



# West Virginia Military Authority

## APPLICATION FOR EMPLOYMENT

1703 Coonskin Drive ♦ Charleston, West Virginia 25311 ♦ PH: 3 04-561-6313

| JOB CLASSES FOR WHICH YOU ARE APPLYING  |                     | Announcement Number   |          |
|---|---------------------|---|----------|
| Application cannot be processed without at least one job title  |                     |   |          |
| 1.  |                     | 1.  |          |
| 2.  |                     | 2.  |          |
| 3.  |                     | 3.  |          |
| <b>SOCIAL SECURITY NUMBER</b>   |                     |   |          |
| <b>LAST NAME</b>  |                     | <b>FIRST NAME</b>   |          |
| <b>MIDDLE INITIAL</b>   |                     |   |          |
| <b>STREET ADDRESS</b>   |                     |   |          |
| <b>CITY, STATE, and ZIP</b>   |                     | <b>COUNTY OF RESIDENCE</b>  |          |
| <b>HOME PHONE</b>   |                     | <b>CELL PHONE</b>   |          |
| <b>EMAIL</b>  |                     |   |          |
| <b>MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT</b>  |                     | <b>ANSWER EACH OF THE FOLLOWING</b>   |          |
| A   | Permanent Full-Time | May we contact you via email?   | <b>Y</b> |
| B   | Permanent Part-Time | Have you applied to the Military Authority in the last 12 months?   | <b>N</b> |
| C   | Temporary Part-Time | Have you applied to the Military Authority using a different full or last name? If yes, enter other name. |          |
| D   | Intermittent        | Have you previously held or do you currently hold a job covered by the Military Authority?                |          |
| E   | Intern              | Can you legally work in the U.S.? If temporarily, enter expiration date.                                  |          |
| <b>MARK ALL SHIFTS YOU WILL ACCEPT</b>  |                     |   |          |
| A   | Day Shift           |   |          |
| B   | Evening Shift       |   |          |
| C   | Night Shift         |   |          |
| D   | Rotating Shift      |   |          |
| <b>DATE AVAILABLE TO BEGIN WORK</b>   |                     |   |          |
| Have you ever been convicted of a felony? <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. |                     |   |          |

**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 DD21 Form.

Five (5) points shall be added to the final interview score for any person who meets the eligibility requirements. Five additional points may be awarded if you received a Purple Heart Award or if you have a verified compensable service-connected disability.

|  |     |                          |    |  |
|--|-----|--------------------------|----|--|
| <input type="checkbox"/>   | Yes | <input type="checkbox"/> | No | Are you claiming five Veterans Preference Points for service in the United States Armed Forces?  |
| Are you claiming an additional five Veterans Preference Points based on: |     |                          |    |  |
| <input type="checkbox"/>   | Yes | <input type="checkbox"/> | No | A Purple Heart Award? (If yes, the award must be stated on the DD214 Form).  |
| <input type="checkbox"/>   | Yes | <input type="checkbox"/> | No | A verified compensable service-connected disability? (If yes, a Veterans Administration letter dated within the past six months is required) |



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EMPLOYMENT HISTORY: List all work 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, feel free to attach additional pages.

**IMPORTANT: Resumés may be submitted in addition to the information provided on these pages.**

| EMPLOYER NAME  | EMPLOYER ADDRESS                   |  | EMPLOYER PHONE                  | BUSINESS TYPE |
|--|------------------------------------|--|---------------------------------|---------------|
|  |                                    |  |                                 |               |
| SUPERVISOR'S NAME  | YOUR JOB TITLE                     | LAST SALARY  | 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?                                     |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised? |               |
| Reason for leaving?  |                                    |  |                                 |               |
| DETAILED DESCRIPTION OF YOUR JOB DUTIES                          |                                    |  |                                 |               |
|  |                                    |  |                                 |               |

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|--|------------------------------------|--|---------------------------------|---------------|
|  |                                    |  |                                 |               |
| SUPERVISOR'S NAME  | YOUR JOB TITLE                     | LAST SALARY  | 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?                                     |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised? |               |
| Reason for leaving?  |                                    |  |                                 |               |
| DETAILED DESCRIPTION OF YOUR JOB DUTIES                          |                                    |  |                                 |               |
|  |                                    |  |                                 |               |



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|  |                                    |  | 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   |                                    |  |                                 |               |
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| Reason for leaving?  |                                    |  |                                 |               |
| DETAILED DESCRIPTION OF YOUR JOB DUTIES                          |                                    |  |                                 |               |
|  |                                    |  |                                 |               |

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| Reason for leaving?  |                                    |  |                                 |               |
| DETAILED DESCRIPTION OF YOUR JOB DUTIES                          |                                    |  |                                 |               |
|  |                                    |  |                                 |               |



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**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?  High School Diploma  GED Equivalent  Neither

Mark highest grade completed:  1  2  3  4  5  6  7  8  9  10  11  12

**Additional Education:** All academic training other than High School/GED Equivalent must be verified. Verification of academic training may 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 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 |                                     |
|  |                    |       |                       |                  |                         |                            |                                     |

I would submit to drug testing if required.  Yes  No

**REFERENCES:** Please provide three personal references that we may contact.

| NAME | ADDRESS | PHONE |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

Do you have family members/relatives that are currently employed by the West Virginia Military Authority or the West Virginia National Guard?  Yes  No If yes, please list their names in the box below.

**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.

Yes  No If you are a male, age 18-25, have you registered, as required, with the U.S. Selective Service?

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



# West Virginia Military Authority

EQUAL EMPLOYMENT

OPTIONAL

OPPORTUNITY 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 chances for employment. Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

Enter the information below as indicated. Please enter only one number or mark per block – do not use dashes or other punctuation or symbols.

### SOCIAL SECURITY NUMBER

only one number per block

### DATE of BIRTH

EX: June 25, 1977 would be 0 6 2 5 7 7

### GENDER

MALE

FEMALE

### DISABILITY INFORMATION: A disabled individual is any person who:

- has a disability which substantially limits one or more of the major life activities,
- has a record of such impairment, and/or
- is regarded as having such an impairment.

Yes  No Do you have a qualifying disability?

### RACIAL/ETHNIC BACKGROUND: Please mark the item which best describes your PRIMARY racial/ethnic background. Mark only one item.

- BLACK – A person having origins in one of the black racial groups of Africa.
- HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- WHITE – A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- AMERICAN INDIAN or ALASKAN NATIVE – A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN or PACIFIC ISLANDER – A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or any of the Pacific Islands. Some examples include China, India, Japan, Korea, the Philippine Islands, Pakistan, Vietnam, Hawaii, Guam, and Samoa.

### SOURCE(S) of INFORMATION: Mark up to four sources of information below in rank of importance. Mark your most important sources with a '1', your second most important sources with a '2', and so on. Rank at least one source, but not more than four.

|                          |                                   |                          |   |                          |                       |                          |                            |
|--------------------------|-----------------------------------|--------------------------|---|--------------------------|-----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | A) DOP Counselor                  | <input type="checkbox"/> | E) Div. of Human Services                 | <input type="checkbox"/> | I) Radio Announcement | <input type="checkbox"/> | M) State Agency Referral   |
| <input type="checkbox"/> | B) DOP Information Booklet        | <input type="checkbox"/> | F) High School Counselor or Teacher       | <input type="checkbox"/> | J) Newspaper          | <input type="checkbox"/> | N) DOP Website Information |
| <input type="checkbox"/> | C) DOP Recruiter Information      | <input type="checkbox"/> | G) College Placement Office or Advisor    | <input type="checkbox"/> | K) Friend/Neighbor    | <input type="checkbox"/> | O) Other (explain)         |
| <input type="checkbox"/> | D) WorkForce WV or Job Serv. Off. | <input type="checkbox"/> | H) State Vocational Rehabilitation Office | <input type="checkbox"/> | L) State Employee     | <input type="checkbox"/> | P) Other (explain)         |