Work Experience Documentation

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|---|--|--|--|--|--------------------------------------|--|
| Last Name | First Name | | MI | L | ∟ast 4 SSN | |
| Position Title | Phone | | Email | | | |
| AFFIRMATION: I certify under pena authorize the State of West Virginia information contained in this applicany and all liability by reason of the employer educational institution, or may be sought in connection with the | and any agent acti ation. I release the request for such in r organization (inclu | ng on its bel State of We formation. I | nalf to conduct a st Virginia and a further authori: | an inquiry into any jo ny agent acting on it ze and request each f | b-related s behalf from former | |
| Signature | | Date | 9 | | | |
| I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. | | | | | | |
| EMPLOYMENT HISTORY: List all work experience (including military experience) beginning with your present/most recent employer and work back. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Be sure to show employment dates and hours worked per week, and for paid work, you must list a salary. If more space is needed to describe your duties, continue into the next box. If more space is needed for job duties, continue into next section or attach additional pages. IMPORTANT: Resumés are not accepted. | | | | | | |
| EMPLOYER NAME | EMPLO | YER ADDRES | S | EMPLOYER PHONE | BUSINESS TYPE | |
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| SUPERVISOR'S NAME | YOUR JOB TI | TIF | LAST SALARY | EMPLOYMENT DATES (month/year) | | |
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| EMPLOYMENT STATUS | HOURS WORKED | | | | | |
| ☐ Paid ☐ Volunteer ☐ Full-Time ☐ Part-Time Hours Worked Per Week | | | | | | |
| SUPERVISORY EXPERIENCE | | | | | | |
| Did you supervise employees? 🔲 Yes 🔲 No Date you began supervising (month/year) | | | | | | |
| List title(s) and number(s) of emplo | yees you officially s | supervised | | | | |
| | DETAILED DESCRIPTION OF YOUR JOB DUTIES | | | | | |
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EMPLOYER PHONE

BUSINESS TYPE

EMPLOYER ADDRESS

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BUSINESS TYPE

EMPLOYER ADDRESS

EMPLOYER NAME

| SUPERVISOR | 'S NAME | YOUR JOB TITLE | | LAST SALARY | EMPLOYMENT DATES (month/year) | | |
|---|--|--|------------|--------------|-------------------------------|-------------------------------|--|
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| EMPLOYMEN' | T STATUS | HOURS WORKED | | | | | |
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| | Did you supervise employees? | | | | | | |
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LAST SALARY

EMPLOYER PHONE

EMPLOYMENT DATES (month/year)

BUSINESS TYPE

EMPLOYER ADDRESS

YOUR JOB TITLE

EMPLOYER NAME

SUPERVISOR'S NAME

| | | | | From T | Го | | |
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| EMPLOYER NAME | EMPLO | LOYER ADDRESS | | EMPLOYER PHONE | BUSINESS TYPE | | |
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| SUPERVISORY EXPERIENCE | | | | | | | |
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| Did you supervise employees? List title(s) and number(s) of emp | ☐ Yes ☐ No | Date you b | | ng (month/year) | | | |
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