



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

JOB TITLE				JOB POSTING #							
LAST NAME				FIRST NAME					MIDDLE INITIAL		
MAILING ADDRESS						EMAIL ADDRESS					
CITY, STATE, and ZIP						COUNTY OF RESIDENCE					
HOME PHONE				OTHER PHONE				NOTIFICATION PREFERENCE	U.S. Mail	Yes	No
A		Permanent Full-Time				ANSWER EACH OF THE FOLLOWING				Y	N
B		Permanent Part-Time				Do you currently have a NEOGOV account?					
C		Temporary Full-Time				Have you applied for or held a position in state government using a different full or last name? If yes, enter other name(s).					
D		Temporary Part-Time									
MARK ALL SHIFTS YOU WILL ACCEPT											
A		Day Shift				Are you legally eligible to work in the United States with or without sponsorship? If sponsorship is required, arrangements must be made with the employing agency.					
B		Evening Shift									
C		Night Shift									
D		Rotating Shift									
DATE AVAILABLE TO BEGIN INTERVIEWING											
Have you been convicted of a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> 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 – <i>Mark this option ONLY if you will accept employment in any county</i>								

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							
Additional Education: 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 (SEMINARS, MILITARY TRAINING, WORKSHOPS, ETC.)	COURSE(S) of STUDY		NO. WEEKS ATTENDED		HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY
LICENSE(S) (CDL, NURSE, SOCIAL WORK, ETC.)	LICENSE NUMBER(S) - ATTACH COPY			EXP. DATE (MM/YYYY)		TYPE/CLASS (TEMPORARY, CLASS A or B, ETC.)	

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.

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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