



(304) 529-4482 ♦ 2240 5<sup>th</sup> Ave Suite 101 ♦ Huntington, WV 25703

## EMPLOYMENT APPLICATION

### INSTRUCTIONS

- If you need any assistance or accommodations, please inform our office.
- Fully complete ALL pages
- Please type or print in black ink.
- Turn in or mail application to the HIT Center, using address above, in order to be considered for the position.
- Signature required on page five (6).

### PERSONAL INFORMATION

Full Name:	Last	First	Middle	Social Security No.
Present Address: Street	City	County	State	Zip Code (Area Code) Phone No.
Previous Address: Street	City	County	State	Zip Code (Area Code) Phone No.
Have you ever Applied for Work or Been Employed by the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Specify Location and Approx. Date: _____		Present Work Phone No.
For Reference Purpose: If you have ever been known by or used another name (e.g. married or maiden name, etc.), specify name and date.  Name: _____ Date of Change: _____				
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, What Authorization Do You Have to Work In the US?		
Have You Been Convicted of A Criminal Offense Which Has Not Been Annulled or Sealed By A Court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain.				
Number Of Days Absent From Work: Last Year _____ This Year _____				
Have You or any Member of Your Immediate Family Filed a Claim, Lawsuit or Other Legal Proceeding Against The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Describe:				

## EMPLOYMENT INTEREST

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Type of Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Co-op		What Position or Area of Interest Are You Seeking?
Minimum Salary Requirement \$	Date Available For Work	Will You Perform Shift Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will You Relocate <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographic Preference	Will You Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally <input type="checkbox"/> No Restrictions

## MILITARY EXPERIENCE

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Type Of Military Service	Highest Rank Attained	Date Of Discharge
Military Occupation Specialty and/ or Major Duties		

## RELATED EMPLOYMENT EXPERIENCE

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**Employment:** Please list any previous job experience that is [degree or field related](#)

From MO/YR	To MO/YR	Company Name	Company Phone Number
Supervisor's Name and Title	Company Address	City	State Zip Code
List Job Title and Explain Duties			
Starting Salary or Rate	Final Salary or Rate	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged (Explain)	
Home Address While Employed			

From MO/YR	To MO/YR	Company Name	Company Phone Number
Supervisor's Name and Title	Company Address	City	State Zip Code
List Job Title and Explain Duties			
Starting Salary or Rate	Final Salary or Rate	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged (Explain)	

## CURRENT AND/OR PREVIOUS EMPLOYMENT EXPERIENCE

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From MO/YR	To MO/YR	Company Name	Company Phone Number
Supervisor's Name and Title	Company Address	City	State      Zip Code
List Job Title and Explain Duties			
Starting Salary or Rate	Final Salary or Rate	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged (Explain)	
Home Address While Employed			

From MO/YR	To MO/YR	Company Name	Company Phone Number
Supervisor's Name and Title	Company Address	City	State      Zip Code
List Job Title and Explain Duties			
Starting Salary or Rate	Final Salary or Rate	Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged (Explain)	
Home Address While Employed			

May We Call Your Present Employer Now? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, When May We Call?		
Do you have an agreement with any current or former employers that in any way restrict future Employment activities? If Yes, please include a copy of the agreement. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>Please List Business References</b>		
Name	Address	Telephone No.

## EDUCATION RECORD

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Name and Location of School	Did You Graduate (Y/N)	Grade Point Avg.	Major Subject & Degree
High School		/4.0	
Vocational or Tech. School		/4.0	
College or University		/4.0	
College or University		/4.0	
Graduate School		/4.0	

## ACTIVITIES

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<p>List any school, professional, trade, business or civil organizations in which you have participated and offices were held. You may omit those that indicated age, sex, race, color, religion, nation, origin, physical or mental ability, or status as a disabled veteran or Vietnam era veteran.</p>
<p>List any special accomplishments, publications, or awards. You may omit those that indicate age, sex, race, color, religion, national origin, physical or mental disability, or status as a disabled veteran or Vietnam era veteran.</p>

## AUTHORIZATION

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For the release of personal data and record information.

Name _____		Social Security No. _____		
Address-Street _____		City _____	State _____	Zip Code _____
As a condition of my employment with the Company, I understand that I must undergo a thorough background investigation and physical examination, including a drug screen. I hereby authorize and request that any of the information listed below be provided to the Company. A photocopy of this authorization may be treated with the same authority as the original.				
Signature _____ Date _____		Company Representative's Signature _____		
Do you have a driver's license at present? If yes, provide the following information <input type="checkbox"/> Yes <input type="checkbox"/> No	State _____	Driver's License No. _____	Expiration Date _____	Month & Date of Birth _____
Have you been involved in any motor vehicle accidents while driving <b>in the last three years</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:				
List all prior convictions for driving while intoxicated, reckless driving or possession of non-prescription drugs:				
List all violations of motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral <b>in the last three years</b> (excluding parking violations).				
Have you ever had a license, permit or privilege to operate a motor vehicle suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:				