



1228 National Road
Wheeling, WV 26003

Application For Employment

**This application will be held on file for one year.*

Date: _____

Name: _____ Position Applying For: _____

Soc. Security #: _____ Business Phone # _____

Address: _____ May We Contact You At Work: _____

City/State/Zip _____ Home Phone#: _____

Are you over the age of 18: Yes No

Emergency Contact (Name & Phone#): _____

Education: (circle answers)

What was the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Are you a college graduate: Yes No

<u>Name of School</u>	<u>Degree</u>	<u>Dates Attended</u>
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- 1.
- 2.
- 3.

**If you are currently attending classes please list above.*

Please list any certifications/licenses that you currently hold: _____

Experience:

1) Employer: _____ Position: _____

Supervisor: _____ Phone #: _____

Duties: _____

Dates of Employment (start and end): _____

Reason for Leaving: _____

2) Employer: _____ Position: _____

Supervisor: _____ Phone #: _____

Duties: _____

Dates of Employment (start and end): _____

Reason for Leaving: _____

3) Employer: _____ Position: _____

Supervisor: _____ Phone #: _____

Duties: _____

Dates of Employment (start and end): _____

Reason for Leaving: _____

References: Please list three references that are not related to you.

1) Name: _____ Phone #: _____

Relationship to you: _____

2) Name: _____ Phone #: _____

Relationship to you: _____

3) Name: _____ Phone #: _____

Relationship to you: _____

Miscellaneous:

What shifts are you able to work: 7am/3pm 3pm/11pm 11pm/7am Any Shift

Which employment status are you seeking: Full-Time Part-Time

If hired, when could you begin working:_____

Please list any additional information that you think would help evaluate your employment application, including training, seminars, workshops, special achievements, or specialized skills:

Certification:

I certify that the information contained in this application is correct to the best of my knowledge and I understand that any misstatement or omission of information is grounds for dismissal from my employment. I authorize the references and/or previous employers listed above and local law enforcement agencies to give you any information concerning my previous employment and any relative information they may have, personal or otherwise, and release all parties from any liability from any damage that may result from furnishing such information. In consideration of employment, I agree to conform to rules and regulations of Elmhurst, The House of Friendship, Inc. My employment and compensation may be terminated with or without a cause, with or without notice, at any time at the option of my employer or myself. I understand that no employee, officer or other representative from Elmhurst, The House of Friendship, Inc. has authority to enter into any agreement providing a specific length of employment or specific terms of employment. The duration, terms and conditions of employment are subject to change, from time to time in the discretion of the employer.

****All perspective employees must go through the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) and a pre-employment screening for Tuberculosis prior to employment.**

****Please note that if you choose to terminate your employment with Elmhurst, on or before your 90 day evaluation period, you will be responsible for all expenses paid by Elmhurst for your employment. (Example: AMAP training and testing cost, First Aide/CPR, two step PPD test, WV Cares, Fingerprint Background check, Corporate Health Pre-Employment Drug Screen, and Food Handlers card)**

Signature of Applicant: _____

Date: _____