

APPLICATION FOR EMPLOYMENT

St. John's Home for Children does not discriminate against any person based upon a protected group status, including but not limited to race, color, religion, gender (including pregnancy), sexual orientation, gender identity or expression, national origin, ancestry, citizenship status, age, marital status, genetic information, physical or mental disability, medical condition, or veteran status, and any other categories protected by federal, state or local laws, ordinances, or regulations.

Please print all information

APPLICATION								
Position:				Are you currently working? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PERSONAL INFORMATION								
Last Name		First Name		MI	Nickname	Date		
Address		City		State	Zip	County	Home Phone	
Mailing Address (if different)		City		State	Zip	County	Mobile Phone	
Email Address				Work Phone (May we contact you here?) YES <input type="checkbox"/> NO <input type="checkbox"/>				
Date you are available to start work:			What are your salary (hourly rate) expectations?					
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if your job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you worked for us previously?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you applied with us previously? *		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:		If yes, please provide position and year(s): _____						
Do you have relatives employed by us?		*YES <input type="checkbox"/>	NO <input type="checkbox"/>	How did you hear about this opportunity? <input type="checkbox"/> Referral _____				
*If yes, please explain:		<input type="checkbox"/> Newspaper <input type="checkbox"/> Website _____ <input type="checkbox"/> Other _____						
Are you at least 20* years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally eligible for work in the United State for any employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Please note, our licensing regulations requires you to be at least 20 years of age to work in our residential facilities. If applying for administration, are you at least 18 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you available to work overtime?		Availability: (check all that apply)		Shift(s) Available: (check all that apply)				
YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		<input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Midnights <input type="checkbox"/> Weekends				
EDUCATION								
High School Name		Address		Diploma YES <input type="checkbox"/> *NO <input type="checkbox"/> *If no, highest grade completed:		Special skills, training, etc.		
Trade / Vocational School		Address		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Degree / Certificate		
Undergraduate College/University		Address		Degree YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Major / Minor		
Graduate College/University		Address		Degree YES <input type="checkbox"/> NO <input type="checkbox"/> If no, years completed:		Major / Minor		

TRAINING / MEMBERSHIPS / CERTIFICATIONS / LICENSURES

Please describe any specialized training, skills (including software), knowledge, etc:

Please list any membership in professional, civic, social or honorary organizations. *(Please exclude organizations indicating gender, race, creed, age, religion, marital status, color, disability, national origin, or any other protected status of its members)*

Please list any special certifications or licensures:

EMPLOYMENT

*Current Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
Previous Employer, Name, Address & Phone Number	Dates FROM ____/____ TO ____/____	Position	Supervisor Name	Reason for Leaving
*May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

REFERENCES

Please provide (3) professional references (not family or friends) with who you have worked with, such as supervisors/managers, clergy, teachers/professors, etc.

Name	Company, Address, City, State	Telephone Number(s)	Relationship
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ELIGIBILITY

Please read the State Regulations regarding "Convictions" before proceeding.

- I have read the state regulations page, and I am eligible for employment at St. John's.
- I have read the state regulations page, and I am not eligible for employment at St. John's; however, there are extenuating circumstances, and I may qualify for a waiver.
- I have read the state regulations page, and I am not eligible for employment at St. John's at this time.
- I have read the state regulations page, and need to speak with someone before proceeding.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for St. John's to hire me. If I am hired, I understand that either St. John's or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of St. John's has the authority to make any assurance to the contrary.

Based upon WV State law and WV Health and Human Resources regulations, I understand that St. John's will conduct a thorough background investigation including criminal, social services, motor vehicles records; character, professional, and employment references; consumer or financial background; and any other sources deemed necessary to make inquiries about my eligibility for employment and to confirm any information I have provided. I understand that by signing this application, I am acknowledging St. John's may monitor my background and periodically confirm my eligibility for employment at any time during my tenure.

I attest that I have never been convicted of murder, abductions, kidnapping, sexual offenses, contributing to the delinquency of a minor, or any other violent crimes against a child or adult. Further, I attest that I have not been convicted of any crimes, and am not currently on probation or parole or charged with or under indictment for any criminal offense, except as outlined in this application and any supplemental documents attached hereto. I understand that this statement may be reviewed by any local, state, and/or federal law enforcement or judicial officials as may be deemed appropriate to assess my fitness for employment. I further understand that, if I am hired, I have an obligation to report any criminal arrests or charges to St. John's immediately.

I understand that any offer of and continued employment by St. John's is conditional upon receiving a clear criminal background, child protective services clearance, a clean driving record (where applicable), verification of credentials, physical examination, and any other clearance required in accordance with Federal, State and Local Laws and/or WV Health and Human Resources. Furthermore, if I have requested that my current employer not be contacted, above, I understand that any offer of employment is conditional upon confirmation from my current employer about my dates of employment and position. A photocopy, facsimile, or electronic copy of this authorization has the same enforcement as the original.

I attest with my signature below that all the facts and information I have provided to St. John's on this application, and any supplements to, are true and complete. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____

Date: _____

THIS APPLICATION IS ONLY VALID FOR 60 DAYS