

## Potomac Center, Inc.

# Application for Employment

<b>Application Date:</b>	<b>Position/Job Applying For:</b>	<b>Telephone Number:</b>	
		Land: _____	Mobile: _____
<b>First Name:</b>	<b>Last Name:</b>	<b>Middle Name:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Social Security Number (Last 4 digits):</b>	<b>Driver's License Number and State Issued By:</b>	<b>E-Mail Address:</b>	
XXX-XX-			

How long have you lived at your current address? \_\_\_\_\_ Yrs. \_\_\_\_\_ Months

Have you ever lived out of the State of West Virginia?  Yes  No  
 If yes, from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? (Proof of citizenship or immigration status will be required upon employment.)  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Typical Shifts:    2 p.m. – 10 p.m.                       Yes                       No  
                           10 p.m. – 8 a.m.                               Yes                       No  
                           8 a.m. – 4 p.m.                                     Yes                       No

Are you currently on lay-off status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever had any job-related experience in the United States Military?  Yes  No

Have you been convicted of a felony within the last ten years?  
 (Conviction will not necessarily disqualify an applicant.)  Yes  No

If yes, please explain: \_\_\_\_\_

How did you learn about us?  Advertisement  
 Relative  
 Sign on Route 28  
 Sign on Route 50  
 Employment Agency  
 Friend  
 Walk-in  
 Other \_\_\_\_\_

Education:

A copy of diploma and/or transcript will be required.

School	Name and Location	Course of Study	Diploma/ Degree
High School			
Undergraduate College/University			
Graduate Professional			
Other (Specify)			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

References:

Provide name, address, and telephone numbers of four references who are not related to you and are not previous employers.

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

## Employment History:

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability, or other protected status.

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>	From:	To:	
<b>Telephone Number:</b>			
<b>Job Title:</b>	<b>Hourly Rate/Salary</b>		
<b>Supervisor:</b>	Starting	Final	
<b>Reason for Leaving:</b>			
	<b>May We Contact?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Information:**

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<b>Include explanation of any gaps in employment:</b>

<b>Summarize special job-related skills and qualifications acquired from employment or other experience.</b>

<b>Describe any specialized training, skills, or extracurricular activities:</b>

<b>Share any additional information that you feel may be helpful to us in considering your application.</b>

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Applicant's Statement:**

<p>I certify that answers given herein are true and complete.</p> <p>I authorize the Potomac Center, <i>Inc.</i> to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant who desires to be considered for employment beyond this time period should inquire as to whether or not applications are currently being accepted for employment beyond 6 months.</p> <p>I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Potomac Center, <i>Inc.</i>, is of an "at will" nature, which means that the employee may resign at any time and the Potomac Center may discharge the employee at any time with or without cause. It is further understood that the employment relationship may not be altered by any written document or other conduct unless specifically acknowledged in writing by the Chief Executive Officer.</p> <p>In the event of employment, I understand that knowingly false or misleading information given in my application or interview(s) shall result in discharge. I understand, also, that I am required to abide by all rules, policies, procedures, and regulations of the Potomac Center, <i>Inc.</i></p>	
_____	_____
Signature of Applicant	Date



# WORK REFERENCE REQUEST

POTOMAC CENTER, INC.

ONE BLUE STREET

ROMNEY, WV 26757

304-822-3861 Fax: 304-822-4297

[www.potomaccenter.com](http://www.potomaccenter.com)

I, \_\_\_\_\_, hereby, authorize the Potomac Center, Inc., to make a thorough investigation of my past employment whether it be complimentary or detrimental to my potential employment. I authorize and release from liability or responsibility all persons, companies, schools, and municipalities supplying any information regarding my work history whether or not it is a matter of record.

Applicant's Signature: \_\_\_\_\_

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

**Applicant - Do Not Write Below This Line - Return with Application!**

Person Providing Reference: \_\_\_\_\_ Position Held: \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If No Longer in Your Employ, Would You Rehire?  Yes  No

**Please rate applicant on the following characteristics:**

	Poor	Fair	Good	Very Good	Excellent
Quality of Work					
Quantity of Work					
Personality					
Leadership Qualities					
Attendance					
Punctuality					
Dependability					
Cooperativeness					
Communication Skills					

Would you recommend this applicant to work closely with individuals with developmental disabilities?  Yes  No

Additional Comments: \_\_\_\_\_

All information furnished by you shall be held in strict confidence. The Potomac Center, Inc. endeavors to maintain a high quality professional staff and is completely dependent upon your cooperation in order to do so.

Signature of Person Completing Form

Date

**Serving People with Developmental Disabilities of Eastern West Virginia Since 1980**

POTOMAC CENTER, INC.  
ONE BLUE STREET, ROMNEY, WV 26757  
(304) 822-3861 FAX (304) 822-4297

## PERSONAL REFERENCE QUESTIONNAIRE

The person whose name appears below has applied for a position with The Potomac Center, Inc. Please indicate this applicant's likely ability to fulfill job requirements, commitments to helping and working with others, and other information you think relevant.

**Applicant's Name:** \_\_\_\_\_

**Position Applying For:** \_\_\_\_\_

I, \_\_\_\_\_, give my permission for  
(Applicant's Signature)

release of this information. **Date:** \_\_\_\_\_

\*\*\* DO NOT WRITE BELOW THIS LINE\*\*\*

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Date Of Reference: \_\_\_\_\_

Person Providing Reference: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

In What Capacity Did/Do You Know This Applicant? \_\_\_\_\_

For How Long Have You Known This Applicant? \_\_\_\_\_

What Qualities Do You Feel This Applicant Has That Will Be Beneficial to His/Her Employment At the Potomac Center? You may include social or church-related experiences, community service, health habits, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do You Have Any Reason Not To Recommend This Applicant For Work Related To Individuals with Developmental Disabilities? \_\_\_\_\_

Signature of Reference Writer: \_\_\_\_\_

Date of Reference: \_\_\_\_\_

Return To: THE POTOMAC CENTER, INC.  
ATTN: KAREN M. FISHER, HUMAN RESOURCES OFFICER  
ONE BLUE STREET  
ROMNEY, WV 26757

Enclosure: Job Description

*POTOMAC CENTER, INC.*  
**INTERVIEW DECLARATIONS AND ACKNOWLEDGMENTS**

I declare that I have a genuine interest in being hired and employed with Potomac Center, Inc. and I understand that the completion of an application does not imply that I will be employed.

I certify that all of the statements on my application, résumé, and those made during any job interview are true and correct. I agree to assume a continuing responsibility to disclose any additional or new information called for by this application, my resume, or job interviews but that became known to me only after completing my application, resume, or job interviews. I understand that any false or misleading statements or failure to make such disclosures are grounds for immediate termination, regardless of when such a falsification or failure to disclose may be discovered.

I hereby request and authorize any school I have attended or any current or former employer to release all information contained in their records as requested by Potomac Center. I do, hereby, release any such school or employer from any liability or cause of action that may arise from compliance with this request.

I also understand that Potomac Center, Inc. strictly prohibits employee involvement with illegal drugs or the abuse of prescription drugs and/or alcohol. If employed, any such involvement on my part will result in disciplinary action up to and including termination. I understand that the Center may require me to pass a drug and/or alcohol screen during my initial employment, for random testing, or for reasonable cause. Refusal to submit to a drug and/or alcohol screen is grounds for immediate termination.

I acknowledge that access to company premises is conditioned upon Potomac Center's right to search the person, vehicle, or personal effects of any employee or visitor.

I agree to complete a *Statement of Criminal Record* prior to my employment permitting Potomac Center to conduct a criminal background check as a condition of my providing care for children and/or adults, and I will disclose any and all convictions, charges, or indictments (regardless of the time frame) with the understanding that if I fail to report any convictions, charges, or indictments, I may not be approved for employment at Potomac Center.

I understand that a CIB/NCIC records check will be conducted to determine if I have a criminal background, and if hired, my employment is on a provisional status until such time that the criminal background clearance has been received. Additionally, I understand that I will not be permitted to be left alone with a child without direct supervision until the CIB/NCIC record check results are received.

I am aware that surveillance cameras have been installed in the commons areas of the residential units in an effort to provide a safe and secure environment for those individuals entrusted to the care of Potomac Center. I agree and consent to provide support to individuals in the units where surveillance cameras have been installed.

I understand and agree that if accepted for employment with Potomac Center, the employment relationship will be at will. This means that my employment is not for a definite term and my employment status can be changed or terminated with or without reason and with or without notice at any time at my option or that of Potomac Center. Nothing contained in any documents provided to me during my employment with Potomac Center is intended to be or should be construed as a guarantee of employment.

If employed, I agree that upon termination of my employment, I will return all company property and records in my possession. I agree that the cost of any company property not returned at the end of my employment shall be deducted from any wages or monies due me in accordance with the law.

Potomac Center retains applications and/or résumés for a period of time not to exceed two years. Individuals interested in applying more than once for employment must submit an application and/or resume each time they apply.

No individual can be made an offer of employment with Potomac Center without completing all sections of *Potomac Center's Application for Employment* and signing and dating the *Applicant's Statement* on Page 4.

Signature of Applicant \_\_\_\_\_

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