



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

|                                                                                                                                                                                                         |                          |                     |                      |                                                                                                                                                                     |                   |           |  |                                |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|--|--------------------------------|----------|
|                                                                                                                                                                                                         |                          |                     |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| <b>JOB TITLE</b>                                                                                                                                                                                        |                          |                     | <b>JOB POSTING #</b> |                                                                                                                                                                     |                   |           |  |                                |          |
| <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 for or held a position in state government 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>                                                                                                                                                                  |                          |                     |                      | 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. |                   |           |  |                                |          |
| A                                                                                                                                                                                                       | <input type="checkbox"/> | Day Shift           |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| B                                                                                                                                                                                                       | <input type="checkbox"/> | Evening Shift       |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| C                                                                                                                                                                                                       | <input type="checkbox"/> | Night Shift         |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| D                                                                                                                                                                                                       | <input type="checkbox"/> | Rotating Shift      |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| <b>DATE AVAILABLE TO BEGIN INTERVIEWING</b>                                                                                                                                                             |                          |                     |                      |                                                                                                                                                                     |                   |           |  |                                |          |
|                                                                                                                                                                                                         |                          |                     |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| Have you been convicted of a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                   |                          |                     |                      |                                                                                                                                                                     |                   |           |  |                                |          |
| <b>NOTE:</b> 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***

**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<br>and ADDRESS                                                                                                                                                                                                                                                                                                                                           | FIELD(S) of STUDY               |       | CREDIT HOURS                       |                  | ATTENDANCE DATES                                             |                            | TYPE OF DEGREE<br>ATTACH<br>TRANSCRIPT |
|                                                                                                                                                                                                                                                                                                                                                                      | major                           | minor | sem.                               | qtr.             | mo./yr.                                                      | mo./yr.                    |                                        |
|                                                                                                                                                                                                                                                                                                                                                                      |                                 |       |                                    |                  |                                                              |                            |                                        |
|                                                                                                                                                                                                                                                                                                                                                                      |                                 |       |                                    |                  |                                                              |                            |                                        |
| BUSINESS/VOCATIONAL/<br>TECHNICAL SCHOOL                                                                                                                                                                                                                                                                                                                             | COURSE(S) of STUDY              |       | NO. WEEKS<br>ATTENDED              | HOURS<br>PER DAY | CLOCK HRS.<br>COMPLETED                                      | CERTIFICATE<br>ATTACH COPY |                                        |
|                                                                                                                                                                                                                                                                                                                                                                      |                                 |       |                                    |                  |                                                              |                            |                                        |
| ADDITIONAL TRAINING<br><small>(SEMINARS, MILITARY TRAINING,<br/>WORKSHOPS, ETC.)</small>                                                                                                                                                                                                                                                                             | COURSE(S) of STUDY              |       | NO. WEEKS<br>ATTENDED              | HOURS<br>PER DAY | CLOCK HRS.<br>COMPLETED                                      | CERTIFICATE<br>ATTACH COPY |                                        |
|                                                                                                                                                                                                                                                                                                                                                                      |                                 |       |                                    |                  |                                                              |                            |                                        |
| LICENSE(S)<br><small>(CDL, NURSE, SOCIAL WORK, ETC.)</small>                                                                                                                                                                                                                                                                                                         | LICENSE NUMBER(S) - ATTACH COPY |       | EXP. DATE <small>(MM/YYYY)</small> |                  | TYPE/CLASS<br><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?<br><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?                                                                                            |                                                                       |                                         |               |

**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?<br><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?                                                                                            |                                                                       |                                         |               |

**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?<br><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?                                                                                            |                                                                       |                                         |               |

