



1900 Kanawha Blvd, E ♦ Bldg. 3, Ste. 500, Charleston, WV 25305 ♦ PH: 304-558-3950

**JOB CLASSES FOR WHICH YOU ARE APPLYING**

Application cannot be processed without at least one job title.

- 1.
- 2.
- 3.
- 4.
- 5.

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE INITIAL</b>		
<b>MAILING ADDRESS</b>				<b>EMAIL ADDRESS</b>		
<b>CITY, STATE, and ZIP</b>			<b>COUNTY OF RESIDENCE</b>			
<b>HOME PHONE</b>		<b>OTHER PHONE</b>		<b>NOTIFICATION PREFERENCE</b>	U.S. Mail    Yes    No Email        Yes    No	
<b>MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT</b>			<b>ANSWER EACH OF THE FOLLOWING</b>		<b>Y</b>	<b>N</b>
A	<input type="checkbox"/>	Permanent Full-Time	Do you currently have a NEOGOV account?			
B	<input type="checkbox"/>	Permanent Part-Time				
C	<input type="checkbox"/>	Temporary Full-Time	Have you applied to the Division of Personnel using a different full or last name? If yes, enter other name(s).			
D	<input type="checkbox"/>	Temporary Part-Time				
<b>MARK ALL SHIFTS YOU WILL ACCEPT</b>			Can you legally work in the U.S.? If temporarily, enter expiration date.  _____ Date			
A	<input type="checkbox"/>	Day Shift				
B	<input type="checkbox"/>	Evening Shift				
C	<input type="checkbox"/>	Night Shift				
D	<input type="checkbox"/>	Rotating Shift	May we send your name to agencies that are not covered by the Division of Personnel?			
<b>DATE AVAILABLE TO BEGIN INTERVIEWING</b>						

Have you been convicted of a felony in the past seven years?     Yes     No

**NOTE:** A "yes" answer will not cause your name to be removed from an employment register or bar you from all employment unless the conviction relates to the position for which you are applying.

**SELECT THE COUNTIES BELOW IN WHICH YOU WILL DEFINITELY ACCEPT EMPLOYMENT**

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

**ALL COUNTIES – Mark this option ONLY if you will accept employment in any county**

**THE WEST VIRGINIA DIVISION OF PERSONNEL IS AN EQUAL OPPORTUNITY EMPLOYER  
If you have a disability and reasonable accommodation is needed, call our office at 304-558-3950.**

**MILITARY SERVICE and VETERANS' PREFERENCE POINTS:** Completion of this section is voluntary; however, you must do so if you are claiming Veterans' Preference Points. To claim eligibility, you MUST also provide a copy of your DD214 Form.

Five (5) points shall be added to a final passing examination score for any person who meets the eligibility requirements. Five (5) additional points may be awarded if you received a Purple Heart Award or if you have a verified compensable service-connected disability. Please read the Veterans' Preference Eligibility Requirements, as noted in the attached instructions, before completing this section.

Are you claiming an additional five (5) Veterans' Preference Points based on:

Yes  No A Purple Heart Award? (If yes, the award must be stated on the DD214 Form)

Yes  No A verified compensable service-connected disability

(If yes, a U.S. Department of Veterans Affairs letter dated within the past six months is required – see instructions.)

Yes  No If you are a male, age 18-25, have you registered, as required, with the U.S. Selective Service? If not, your application will be returned.

**EDUCATION:** If you need additional space, provide the information on a separate sheet of paper.

Did you receive a high school diploma or GED equivalent?							
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Equivalent <input type="checkbox"/> Neither							
Mark highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
<b>Additional Education:</b> All academic training other than High School/GED Equivalent may be verified. Verification of academic training can be in the form of an official transcript, copy of diploma or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.							
SCHOOL NAME and ADDRESS	FIELD(S) of STUDY		CREDIT HOURS		ATTENDANCE DATES		TYPE OF DEGREE ATTACH TRANSCRIPT
	major	minor	sem.	qtr.	mo./yr.	mo./yr.	
BUSINESS/VOCATIONAL/ TECHNICAL SCHOOL	COURSE(S) of STUDY		NO. WEEKS ATTENDED	HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY	
ADDITIONAL TRAINING <small>(SEMINARS, MILITARY TRAINING, WORKSHOPS, ETC.)</small>	COURSE(S) of STUDY		NO. WEEKS ATTENDED	HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY	
LICENSE(S) <small>(CDL, NURSE, SOCIAL WORK, ETC.)</small>	LICENSE NUMBER(S) - ATTACH COPY		EXP. DATE <small>(MM/YYYY)</small>		TYPE/CLASS <small>(TEMPORARY, CLASS A or B, ETC.)</small>		

**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.

Unsigned applications will not be processed. You will be notified of an incomplete application until signature request notice is returned to our office verifying application is accurate.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMPLOYMENT HISTORY:** List all work experience beginning with your present/most recent employer. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Indicate employment dates and hours worked per week. If more space is needed to describe your duties, continue into the next box, or attach additional pages. **IMPORTANT: Resumés are not accepted.**

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	EMPLOYMENT DATES (month/year)	
		From	To
EMPLOYMENT STATUS	HOURS WORKED		
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours Worked Per Week	
SUPERVISORY EXPERIENCE			
Did you supervise employees daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date you began supervising (month/year)	
List title(s) and number(s) of employees you officially supervised, and what supervisory duties you performed.			
DETAILED DESCRIPTION OF YOUR JOB DUTIES			
Reason for leaving?			

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