



Mountaineer Recovery Center

3094 Charles Town Road Kearneysville, WV 25430

Phone: 304-901-2040

Employment Application

PERSONAL INFORMATION:

Full Name: _____ Date: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you eligible to work within the United States? _____ Yes _____ No

Have you been convicted of or arrested in the last five years? _____ Yes _____ No

If you answered Yes, the to the last question, please explain: _____

POSITION AVAILABILITY

Position Applying for: _____

How did you hear about the position? _____

What date are you available to begin working? _____

Schedule preferences? _____

EMPLOYMENT HISTORY *(Begin with most recent)*

Employer 1: _____

Address: _____

City, State and Zip Code: _____

Dates of Employment: From: _____ To: _____

Position(s) held: _____

Salary: _____

Responsibilities: _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____



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EMPLOYMENT HISTORY CONTINUED

Employer 2: _____

Address: _____

City, State and Zip Code: _____

Dates of Employment: From: _____ To: _____

Position(s) held: _____

Salary: _____

Responsibilities: _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____

EDUCATION: *(Begin with most recent)*

Name of School 1: _____

Address: _____

Degree/Diploma: _____

Licenses/Certifications: _____

Name of School 2: _____

Address: _____

Degree/Diploma: _____

Licenses/Certifications: _____

Name of School 3: _____

Address: _____

Degree/Diploma: _____

Licenses/Certifications: _____



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EMPLOYMENT GOALS:

PROFESSIONAL REFERENCES:

1. Name: _____

Organization: _____

Relationship: _____

Phone: _____

Email: _____

2. Name: _____

Organization: _____

Relationship: _____

Phone: _____

Email: _____

3. Name: _____

Organization: _____

Relationship: _____

Phone: _____

Email: _____

PERSONAL REFERENCE

4. Name: _____

Relationship: _____

Phone: _____

Email: _____

Applicant Signature: _____ **Date:** _____