

# **PRESTON COUNTY SENIOR CITIZENS, INC.**

PLEASE READ THE FOLLOWING BEFORE  
COMPLETING OUR APPLICATION BLANK:

1. There is no guarantee of a job offer or a job interview in completing our application blank. Your application blank will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
2. Our application blank must be completely filled out in order for it to be considered for employment.
3. If the information provided on our application cannot be satisfactorily verified by employment reference checks your application could be considered as incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the job applying for: ANY position is not an acceptable response on our application blank.
5. Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not be released.
6. In completing our application blank you will be subject to the following checks:

**EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS**  
**CRIMINAL RECORD CHECK**  
DRUG SCREEN

\_\_\_\_\_, I have read the above statements.  
**Signature of Applicant**

PRESTON COUNTY SENIOR CITIZEN'S, INC.  
P.O. BOX 10  
KINGWOOD, WV 26537

APPLICATION FOR EMPLOYMENT

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES OR DISABILITY OR ANY OTHER PROTECTED CLASSIFICATION.

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
AREA NUMBER

NAME \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES \_\_\_ NO \_\_\_

IF YES, WHAT NAME OR NAMES? \_\_\_\_\_

HAVE YOU EVER WORKED FOR PRESTON COUNTY SENIOR CITIZENS, INC. BEFORE? YES \_\_\_  
NO \_\_\_

IF YES, DATES OF EMPLOYMENT AND REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES \_\_\_ NO \_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO REMAIN AND WORK IN THE U.S.? (YOU WILL BE REQUIRED TO FURNISH PROOF OF LAWFUL WORK STATUS IF YOU ARE EXTENDED A JOB OFFER) YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_ NO \_\_\_

IF SO, PLEASE DESCRIBE FULLY THE CRIMINAL CONVICTION(S), LISTING THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, AND YOUR REHABILITATION SINCE THE CONVICTION(S) (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: \_\_\_\_\_

DATE YOU CAN START: \_\_\_\_\_  
MONTH DAY YEAR

EMPLOYMENT AVAILABILITY:  FULL TIME  PART-TIME  
 7am -3pm  3pm-11pm  11pm-7am

WHAT ARE YOUR EMPLOYMENT INTENTIONS:  LESS THAN 1 YEAR  
 1-2 YEARS  
 INDEFINITELY

SCHOOL      YEARS ATTENDED      COURSE OF STUDY      DEGREE/DIPLOMA  
HIGH SCHOOL

\_\_\_\_\_

COLLEGES  
\_\_\_\_\_

OTHER  
SCHOOLS  
.....

EMPLOYMENT HISTORY

LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE LAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS, WHICHEVER WILL PROVIDE US WITH THE GREATEST INFORMATION ABOUT YOU. USE THE REVERSE SIDE OF THE APPLICATION FORM IF YOU NEED ADDITIONAL SPACE. PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THIS SECTION.

<u>DATES OF EMPLOYMENT</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>NAME OF SUPERVISOR</u>	<u>JOB TITLE</u>	<u>SALARY</u>
FROM: _____	_____	_____	START _____	
TO: _____	_____	_____	FINISH _____	

TYPE OF BUSINESS \_\_\_\_\_

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING:  
\_\_\_\_\_  
\_\_\_\_\_

<u>DATES OF EMPLOYMENT</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>NAME OF SUPERVISOR</u>	<u>JOB TITLE</u>	<u>SALARY</u>
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FROM: \_\_\_\_\_ START \_\_\_\_\_

TO: \_\_\_\_\_ FINISH \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE:

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REASON FOR LEAVING:

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<u>DATES OF EMPLOYMENT</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>NAME OF SUPERVISOR</u>	<u>JOB TITLE</u>	<u>SALARY</u>
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FROM: \_\_\_\_\_ START \_\_\_\_\_

TO: \_\_\_\_\_ FINISH \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR JOB DUTIES AND WORK EXPERIENCE:

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REASON FOR LEAVING:

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MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

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APPLICANT'S STATEMENT

I understand that if employed by Preston County Senior Citizen's, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. No statement whether written or oral, by any Company representative other than a written statement signed by the Director may vary the foregoing. I give the Company permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the Company. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of such job-related medical examination.

I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by Company's rules and regulations, which I understand are subject to change by the Company.

\_\_\_\_\_ DATE

APPLICANT'S SIGNATURE

PROFESSIONAL AND CHARACTER REFERENCES  
(OTHER THAN RELATIVES)

NAME	ADDRESS	PHONE NUMBER
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

READ BEFORE SIGNING

I understand that Preston County Senior Citizens, Inc. (PCSC,INC.) insists that all of its employees be able to perform the essential functions of their employment as well as possess the character, integrity and general reputation for honesty that PCSC, INC. would itself represent in its dealings with customers, suppliers and employees, among others. Accordingly, PCSC, INC. insists on complete honesty.

I, therefore, authorize PCSC, INC. to make whatever inquiries it deems appropriate to verify any information given in my application and/or determine my qualifications and ability to perform the job for which I am applying. I understand that my consideration for employment is contingent upon the results of this background/reference investigation, including verification of previous assignments, education, military and criminal/law records; authentication of the truth of all statements made in this application; personal and professional reference checks, including inquiries into my character, work performance, general reputation and work habits; and if necessary, to secure a credit report, investigative and otherwise concerning my credit worthiness and other information permitted by state/federal law. I EXPRESSLY HEREBY GIVE MY CONSENT FOR ALL CONTACTED PERSONS TO PROVIDE INFORMATION CONCERNING THIS APPLICATION AND I RELEASE EACH SUCH PERSON FROM LIABILITY FOR PROVIDING INFORMATION TO PRESTON COUNTY SENIOR CITIZENS, INC.

I hereby certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of this application in any detail, including misrepresentation or omission of facts, is grounds for disqualification from further consideration, or for dismissal from employment at a later date. Furthermore, I agree to conform to the rules and regulations of PCSC, INC. and I UNDERSTAND THAT I AM APPLYING FOR A POSITION AS AN EMPLOYEE AT-WILL. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE FOR NO DEFINITE PERIOD OF TIME, THAT I WILL BE AN EMPLOYEE AT -WILL, THAT I WILL BE FREE TO LEAVE EMPLOYMENT WITH PCSC, INC. AT ANY TIME AND FOR ANY REASON AND THAT PCSC, INC. MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT NOTHING IN ANY OF PCSC, INC.'S WRITTEN POLICIES, HANDBOOKS OR OTHER DOCUMENTS SHOULD BE CONTRACTUAL OBLIGATIONS ON THE PART OF PCSC, INC. FURTHERMORE, I UNDERSTAND THAT NO ONE AT PCSC, INC. IS AUTHORIZED TO MAKE ANY CONTRACT RELATING TO MY EMPLOYMENT UNLESS THE CONTRACT IS SET FORTH IN WRITING AND IS SIGNED BY THE EXECUTIVE DIRECTOR OF PRESTON COUNTY SENIOR CITIZENS, INC.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF-DISCLOSURE APPLICATION AND CONSENT FORM

### PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

**I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you <b>ever</b> been convicted of, pled guilty or nolo contendere (no contest) to a <b>misdemeanor</b> or <b>felony in any state or federal court</b> ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

**NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form.** Failure to provide explanations could result in disqualification.

### PART II

#### Consent for Investigation for Employment Purposes and Acknowledgement of Receipt of Notice

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and state and federal fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of RapBack services during my employment in a WVCARES covered provider. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

**I, \_\_\_\_\_, acknowledge receipt of the information contained in the Notice to All Applicants.**

(Applicant's printed name)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## SELF DISCLOSURE APPLICATION AND CONSENT FORM

### PART III

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Generation (ex. Jr., II): \_\_\_\_\_

Gov't Issued ID Number/Expiration: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Type of ID: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ft. \_\_\_\_\_in. Weight: \_\_\_\_\_lbs.

Hair Color:  Brown  Blonde  Bald Eye Color:  Blue  Hazel  Brown  
 Black  Gray  Other  Red  Black  Other  
 Red  White  Green  Gray

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

**List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:**

\_\_\_\_\_

\_\_\_\_\_

**List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:**

\_\_\_\_\_

\_\_\_\_\_

**List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only (This form expires 60 days after the date of the signature in Part II):**

I affirm that I have compared the government issued identification presented by the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_



# WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

## NOTICE TO ALL APPLICANTS

**Obtaining Criminal History Report:** An individual may request a copy of his or her own criminal history report (or proof that one does not exist) for a personal review by visiting MorphoTrust at [www.identogo.com](http://www.identogo.com) or calling 1-855-766-7746.

**Appeals:** If the applicant wishes to challenge the information contained in the identity history summary, a challenge of record may be filed pursuant to W.Va. St. R. §69-10-8 with the WV State Police at <http://www.wvsp.gov/Criminal%20Records/Pages/default.aspx> and/or the FBI at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

### PRIVACY ACT STATEMENT:

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).