

Application for Employment

Date

select below

Name

Postion Applying For

Phone Number

Address

City

State

Email Address

Date Available to begin work

Requested scheduled hours

Current Certifications/Other

Valid WV Driver's License

Reliable Transportation?

Yes

No

CPR

Vehicle Insurance?

Yes

No

First Aid

Previously worked for LCSC?

Yes

No

Food Handler's

Other

Requested starting pay:

Have you every been convicted of a felony/misdomeanor?

Yes

No

If YES, please explain:

Please list most recent work history

Begin Date

End Date

Employer

Dates employed

Position

Duties

Starting rate of pay

Ending Rate of Pay

Reason for Leaving?

May we contact this Employer?

Yes

No

		Begin Date	End Date
Employer		Dates employed	
Position		Duties	
Starting rate of pay		Ending rate of Pay	
Reason for Leaving?			
May we contact this Employer?	Yes	No	

		Begin Date	End Date
Employer		Dates employed	
Position		Duties	
Starting rate of pay		Ending rate of pay	
Reason for Leaving?			
May we contact this Employer?	Yes	No	

Requested Rate of Pay

Please provide names and phone numbers of three references who are not related to you and are not previous employers.

Name	Number
Name	Number
Name	Number

Please List any other abilities, knowledge, or training that might be of use in considering your application

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