



APPLICATION FOR EMPLOYMENT

CHANGE, Inc. • 3136 West Street • Weirton, WV 26062

An Equal Opportunity Employer

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 INFORMATION

Name: _____ Social Security No. _____
Last First Middle

Address: _____
Street Number City State Zip

Home Telephone: (____) _____ Cell Phone: (____) _____

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes No
(If no, you may be required to provide authorization to work)

Do you have any relatives presently employed with CHANGE, Inc.? Yes No
If "Yes", name of relative and relation: _____

Have you ever worked for CHANGE, Inc. before? Yes No If "Yes", date: _____

Have you been convicted of a misdemeanor? Yes No
If "Yes", please explain: _____

Have you been convicted of a felon? Yes No
If "Yes", please explain: _____

EMPLOYMENT DESIRED

CHANGE, INC.

Employment Application 7.1.2010

Position: _____ Start Date: _____ Desired Salary: _____

Are you currently employed? Yes No If "Yes", may we contact your employer? Yes No

Referral Source: Newspaper Friend Relative Employee Walk-In Other: _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED
High School				
College				
Graduate				
Professional				
Bus/Trade				
License/Certifications:				

EMPLOYMENT HISTORY (Begin with most recent)

Employer Name:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	

EMPLOYMENT HISTORY (Continued)

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:	

Employer Name:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:
Duties:	

REFERENCES

Please list two professional references:

CHANGE, INC.
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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 by 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 negative 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: _____

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