



River Valley Child Development Services, Inc.
 611 Seventh Avenue, Ste 300
 Huntington, WV 25701
 Telephone: (304) 523-3417
 Fax: (304) 523-2678
 1-800-870-3417
 e-mail: wsmith@rvcds.org

Return completed form and required documents to above address.
 Type or print using blue ink.

Last Name	First	Middle
Present Address		Phone
Permanent Address		Phone
E-mail address		Cell Phone
Position Applied For		
Have you ever been interviewed and/or employed with RVCDS, including ANY of its programs? YES _____ NO _____ If yes, dates of interview/employment & with which program? _____		
Names of relatives that are employed with RVCDS or any position of influence (including State of WV): _____		
Are you a citizen of the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, do you have proof of right to work or for permanent residence in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education – All academic training must be verified in the form of an official transcript, copy of diploma, license or certificate.

Circle highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12/GED 13 14 15 16 Above		
High School	Name & Address	Degree or Certificate
College	Name & Address	Degree or Certificate
Business, Vocational, Trade	Name & Address	Degree or Certificate
Additional Training	Name & Address	Degree or Certificate
Skills, Licenses and/or Certifications _____ Computer Programs _____		
Are you attending school now? _____ Course of Study _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		
Do you plan further educational study? _____ What field? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		

Employment Experience – List last four jobs held, starting with your present or last job. Explain any gaps in employment. You may attach a resume, but it **WILL NOT** be accepted in place of this application.

May we contact your current employer? Yes No

1	Employer	Type of Business
	Address	Employed (month & year) From To
	Telephone	Supervisor's Name & Title
	Job Title/Responsibilities/Tasks Performed	Reason for leaving

2	Employer	Type of Business
	Address	Employed (month & year) From To
	Telephone	Supervisor's Name & Title
	Job Title/Responsibilities/Tasks Performed	Reason for leaving

3	Employer	Type of Business
	Address	Employed (month & year) From To
	Telephone	Supervisor's Name & Title
	Job Title/Responsibilities/Tasks Performed	Reason for leaving

4	Employer	Type of Business
	Address	Employed (month & year) From To
	Telephone	Supervisor's Name & Title
	Job Title/Responsibilities/Tasks Performed	Reason for leaving

Comments _____

Character References - Include three character (personal) letters of reference with this application

Professional References – Please list three persons (other than relatives or personal friends) who have knowledge of your skills and abilities for the position for which you have applied.

Name	Address, City, State, ZIP	Telephone, including area code

EQUAL EMPLOYMENT OPPORTUNITY

In compliance with federal, state and local equal employment opportunity laws, River Valley assures all applicants of equal opportunity when applying for employment. No applicant will be discriminated against based on age, color, race, sex, national origin, ancestry, religion, creed, marital status, mental or physical disability, veteran status or any other non-job related factors.

APPLICANT: READ ACKNOWLEDGEMENT CAREFULLY

I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation or omission in this application or other employment-related forms or during the interview process may disqualify me from further consideration for employment and may result in my dismissal if discovered at any later date.

I UNDERSTAND THAT AS A BUSINESS IN THE STATE OF WEST VIRGINIA, THE EMPLOYER/EMPLOYEE RELATIONSHIP IS ESTABLISHED "AT-WILL." THE "AT-WILL" RELATIONSHIP AFFORDS THE EMPLOYEE THE RIGHT TO RESIGN FOR ANY REASON. LIKEWISE, THE EMPLOYER MAY TERMINATE THE RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. IT IS FURTHER UNDERSTOOD THAT THE "AT-WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE ALTERED BY ANY WRITTEN DOCUMENT OR BY VERBAL AGREEMENT, UNLESS SUCH ALTERATION IS SPECIFICALLY ACKNOWLEDGED IN WRITING AND SIGNED BY AN AUTHORIZED EXECUTIVE OF RIVER VALLEY CHILD DEVELOPMENT SERVICES.

I understand that federal and state laws require agencies providing childcare services to conduct a **Criminal Background Check** and **Protective Services Record Check** on all applicants seeking employment. Therefore, I agree to submit to a criminal background and child protective services record check as a condition of employment. I understand I may be denied employment based on the outcome of the investigations or if hired as a "provisional" employee pending the outcome of the checks and if hired under this exception, continued employment is conditional upon the receipt of favorable reports.

I also understand that any offer of employment in child care, school age or home based programs may be conditioned upon a PPD (TB) test and completion of a physical exam to determine whether I can perform the job duties.

I understand that should I be offered employment I must pass a drug test and that continued employment is contingent upon the results of this test.

I authorize River Valley to make a thorough investigation into my past employment, education, criminal background and any other job related activities. I release from liability all persons, companies, corporations, educational institutions, law enforcement agencies and federal, state or local governments supplying such information and indemnify River Valley against any liability which might result from making such an investigation.

Additionally, I authorize River Valley to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency or other party with an interest that River Valley deems appropriate. I will allow a photocopy or fax of this authorization to be as valid as the original.

I also understand and authorize that the information I have provided may be verified by contacting former employers, references, educational institutions, law enforcement agencies and federal state and local governments, including records verifying employment, education and criminal history.

Signature of Applicant (unsigned applications will not be considered) Date _____

CLEARLY PRINT NAME OF APPLICANT

MEMO

TO: All Applicants
FROM: Human Resources
RE: Addendum to Application

Please read the following and return it with your completed application.

1. There is no guarantee of a job offer or job interview based upon your completion of our application. Your completed application will be considered with those of others who have submitted applications. Decisions about interviews will be based job requirements.
2. Our application must be **completely filled out** in order for it to be considered as your application for employment.
3. If the information provided by you on our application cannot be satisfactorily verified by employment reference checks, your application will be considered incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the job applied for. **“ANY POSITION”** is not an acceptable response to **“Position Applied For”** on our application blank.
5. Due to the number of applications we receive and consider and the competitive nature of our employment process, specific reasons for employment decisions made will not be released.
6. Upon completing and submitting your application, you may be subject to the following:
 - Drug/Alcohol tests
 - Criminal Background check
 - Driving Record check
 - Employment and Character Reference checks
 - Protective Services Record check

I have read the above statements concerning my application for employment and understand these statements.

Signature of Applicant

Date

WORK AVAILABILITY CHECKLIST

School Age Connections

Name:

Address:

List telephone numbers where we may contact you:

What days and hours are you available to work?

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please return this form along with your application.

