



836 4th Avenue
 Huntington, WV 25701
 304.522.7533

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

LAST NAME:	FIRST NAME:	MI:	SOCIAL SECURITY #:
STREET ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	CELL(OTHER):		EMAIL:
POSITION APPLIED FOR:		DATE OF APPLICATION:	

REFERRAL SOURCE (PLEASE CHECK THE APPROPRIATE CATEGORY AND NAME THE SOURCE)

<input type="checkbox"/> WALK-IN	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> JOB FAIR
<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> STAFFING AGENCY
<input type="checkbox"/> COMPANY'S WEBSITE	<input type="checkbox"/> GOVERNMENT
<input type="checkbox"/> OTHER INTERNET	<input type="checkbox"/> EMPLOYMENT AGENCY
	<input type="checkbox"/> OTHER

May we contact you at work?..... Yes No
 If yes, work # and best time to call:
 () - - am pm (circle one)

If you are under 18 and it is required, can you furnish a work permit?..... Yes No
 If no, please explain _____

Have you submitted an application at MCA before?..... Yes No
 If yes, give date(s) and positions(s) _____

Have you been employed at MCA before?..... Yes No
 If yes, give dates From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available for work..... _____

What is your desired salary range or hourly rate of pay? \$_____ Per _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal
 Internship or Educational Co-Op

Will you relocate if job requires it?.... Yes No

Will you travel if the job requires it?... Yes No

Will you work overtime if required?.... Yes No
 If no, please explain: _____

Driver's license number required if driving may be required in the job for which you are applying:

DL # _____ Issuing State: _____
 Expiration: _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details.
 (Please attach another sheet if necessary)



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EMPLOYMENT HISTORY

Starting with your most recent employer

Employer	Phone #	Dates Employed From _____ To _____
Street Address	City, State, Zip	Starting Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Job Title		Ending Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate Supervisor & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		
Summarize type of work performed and job responsibilities		

Employer	Phone #	Dates Employed From _____ To _____
Street Address	City, State, Zip	Starting Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Job Title		Ending Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate Supervisor & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		
Summarize type of work performed and job responsibilities		

Employer	Phone #	Dates Employed From _____ To _____
Street Address	City, State, Zip	Starting Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Job Title		Ending Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate Supervisor & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		
Summarize type of work performed and job responsibilities		

Employer	Phone #	Dates Employed From _____ To _____
Street Address	City, State, Zip	Starting Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Job Title		Ending Salary \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate Supervisor & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		
Summarize type of work performed and job responsibilities		

Please attach your resume and / or attachment if more space is needed.



EMPLOYMENT HISTORY (Continued)

Explain any gaps in your employment, or other than due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills: (Please check all that apply)

<input type="checkbox"/> Word Processing: Software Title _____	<input type="checkbox"/> Internet _____
<input type="checkbox"/> Spreadsheet: Software Title _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Presentation: Software Title _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> E-Mail: Software Title _____	<input type="checkbox"/> Other _____

EDUCATIONAL BACKGROUND

School (include City & State)	# Years completed	Completed	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

REFERENCES

Please provide no less than 3 professional references and 3 personal references (**not related to you**). If 3 professional references aren't available, please list school references if possible.

Name	Title	Relationship	Telephone



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Professional Organizations

Organization	Offices Held (if any)	Member since

Please list any special accomplishments, publications, awards, etc.
 Do not include any information that may reveal race, gender, religion, national origin, citizenship, age, mental or physical disabilities, veteran status or any other protected status.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I certify that all information provided is complete, accurate and true.

I expressly authorize MCA, Inc., its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing boards and educational institutional 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application will remain on file for 1 year. If after that time, I still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without notice. I also understand that the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application is not an agreement or contract for employment. I understand that no supervisor or representative of the employer is authorized to make any assurances or implications of employment for any specified period or definite duration.

If hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form.

Any information provided by me (the applicant) that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate termination from MCA, Inc. whenever discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement above.

Signature of Applicant: _____ Date: ____/____/____