



## EMPLOYMENT APPLICATION

### AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER

Policy Statement: Federal, State, and College Regulations Prohibit Discrimination in Employment Practices Related to Recruitment, Selection, Promotion, Transfer, Benefits, Pay, and Other Related Functions Because of Race, Color, Religion, Age, Sex, National Origin, or Handicap.

Your Application Will Be Processed In Accordance With All The Provisions Set Forth In The Regulations Which Are Available For Your Review In The Office Of Human Resources. Should Any Applicant Need Assistance Or Reasonable Accommodation Regarding The Applications Or Hiring Process Please Contact The Human Resources Office at: P.O. Box 127, Kincaid, WV 25119 or Phone: 304-250-7627 or E-mail: [SALS@CITYNET.NET](mailto:SALS@CITYNET.NET)

Position Sought: \_\_\_\_\_

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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

Yes    No

\_\_\_    \_\_\_    Are you a US citizen?

\_\_\_    \_\_\_    Driver's License?

\_\_\_    \_\_\_    Food Handling Permit?

\_\_\_    \_\_\_    Bonded or Bondable?

\_\_\_    \_\_\_    Arrest Record?

Educational Background:

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Certifications/Training:

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Employment History: List all former employment. Begin with present or last employer. If additional space is required ask Human Resources Assistant for supplemental sheets or use a separate sheet and attach. Be sure to give complete address of employment; names of firms, Street Address, City, and State and telephone number. If part time, give approximate number of hours per week. Be sure all questions are answered for each sections below. If you have never worked before, please make an "X" in the space provided: \_\_\_\_\_

Name/Address	Type of Business	Rate of Pay	Description of Work	Supervisor	Reason For Leaving
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May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

Personal References: List the names of three individuals who are personally acquainted with you. DO NOT LIST RELATIVES OR EMPLOYERS.

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Thank you for completing this application form and for your interest in employment with the Southern Appalachian Labor School and affiliated projects.

I certify that I am not an illegal alien and am permitted by all relevant and appropriate governmental agencies to work at SALS and am prepared to produce documentation to that effect within three days of employment. I certify that all of the statement made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I hereby authorize any of my employers, associates or references to give SALS any information concerning my character, ability, and employment record and agree to hold such persons harmless from the consequences of any information they might give.

I realize that it is my responsibility to complete fully all sections and proper blanks of the applications, including supplemental pages and supply appropriate information as may be required for consideration of employment. Failure to do so may result in my application not being accepted and employment consideration being delayed for which I hold SALS harmless.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date Application Filed

Return this application to:

Southern Appalachian Labor School

P.O. Box 127

Kincaid, WV 25119

304-250-7627

[SALS@citynet.net](mailto:SALS@citynet.net)

Information contained herein, including materials and documents included as part of the application will be considered confidential and is the property of the Southern Appalachian Labor School.