide individual letters of Reference, if it is a requirement of the Program's Funder.

Applicant Consent

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

_____The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my immediate dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the company to which I am applying in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time, at the discretion of either the company or myself.

_____I hereby give permission to contact the pervious employers and character references that I have listed on this application. I also agree not to hold any references contacted in regard to this application liable for damages relating to any information they provided to Southwestern Community Action Council, Inc.

_____I understand that Southwestern Community Action Council, Inc. serves a multiple county area and I may be required to serve in any and/or all counties at any time during my employment.

Signature : _____ Date: _____

Authorization for Release of Information

Name: _____

Address: _____

I, the undersigned, hereby authorize and direct any persons or corporations and/or any staff member of a corporation to release any information, verbally or in writing, regarding my employment or character to:

Southwestern Community Action Council, Inc.
540 Fifth Avenue
Huntington, WV 25701

This information is being used as background information for my employment with Southwestern Community Action Council, Inc.

I, the undersigned, waive any liability that may arise against any company and/or any staff member of said company or any individual for releasing said information.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____