

The Op Shop, Inc

316 Columbia Street Fairmont, WV 26554

Referred by: _____

Date _____

Application for Employment

(You must answer all the items listed below)

Name _____

(Last)

(First)

(Middle)

Position applied for _____ Shirt Size _____

Home address _____

Phone Number _____

Are you a citizen of the United States? yes _____ no _____

If not a citizen, do you have proof of right to work or for permanent residence in the U.S.? yes _____ no _____

Have you ever been convicted of a felony? yes _____ no _____

(A felony conviction may not necessarily effect consideration for employment.)

Valid Drivers License? yes _____ no _____

EDUCATION

Highest grade completed _____

School	Name and Address	Degree or Certificate
High School		
College		
Business/Vocational		
Additional Training		

PROFESSIONAL and CHARACTER REFERENCES (other than relatives)

Name	Address

WORK HISTORY

Describe your longest and most important jobs beginning with the most recent.

Employer	Job Title (responsibilities, tasks performed, machines operated, tools used, etc.)
Name	
Address	
Type of Business	
From To Wage	
Reason for leaving	
Name	
Address	
Type of Business	
From To Wage	
Reason for leaving	
Name	
Address	
Type of Business	
From To Wage	
Reason for leaving	

Summary of other work (including military service)

Before You Sign This Form, Please Read the Statement Below.

I certify by signing this application that I have read, or had read to me, all statements on this form and that the information given is true and complete to the best of my knowledge. I also understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize investigation of all statements contained in this application.

Applicant's Signature _____

Guardian's Signature (if applicable) _____

VOLUNTARY IDENTIFICATION OF DISABILITY STATUS

In order to encourage companies to hire individuals with disabilities, the state and federal government offers employers special opportunities to work under certain contracts if at least 75% of the employees working under those contracts are individuals with disabilities. ***THE Op Shop*** participates in these government programs, and the job you seek or currently have is a job working under one of those contracts.

So that ***THE Op Shop*** can identify individuals with disabilities and keep the necessary documentation about the make up of the workforce, ***THE Op Shop*** requests that you voluntarily answer the questions below.

The information requested will be used only in connection with ***THE Op Shop's*** voluntary affirmative efforts to encourage employment of individuals with disabilities. ***You are not required to complete this form to be considered for employment or to continue in your job. Your participation is voluntary.***

Any information you provide on this form will be kept confidential and used only in accordance with the Americans with Disabilities Act and the West Virginia Human Rights Act.

Please circle or mark the appropriate answer.

Do you have a disability?

YES _____ NO _____

If you have a disability, are you willing to voluntarily provide ***THE Op Shop*** with documentation about your disability if asked?

YES _____ NO _____

Print Name _____

Sign name _____

Date _____