

# APPLICATION FOR EMPLOYMENT

<b>Send your completed application to the address provided in the job announcement.</b>											
<b>JOB TITLE(S) FOR WHICH YOU ARE APPLYING:</b> (This application cannot be processed without job titles)					For Office Use Only (Do not write in the spaces below.)						
					A		R		V-5( ) V-10( )		
					A		R				
					A		R				
					A		R				
Soc. Sec. No.:					1.		2.				
Last Name (above line)					First Name			Middle Initial			
Mailing Address (above line)					City			County		State & Zip	
(Area Code) Home Phone (above)					Business Phone			E-mail Address			
<b>Type of Employment you will accept:</b>					<b>YES</b>	<b>NO</b>	<b>Mark with "X".</b>			<b>OFFICE USE</b>	
A _____ Permanent Full-Time							Have you applied to this agency in the last 12 months?				
B _____ Permanent Part-Time							Have you applied using a different name? <b>If Yes, type name below:</b>				
C _____ Temporary Full-Time							Have you previously held/currently hold a job covered by the Division of Personnel?				
D _____ Temporary Part-Time							Were you born in West Virginia? <b>Enter county on the line below:</b>				
E _____ Intermittent							Can you legally work in the U.S.A? If temporarily, <b>enter expiration date below:</b>				
<b>Date you are available to interview:</b>											
Date:											
<b>Mark (X) all shifts that apply:</b>											
A _____ Day Shift Only											
B _____ Evening Shift Only											
C _____ Night Shift Only											
D _____ Rotating Shift Only											
<b>Have you been convicted of a felony within the past 7 years?</b> <span style="margin-left: 100px;">_____ YES</span> <span style="margin-left: 100px;">_____ NO</span>											
<b>A "YES" answer will not cause the removal of your name from an employment register or bar you from all employment unless the conviction relates to the position for which you are applying.</b>											
<b>We provide reasonable accommodations for persons with disabilities. Call our office for assistance.</b>											
Select the counties in which you will <u>definitely</u> accept employment. See map on Web site. Mark with <b>"X"</b> . Mark <b>ALL counties only</b> if you will certainly accept employment in any county.											
01 Barbour	12 Grant	23 Logan	34 Nicholas	45 Summers							
02 Berkeley	13 Greenbrier	24 McDowell	35 Ohio	46 Taylor							
03 Boone	14 Hampshire	25 Marion	36 Pendleton	47 Tucker							
04 Braxton	15 Hancock	26 Marshall	37 Pleasants	48 Tyler							
05 Brooke	16 Hardy	27 Mason	38 Pocahontas	49 Upshur							
06 Cabell	17 Harrison	28 Mercer	39 Preston	50 Wayne							
07 Calhoun	18 Jackson	29 Mineral	40 Putnam	51 Webster							
08 Clay	19 Jefferson	30 Mingo	41 Raleigh	52 Wetzel							
09 Doddridge	20 Kanawha	31 Monongalia	42 Randolph	53 Wirt							
10 Fayette	21 Lewis	32 Monroe	43 Ritchie	54 Wood							
11 Gilmer	22 Lincoln	33 Morgan	44 Roane	55 Wyoming							

## Employment History -

List all work experience beginning with your present or most recent job and work back.

Any change in duties, title, or employment status with the same employer, must be listed as a separate job. Be sure to show your employment dates and hours worked per week. If you need more space for your duty description, continue in the next box, or download the Employment History Supplement sheet. Space is provided for 8 entries.

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
<b>Employment Dates</b>		Employment Status. Check <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work	
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Type Number of hours per week: --->	
mo. / yr.	mo. / yr.	Did you supervise any employees? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	

Detailed Description of Your Duties and Responsibilities:

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**Education.** (If you need more space, provide the additional information on a plain sheet of paper.)Did you receive a high school diploma or high school equivalency diploma (GED)?        YES        NOMark highest grade completed.        1        2        3        4        5        6        7        8        9        10        11        12**Additional Education:** All academic training, other than high school or GED, must be verified if requested by the agency or stated in the announcement.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	mo/yr	mo/yr	
College (Undergraduate)							
College (Graduate)							
Business, Vocational or Technical School	Course Name		No. of Weeks Attended		Hours per day	Clock hrs. Completed	Certificate. Attach copy
Additional training. (Seminars, Military Trg., Workshops, etc.)							

**In the space below, list any related licenses and certificates. (Verification copies must be provided.)**If you have a **Commercial Driver's License** (CDL), enter your **License Number**, **CDL License Class**, and **Expiration Date**. If properly completed you do **not** have to send a copy of your CDL.**Use this space to include any other information not included above.****Identification:** When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, Soc. Sec. card, credit cards, passport).**Affirmation.** I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.**Signature:** \_\_\_\_\_  
Be sure to sign your application.**Date:** \_\_\_\_\_

## EQUAL EMPLOYMENT SURVEY QUESTIONNAIRE

The following information will be used solely to evaluate recruitment and examination methods. This form will be kept separate from your application and will not be shared with hiring agencies. Nothing you write on this form will in any way affect your test score or your chances for employment. Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

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**Please enter information as indicated:**

**Social Security Number**

Enter one number per block.

**Do not use any dashes.**

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**Date of Birth.**

Example: June 3, 1967

would be entered as

06 03 67

--	--

Mo

--	--

Day

--	--

Yr

**Check (X) the**

**Correct box**

**below**

--

Male

--

Female

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**DISABILITY.** A disabled individual is any person who 1) has a disability which substantially limits one or more of the major life activities, 2) has a record of such impairment, 3) is regarded as having such an impairment. (Mark "x" in a box below.)

**Do you have a disability?**

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**YES**

--

**NO**

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Please mark (x) the item which best describes your primary **racial/ethnic** background.

**Mark (x) one item only.**

1. **BLACK** - a person having origins in one of the black racial groups of Africa.  
\_\_\_\_\_
  2. **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.  
\_\_\_\_\_
  3. **WHITE** - a person having origins in any of the original people of Europe, North Africa, or Middle East.  
\_\_\_\_\_
  4. **AMERICAN INDIAN OR ALASKAN NATIVE** - a person having origins in any of the original people of North America and maintains cultural identification through tribal affiliation or community recognition.  
\_\_\_\_\_
  5. **ASIAN OR PACIFIC ISLANDER** - a person having origins in any of the original people of the Far East, SE Asia, the Indian subcontinent, or any of the Pacific Islands. Example: China, India,  
\_\_\_\_\_
-