



Harrison County Senior Citizens Center, Inc.

500 West Main Street, Clarksburg, WV 26301

Main: (304)623-6795 Fax: (304) 623-6798

Applicants must:

- Complete WV CARES background check paperwork to be considered for employment.
- Have a valid driver's license.
 - (Direct Care Workers / Drivers)
- Have at least a State Issued ID
 - (Other positions)
- Have reliable transportation with current vehicle insurance.
 - (Direct Care Workers / Drivers)

Copies of your driver's license or ID, social security card, and vehicle insurance certificate will be photocopied for our files.

You will be required to provide an updated vehicle insurance card when the one on file expires.

You will be required to provide an updated driver's license when the one on file expires.

WV CARES INFORMATION

DIRECT CARE WORKER APPLICANTS of HCSCC are required to complete a WV CARES background check. If you have been convicted of a felony or misdemeanor, and feel that it would not prevent you from working as a caregiver, please ask to speak with the RN. The RN will explain the variance process to you and may suggest that you complete your variance paperwork as soon as possible for submission.

ALL OTHER EMPLOYEE APPLICANTS are required to complete a WV CARES background check. If you are applying for any other position and have been convicted of a felony or misdemeanor, and feel that it would not prevent you from working at HCSC, please ask to speak with the director. The director or manager will explain the variance process to you and may suggest that you complete your variance paperwork as soon as possible for submission.

HARRISON COUNTY SENIOR CITIZEN'S CENTER INC.

Employment Application

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Position Applied for					Date Available				Desired Salary			
Days and Shifts Availability												
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Are you under 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
Can you perform all of the job functions required for the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain									
IN-HOME CAREGIVERS ONLY - Do you have a valid driver's license, reliable transportation and vehicle insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain									
EDUCATION												
High School					City, State							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					City, State							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					City, State							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list two professional or work-related references.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
MILITARY SERVICE (IF APPLICABLE)												
Branch					From			To				
Rank at Discharge												

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
AT-WILL EMPLOYMENT STATEMENT			
Just as an employee who works for HCSCC has the right to quit employment at any time, HCSCC reserves the right to terminate an employee without notice or statement of reason at any time. All employees are AT-WILL EMPLOYEES.			
BACKGROUND CHECK STATEMENT			
All employees of Harrison County Senior Citizen's Center, Inc. must complete a WV CARES background check. This background check will be reimbursed for by Harrison County Senior Citizen's Center, Inc. after 300 work hours. If applicant has been convicted of a misdemeanor or felony, he or she may need to apply for a variance to be eligible for employment. Sample paperwork required for the background check is available for viewing prior to submitting an application.			
EEOC STATEMENT			
Harrison County Senior Citizen's Center, Inc. is an equal opportunity employer. EEO law protects employees and job applicants from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors.			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF-DISCLOSURE APPLICATION AND CONSENT FORM

PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you ever been convicted of, pled guilty or nolo contendere (no contest) to a misdemeanor or felony in any state or federal court ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form. Failure to provide explanations could result in disqualification.

PART II

Consent for Investigation for Employment Purposes and Acknowledgement of Receipt of Notice

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and state and federal fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of RapBack services during my employment in a WVCARES covered provider. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

I, _____, acknowledge receipt of the information contained in the Notice to All Applicants.

(Applicant's printed name)

Signature of Applicant: _____ Date: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF DISCLOSURE APPLICATION AND CONSENT FORM

PART III

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Gov't Issued ID Number/Expiration: _____ State of Issue: _____ Type of ID: _____

Gender: Male _____ Female _____ Race: _____ Height: _____ft. _____in. Weight: _____lbs.

Hair Color: Brown Blonde Bald Eye Color: Blue Hazel Brown
 Black Gray Other Red Black Other
 Red White Green Gray

Social Security Number: _____ - _____ - _____ / _____ Date of Birth: _____/_____/_____

Place of Birth (City & State): _____ Citizenship: _____

Current Mailing Address: _____ County: _____

Current Physical Address: _____ County: _____

List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:

List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:

List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):

For Office Use Only (This form expires 60 days after the date of the signature in Part II):

I affirm that I have compared the government issued identification presented by the applicant.

Signature: _____ Date: _____

Printed Name: _____ Position: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

NOTICE TO ALL APPLICANTS

Obtaining Criminal History Report: An individual may request a copy of his or her own criminal history report (or proof that one does not exist) for a personal review by visiting MorphoTrust at www.identogo.com or calling 1-855-766-7746.

Appeals: If the applicant wishes to challenge the information contained in the identity history summary, a challenge of record may be filed pursuant to W.Va. St. R. §69-10-8 with the WV State Police at <http://www.wvsp.gov/Criminal%20Records/Pages/default.aspx> and/or the FBI at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening AMAP ELIGIBILITY REQUEST AND CONSENT FORM

PART I

Consent for Investigation for Employment Purposes

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and fingerprint-based background checks, for the purpose of determining eligibility for employment as an Approved Medication Assistive Personnel (AMAP) pursuant to W. Va. Code St. R. §64-60-6 .

Applicant Name (Please Print): _____

Signature of Applicant: _____ Date: _____
(Signature must be completed in blue ink)

PART II

Facility/Agency Name: _____

Applicant Name: _____

Applicant DOB: _____

Date of Fingerprints: _____

TCN: _____

Authorized Facility/Agency Representative: _____

Title: _____ Date: _____

AMAP Requests must be submitted to amapwvcares@wv.gov. Do not upload forms to the WV CARES, as they will not be processed.

<p>For WV CARES Use Only:</p> <p>Received:</p> <p>Processed: _____</p>
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