

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
Incomplete Applications will not be Accepted or Processed

DATE OF APPLICATION COMPLETION:		
POSITION YOU ARE APPLYING FOR:	OFFICE LOCATION:	
POSITION TITLE:		
DATE OF AVAILABILITY:		
STATUS OF WORK DESIRED (check all that apply): <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INTERN		
HOW DID YOU BECOME AWARE OF THE POSITION? (please list source)		
COMPENSATION/WAGE REQUIREMENT:		
PERSONAL INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE:
PREVIOUS NAME(S):		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELLULAR PHONE:	ALT. PHONE:
SOCIAL SECURITY NUMBER:		E-MAIL ADDRESS:
<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE THERE ANY TIMES OF DAY YOU CANNOT WORK?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE ANY RELATIVES EMPLOYED AT THE LOCATION?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OF LEGAL AGE TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST (7) SEVEN YEARS (ANSWER NO TO EXPUNGED AND SEALED RECORDS OR MINOR TRAFFIC OFFENSES)? IF YES, PLEASE EXPLAIN: A "yes" answer or conviction does not automatically disqualify you from employment. Factors such as the date of the offense, seriousness and nature of the offense, rehabilitation and relationship of the offense to the position for which you are applying will be considered	

<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU CURRENTLY AWAITING TRIAL FOR A FELONY? A conviction or pending trial will not necessarily disqualify you from the position for which you are applying.
<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU NOW, OR DO YOU EXPECT TO BE, ENGAGED IN ANY OTHER BUSINESS OR EMPLOYMENT? IF YES, PLEASE EXPLAIN:
<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR CREDENTIAL REVOKED, SUSPENDED, DENIED AND/OR SANCTIONED WITHIN AN INDUSTRY RELATED TO BANKING OR FINANCIAL SERVICES? IF SO, EXPLAIN THE DETAILS:
<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER APPLIED FOR EMPLOYMENT OR BEEN EMPLOYED BY ANY OF THE FOLLOWING ORGANIZATIONS; MCKINLEY CARTER INVESTMENT GROUP, KANAWHA INVESTMENT AND TRUST, OR MCKINLEY CARTER WEALTH SERVICES?

EDUCATION

LIST MOST RECENTLY ATTENDED INSTITUTION FIRST
Complete this section even if information is submitted on a resume

NAME OF SCHOOL:	CITY:	STATE:
MAJOR/FIELD OF STUDY:	DEGREE ATTAINED:	
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MAJOR/FIELD OF STUDY:	DEGREE ATTAINED:	
NAME OF SCHOOL:	CITY:	STATE:
MAJOR/FIELD OF STUDY:	DEGREE ATTAINED:	
NAME OF SCHOOL:	CITY:	STATE:
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MAJOR/FIELD OF STUDY:	DEGREE ATTAINED:	
NAME OF SCHOOL:	CITY:	STATE:
MAJOR/FIELD OF STUDY:	DEGREE ATTAINED:	

SPECIAL ACHIEVEMENTS AND HONORS	
PLEASE LIST AND DESCRIBE ANY SCHOLASTIC AND/OR PROFESSIONAL AWARDS AND ACHIEVEMENTS EARNED:	
EMPLOYMENT HISTORY	
LIST MOST RECENT EMPLOYMENT FIRST	
EMPLOYER NAME:	
ADDRESS:	IMMEDIATE SUPERVISOR NAME:
PHONE:	CURRENT/ENDING SALARY:
EMPLOYMENT START DATE:	EMPLOYMENT END DATE:
TITLE/DUTIES:	
REASON FOR LEAVING OR WISH TO LEAVE:	
EMPLOYER NAME:	
ADDRESS:	IMMEDIATE SUPERVISOR NAME:
PHONE:	CURRENT/ENDING SALARY:
EMPLOYMENT START DATE:	EMPLOYMENT END DATE:
TITLE/DUTIES:	
REASON FOR LEAVING OR WISH TO LEAVE:	
EMPLOYER NAME:	
ADDRESS:	IMMEDIATE SUPERVISOR NAME:
PHONE:	CURRENT/ENDING SALARY:
EMPLOYMENT START DATE:	EMPLOYMENT END DATE:
TITLE/DUTIES:	
REASON FOR LEAVING OR WISH TO LEAVE:	

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ADDRESS:	IMMEDIATE SUPERVISOR NAME:
PHONE:	CURRENT/ENDING SALARY:
EMPLOYMENT START DATE:	EMPLOYMENT END DATE:
TITLE/DUTIES:	
REASON FOR LEAVING OR WISH TO LEAVE:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT YOUR CURRENT EMPLOYER AND/OR REFERENCES?
COMPUTER/TECHNICAL AND OTHER SPECIALIZED SKILLS	
PLEASE LIST ALL THE SOFTWARE APPLICATIONS AND OPERATING SYSTEMS, ETC. WHICH YOU FEEL ARE PROFICIENT:	
CERTIFICATIONS/LICENSES/REGISTRATIONS	
PLEASE LIST ALL PROFESSIONAL, TRADE, BUSINESS CREDENTIALS (NAME OF CREDENTIAL OR LICENSE, LICENSE OR CREDENTIAL NUMBER, SCOPE AND COVERAGE OF CREDENTIAL DATE ISSUED/RENEWED, AND DATE OF NEXT EXPIRATION.	

APPLICATION OF EMPLOYMENT AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN HIRED AT THE WILL OF MCKINLEY CARTER WEALTH SERVICES AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AND THAT I MAY LIKEWISE RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I authorize the employers, organizations, and persons stated on this application to give McKinley Carter (including all related or affiliated entities) any and all information (except information which cannot be obtained as a matter of law) and records concerning my previous employment and education and I release and hold harmless of said employers, organizations or persons from all claims and damages arising out of the provision of this information and/or records to McKinley Carter.

I also understand that all employment is contingent upon my passing a pre-employment drug test, criminal background screen, and possibly a medical examination (as appropriate) after a conditional offer of employment has been made. I further understand that my employment is contingent upon my consent to the attainment and release of consumer or investigative report(s) regarding me, and that my employment is contingent upon McKinley Carter's review of the information contained in any such consumer or investigative consumer reports(s). These reports may be obtained at any time after receipt of this authorization and throughout my employment, as provided by law. I have read the notice separately and provided to me regarding the attainment of such reports and my consent is given by signature below.

I also understand that McKinley Carter at its sole discretion, may alter, amend, or eliminate its existing employment policies, procedures, practices, compensation systems and other privileges and benefits at any time, with or without cause and/or notice (except where notice is required by law).

I CERTIFY that all information provided in this application for employment is true and complete. I understand that any false information or omission of information may disqualify me from further consideration for employment and can result in termination of my employment if discovered at a later date while employed.

APPLICANT SIGNATURE

DATE

4850-6674-8947, v. 1