

Putnam County Aging Program

Application for Employment

2558 Winfield Road, Saint Albans, West Virginia 25177
 Phone: (304) 755-2385 eMail: Jobs@PutnamAging.com



Basic Information

_____	_____	_____	_____
Last Name	First	Middle	Date
_____			_____
Mailing Address			Primary Telephone
_____			_____
City, State, Zip Code			Secondary Telephone
_____			_____
Social Security Number			Date of Birth

Applying For

Any & All

<p>Homecare</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Chore / Housekeeping <input type="checkbox"/> Respite <input type="checkbox"/> CNA <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other: _____</p>	<p>Nutrition</p> <p><input type="checkbox"/> Driver/Meal Carrier <input type="checkbox"/> Medical Transport <input type="checkbox"/> Cook <input type="checkbox"/> Assistant Cook <input type="checkbox"/> Other: _____</p>	<p>Offices</p> <p><input type="checkbox"/> Data Entry/Filing Clerk <input type="checkbox"/> Receptionist <input type="checkbox"/> Other: _____</p>
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Job Details

Are you legally eligible for employment in the United States Yes No
 Do you have reliable transportation to and from work? Yes No
 Do you want to care for a specific friend or relative? Yes No
 Name of Specific friend or relative: _____
 Do you have a vehicle and valid vehicle insurance? Yes No
 Do you have a valid driver's license? Yes No
 Do you have a Food Handler's Card? Yes No
 Have you ever been convicted of a felony? Yes No
 Are you 18 years old or older? Yes No

Are you willing to work weekends? Yes No
 Are you willing to work evenings? Yes No
 Are you willing to work nights? Yes No
 Are you willing to work overtime? Yes No
 In which counties are you available to work?
 Boone Cabell Clay Fayette Kanawha Putnam Roane Lincoln

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, sexual orientation, age, national origin, handicap, union activity, or veteran status.

Job Details

Have you ever applied for or had employment with us before? Yes No
 If yes, Month and Year: _____

Availability Part Time Full Time

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Other: _____

Other Notes on Availability: _____

Have you ever been convicted of any crime? Yes No
 If yes, describe in full detail: _____

How did you hear about Putnam Aging: _____

Education

	School Name	Location of School	Course of Study	Years Completed	Diploma or Degree
High School					
College					
Graduate					

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or national origin) _____

References

a. _____
 Name Address Relationship Telephone

b. _____
 Name Address Relationship Telephone

c. _____
 Name Address Relationship Telephone

Employment History

Work History: Please give accurate, complete, full-time and part time employment record. Start with your present or most recent employer.

Company Name		Telephone	
Address		Employed From (M/Y) To (M/Y)	
Job Title	Duties		
	Duties (Cont.)		
Name of Supervisor	Pay rate: Start	Last	

Company Name		Telephone	
Address		Employed From (M/Y) To (M/Y)	
Job Title	Duties		
	Duties (Cont.)		
Name of Supervisor	Pay rate: Start	Last	

Company Name		Telephone	
Address		Employed From (M/Y) To (M/Y)	
Job Title	Duties		
	Duties (Cont.)		
Name of Supervisor	Pay rate: Start	Last	

I certify that the information provided in this Application for Employment is true, correct, and complete. If employed, I understand that any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature _____ Date: _____

Office Use Only

Interview Approval _____ Approved on __/__/____