

Please return to:

BOONE COUNTY COMMUNITY ORG., INC.

P.O. Box 247

Madison, West Virginia 25130

Date: _____

POSITION applied for: _____

With PROGRAM/AGENCY: _____

Name _____

Home Address: _____ CITY _____ STATE _____ ZIP _____

Local Address, if different: _____

Phone: _____ Present Position: _____

Present Salary \$: _____ Per _____

Are you a citizen of the United States? _____ Do you have a driver's license? Yes _____

No _____ License# _____ e-mail: _____

Do you have access to transportation necessary for conduct of the job? _____

Do you have any relatives working for BCCO? Yes _____ No _____ If yes, give name of relative,
department and position _____

Would you have any difficulty performing the essential functions of the job with reasonable
accommodation? Yes _____ No _____ If yes, explain: _____

**Application will remain active for sixty (60) days from the date listed above

Secondary School- Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

School Name & Address _____ Degree/Certificate _____ Date Received _____

High School _____

College/Univ. _____

Bsness/Voca. _____

Additional Training _____

List Professional Organizations, Honor Associations and any experiences relevant to position applied for:

Personal References: If you that individuals other than your previous employers can better estimate your suitability for the position applied for, (or if you have not been previously employed) please list references who would be able to give such an evaluation. MUST NOT BE RELATED!

Name _____ Address _____ Phone# _____

RELATIONSHIP TO TRAINING PROGRAMS:

1. Were you ever or are you now enrolled in a government paid job training program? _____
If yes, please answer:

Enrollment Date: _____ Termination Date: _____

2. Occupational Training received in the following subject(s) _____

3. Work site or on-the-job training site: _____

4. Supervisor's Name: _____ Address of work site: _____

Employment history (List all previous positions, giving present or last position first. We will delay contacting your present employer until we have discussed the matter with you.)

Employer _____ From _____

Address _____ To _____

Telephone _____ Beginning Salary _____

Immediate Supervisor _____ Present Salary _____

Your Title _____

Description of Duties _____

Employer _____ From _____

Address _____ To _____

Telephone _____ Beginning Salary _____

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Address _____ To _____

Telephone _____ Beginning Salary _____

Immediate Supervisor _____ Present Salary _____

Your Title _____

Description of Duties _____

The foregoing statements are true and correct to the best of my knowledge.

Date Signature

I authorize investigation of all statements contained in this application.

Date Signature

I hereby give permission to consult with reference and:

Former Employee: _____ Yes
_____ No
Present Employer: _____ Yes
_____ No

Date Signature

Boone County Community Organization, Inc. NON-DISCRIMINATORY STATEMENT

This is to advise that Boone County Community Organization, Inc. does not discriminate on the basis of Handicap, Race, National Origin, Religion, Political affiliation, Citizenship, Sex, and Age in employment and in programs and activities' participation: Inquires may be directed to: Equal Opportunity Officer, BCCO, P.O. Box 247, Madison, WV 25310 Telephone (304) 369-0451 or (304) 369-1383
Rev. 05/25/2016