MOUNTAINEER HOME CARE SERVICES, LLC

EMPLOYMENT APPLICATION

DATE:		Date of Birth:
Name:	-	Social Security #:
(Last) (First)	(MI)	
		Telephone #:
(Street Address)		
(City) (State) (Zip C	Code)	Alternate Phone #:
Legally Eligible for Employment in the USA	\:	YES NO
Position applied for:	Sal	ary desired:
Shifts available:MorningAfternoor	nEve	ning Date available:
Valid Driver's License:YesNo	o you h	ave your own transportation:YesNo
Have you ever been convicted of any crime		
High School: Last gra	de comp	oleted: Diploma/GED:
College/University: Ma	jor:	Degree:
Professional Registration or License: Type:		State: Number:
Other Education or Certifications/Training:		
SKILLS: Please list any skills or other information th	nat you b	pelieve would be useful for the position applied for:

	Name, Address,	Position and Job	Salary/Wage	Reason for Leavin
From:	Phone #, Supervisor	Duties		
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MOUNTAINEER HOME CARE SERVICES

It is the policy of Mountaineer Home Care Services to fingerprint all new employees as a means for conducting a conviction record check. This policy does not render the conviction of a crime an absolute bar to employment and such conviction(s) will only be considered in relation to specific job requirements. All persons accepting positions for employment with Mountaineer Home Care Services agree to a conviction record check verified by the West Virginia Criminal Investigation Bureau.

Mountaineer Home Care Services does not discriminate in hiring or employment on the basis of race, religious creed, national origin/ancestry, sex, age, or disability. No question on this application is intended to secure information for such discrimination.

Mountaineer Home Care Services is an employment-at-will agency, and no portion of this application shall expressly or implicitly imply a contract of employment with MHCS.

I authorize Mountaineer Home Care Services to contact former employers for complete and accurate references based upon my past work performances.

I hereby acknowledge that I have read and understand the above statement.

Applicant Signatu	re	Date