

<b>PLEASE COMPLETE IN BLUE INK</b>	<h1 style="margin:0;">Kanawha Valley Senior Services</h1> <p style="margin:0;">2428 Kanawha Blvd., E., Charleston, West Virginia 25311 T: 304.348.0707 F: 304.348.6432 E: info@kvss.org</p>	<b>Application for Employment</b>
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KVSS considers applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

Name:		Email:
Address:		Home Phone: <span style="margin-left: 100px;">Cell Phone:</span>

<b>PLEASE MARK POSITION APPLYING FOR</b>		Part-Time	Full-Time	<b>Do you have a valid Driver's License?</b>  <small>*Driving is an essential job duty within all positions</small>
Respite In-Home	In-Home Caregiver	Day Center Caregiver	Driver	
Other Position: _____				YES <span style="margin-left: 100px;">NO</span>
Are you willing to work weekends and holidays?		YES	NO	Drivers License# and Issuing State:
Are you willing to work overtime?		YES	NO	
How did you hear about KVSS?				State: _____ License# _____
Have you ever been employed by KVSS? Yes No		If Yes, give date: _____		KVSS Supervisor:

**EDUCATIONAL BACKGROUND**

Highest Level of Education Completed:	7 8 9 10 11 12 Associates Bachelors Masters	College Degree Program:
Please list all additional training and/or professional licenses or certifications received:		Year Graduated:

**EMPLOYMENT HISTORY**

<b>Company Name:</b> _____	Last Wage:
Title:	Contact:
Duties:	Phone:
Address:	Dates of Employment:
Reason for Leaving:	

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Title:	Contact:
Duties:	Phone:
Address:	Dates of Employment:
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<b>Company Name:</b> _____	Last Wage:
Title:	Contact:
Duties:	Phone:
Address:	Dates of Employment:
Reason for Leaving:	

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I certify that the answers given are true and complete to the best of my knowledge.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYER MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON.

IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

X

**Applicant Signature**

**Date**

**ALL APPLICANTS MUST COMPLETE  
AT LEAST 3 REFERENCE FORMS**