

## Potomac Center, Inc.

# Application for Employment

<b>Application Date:</b>	<b>Position/Job Applying For:</b>	<b>Telephone Number:</b>	
		Land: _____	Mobile: _____
<b>First Name:</b>	<b>Last Name:</b>	<b>Middle Name:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Social Security Number (Last 4 digits):</b>	<b>Driver's License Number and State Issued By:</b>	<b>E-Mail Address:</b>	
XXX-XX-			

How long have you lived at your current address? \_\_\_\_\_ Yrs. \_\_\_\_\_ Months

Have you ever lived out of the State of West Virginia?  Yes  No  
 If yes, from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? (Proof of citizenship or immigration status will be required upon employment.)  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Typical Shifts:    2 p.m. – 10 p.m.                     Yes                     No  
                           10 p.m. – 8 a.m.                     Yes                     No  
                           8 a.m. – 4 p.m.                         Yes                     No

Are you currently on lay-off status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever had any job-related experience in the United States Military?  Yes  No

Have you been convicted of a felony within the last ten years?  
 (Conviction will not necessarily disqualify an applicant.)  Yes  No

If yes, please explain: \_\_\_\_\_

How did you learn about us?  Advertisement  
 Relative  
 Sign on Route 28  
 Sign on Route 50  
 Employment Agency  
 Friend  
 Walk-in  
 Other \_\_\_\_\_

Education:

A copy of diploma and/or transcript will be required.

School	Name and Location	Course of Study	Diploma/ Degree
High School			
Undergraduate College/University			
Graduate Professional			
Other (Specify)			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

References:

Provide name, address, and telephone numbers of four references who are not related to you and are not previous employers.

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

## Employment History:

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability, or other protected status.

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Information:**

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<b>Include explanation of any gaps in employment:</b>

<b>Summarize special job-related skills and qualifications acquired from employment or other experience.</b>

<b>Describe any specialized training, skills, or extracurricular activities:</b>

<b>Share any additional information that you feel may be helpful to us in considering your application.</b>

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**Applicant's Statement:**

<p>I certify that answers given herein are true and complete.</p> <p>I authorize the Potomac Center, <i>Inc.</i> to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant who desires to be considered for employment beyond this time period should inquire as to whether or not applications are currently being accepted for employment beyond 6 months.</p> <p>I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Potomac Center, <i>Inc.</i>, is of an "at will" nature, which means that the employee may resign at any time and the Potomac Center may discharge the employee at any time with or without cause. It is further understood that the employment relationship may not be altered by any written document or other conduct unless specifically acknowledged in writing by the Chief Executive Officer.</p> <p>In the event of employment, I understand that knowingly false or misleading information given in my application or interview(s) shall result in discharge. I understand, also, that I am required to abide by all rules, policies, procedures, and regulations of the Potomac Center, <i>Inc.</i></p>	
_____	_____
Signature of Applicant	Date



**PRE-EMPLOYMENT  
 PERSONAL REFERENCE CHECK FORM  
 POTOMAC CENTER, INC.  
 ONE BLUE STREET  
 ROMNEY, WV 26757  
 304-822-3861 Fax: 304-822-8682  
[www.potomaccenter.com](http://www.potomaccenter.com)**

I, \_\_\_\_\_, hereby, authorize the Potomac Center, Inc., to contact my personal references whether they be complimentary or detrimental to my potential employment. I authorize and release from liability or responsibility all persons, companies, schools, and municipalities supplying any information regarding my character.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant - Do Not Write Below This Line - Return with Application!**

Applicants Name:	
Person Providing Reference:	
What capacity do you or did you know the applicant?	
How Long Have You Known the Applicant?	
Rate the candidate on dependability	
Applicant's Position/ Responsibilities:	
Rate Attendance:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Rate Applicant's Job Performance:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Applicant's Ability to Get Along with Others:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Team Member Skills:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Applicant's Strengths:	
Applicant's Weaknesses:	
Reason(s) for Leaving:	
Would you recommend this applicant to work closely with individuals with developmental disabilities? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

All information furnished by you shall be held in strict confidence. The Potomac Center, Inc. endeavors to maintain a high quality professional staff and is completely dependent upon your cooperation in order to do so.

\_\_\_\_\_  
 Reference Checked By   Signature \_\_\_\_\_  
 Date



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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant - Do Not Write Below This Line - Return with Application!**

<b>Applicants Name:</b>	
Person Providing Reference:	
What capacity do you or did you know the applicant?	
How Long Have You Known the Applicant?	
Rate the candidate on dependability:	
Applicant's Ability to Get Along with Others:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Personality/Friendliness:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Applicant's Strengths:	
Applicant's Weaknesses:	
What qualities do you feel this applicant has that will be beneficial to his/her employment at the Potomac Center.	
Would you recommend this applicant to work closely with individuals with developmental disabilities? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

All information furnished by you shall be held in strict confidence. The Potomac Center, Inc. endeavors to maintain a high quality professional staff and is completely dependent upon your cooperation in order to do so.

\_\_\_\_\_ Date

Reference Checked By   Signature