

Equal access to programs, service and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department.

Please print neatly and return to the Hiring Manager using their address or fax number listed on the bottom of the page.

YOUR CONTACT INFORMATION

1 st Name: _____	Last Name: _____
Street Address: _____	Apartment #: _____
City: _____	State and Zip: _____
Phone: _____	Email Address: _____
Cell #: _____	

YOUR OBJECTIVES

Position(s) Desired: _____	Date Applied: _____
Dates Available: _____	Desired Salary/Rate of Pay: \$ _____
Work Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN	

EMPLOYMENT QUESTIONS

- Are you able to meet the attendance requirements of the position? Yes No
- Are you able to meet the physical requirements of the position? Yes No
- Have you ever been employed by BODYWORKS before? Yes No
If yes, indicate the position and dates of employment. _____
- Can you provide proof of eligibility to work in the U.S.? Yes No
- Are you 18 years of age or older? Yes No
- If you are under 18, and it's required, can you furnish a work permit: Yes No
- Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes** No
- What's your driver's license number and state where it was issued? _____

*** Answering "yes" to this question does not automatically constitute a bar to employment. Factors such as: the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

YOUR SKILLS & QUALIFICATIONS *related to the open position*

Please complete the remaining pages.

BECKLEY, WV: 9 YELLOW WOOD WAY, 25801 • PHONE: 304.255.2376 • FAX: 304.255.7120

PINEVILLE, WV: APPALACHIAN HWY, RT. 10, WV 24874 • PHONE: 304.202.0424 • FAX: 304.732.8800

YOUR EMPLOYMENT HISTORY

Company: _____ Address: _____
Position: _____ City, State, Zip: _____
Worked From: _____ To: _____ Starting Salary/
Rate of Pay: \$ _____ Ending: \$ _____
Supervisor: _____ Title: _____
Job Duties: _____
Reason Left: _____

Company: _____ Address: _____
Position: _____ City, State, Zip: _____
Worked From: _____ To: _____ Starting Salary/
Rate of Pay: \$ _____ Ending: \$ _____
Supervisor: _____ Title: _____
Job Duties: _____
Reason Left: _____

Company: _____ Address: _____
Position: _____ City, State, Zip: _____
Worked From: _____ To: _____ Starting Salary/
Rate of Pay: \$ _____ Ending: \$ _____
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YOUR EDUCATIONAL BACKGROUND (if applicable to the position)

	<u>Institution</u>	<u>City and State</u>	<u># Years Completed</u>	<u>Graduated?</u>	<u>Course of Study</u>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR ADDITIONAL REFERENCES

<u>Name</u>	<u>Telephone</u>	<u># Years Known</u>	<u>Nature of Relationship</u>
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	()		
	()		

YOUR APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, it's representatives, employers or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 120 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

My signature below indicates that I have read, fully understand, and accept the terms of the above.

Applicant Signature: _____ Date: _____

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