

APPLICATION FOR EMPLOYMENT

CHANGE, Inc.: 3158 West Street · Weirton, WV 26062

Please print or type all information except signature. Conditions of employment are stated at the end of the application. Please read carefully before you sign this application.

Date:				
PERSONAL INFORM	ATION			
Name:			Social Security No	
Last	First	Middle		
Address:				
Street Num	ber	City	State	Zip
Home Telephone: (_)	Cell Phone	e: ()	
(Proof of identity and eligibili	to be employed in the Unitity will be required upon employ 18 years? Yes provide authorization to work.	yment.) □ No	Yes □ No	
	es presently employed with	CHANCE I O	\square Yes \square No	
	e and relation:			
If "Yes", name of relativ	e and relation:			
Have you ever worked for the Have you been convicted	e and relation:	□ Yes □ No	If "Yes", date:	

EMPLOYMI	ENT DESIRED					
Position:			Start Date: _	Desi	red Salary:	
Are you curre	ntly employed? □ Yes	□ No If "Yes	", may we con	ntact your employ	er? □ Yes □ No	
Referral Source	ce: Newspaper	Friend □ Relativ	⁄e □ Emplo	oyee □ Walk-In	☐ Other:	
EDUCATION	N					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCAT (Complete Maili		YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED	
High School						
College						
Graduate						
Professional						
Bus/Trade						
License/Certifications:						
EMPLOYMI	ENT HISTORY (Begin	with most recent.)			
Employer Nar	me:		Address:			
Last Position Held:		Phone:				
Name of Supervisor:			Reason for Leaving:			
Period Emplo	yed:		Final Salary:			
Duties:						

EMPLOYMENT HISTORY (Continued)

Employer Name:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	1
Eurolassa Nama	A.11,
Employer Name:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	
Employer Name:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	<u>I</u>

REFERENCES

Please list two professional references:

NAME	ADDRESS	BUSINESS/POSITION	PHONE #	YEARS KNOWN

Please list two personal references, not related to you:

NAME	ADDRESS	BUSINESS/POSITION	PHONE #	YEARS KNOWN

PLEASE READ CAREFULLY BEFORE SIGNING

- CHANGE, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, national origin, ancestry, age or disability.
- It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by CHANGE, Inc. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or CHANGE, Inc. I also understand that this written statement supersedes any and all oral representations made my agents or representatives of CHANGE, Inc.
- I understand that I may be subject to a drug/alcohol testing and/or a background check according to CHANGE, Inc.'s policies and passing the drug/alcohol test and background check is a condition of employment. Refusal to submit to testing and/or background check or a positive result shall be sufficient cause for denial of employment or discharge.
- I authorize and give CHANGE, Inc. consent to conduct reference checks.
- I certify that the information in this application is true, complete, and correct. I understand that false answers, statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or discharge.

Signature of Applicant:	Date:
orginature or Applicant.	Datc

THIS APPLICATION SHALL BE RETAINED FOR AT LEAST ONE YEAR AND THEN IT WILL BE DESTROYED.