

APPLICATION FOR EMPLOYMENT

1703 Coonskin Drive ♦ Charleston, West Virginia 25311 ♦ PH: 304-561-6313

| 2. 3. SOCIAL SECURITY NUMBER LAST NAME FIRST NAME MIDDLE INITIAL STREET ADDRESS CITY, STATE, and ZIP COUNTY OF RESIDENCE HOME PHONE CELL PHONE EMAIL MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT ANSWER EACH OF THE FOLLOWING Y N A Permanent Full-Time May we contact you via email? B Permanent Part-Time Have you applied to the Military Authority in the last 12 months? Intermittent Have you applied to the Military Authority using a different full or last name? If yes, enter other name. A Day Shift Have you previously held or do you currently hold a job covered by the Military Authority? D Rotating Shift Can you legally work in the U.S.? If temporarily, enter expiration date. Have you ever been convicted of a felony? 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. 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 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 | JOB CL | ASSES FO | R WHICH YOU | J ARE APPLYING | | | | | | | | |
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EMPLOYER NAME

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.

EMPLOYER PHONE

BUSINESS TYPE

EMPLOYER ADDRESS

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

| SUPERVISOR'S NAME | YOUR JOB TIT | LE | LAST SALARY | EMPLOYMENT DATES (month/ye | | | | | |
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| SUPERVISORY EXPERIENCE | | | | | | | | | |
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| DETAILED DESCRIPTION OF YOUR JOB DUTIES | | | | | | | | | |
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| CURERVICORIC NAME | YOUR IOR TI | T I F | LACTICALABY | ENADLOVA AFAIT DAT | FC (| | |
| SUPERVISOR'S NAME | YOUR JOB TIT | ILE | LAST SALARY | EMPLOYMENT DATES (month/yea | | | |
| | | | | | Ö | | |
| EMPLOYMENT STATUS | | | HOURS WOR | | | | |
| ☐ Paid ☐ Volunteer | ☐ Full-Time | ☐ Part-T | ime Hou | ırs Worked Per Week | | | |
| | SUPER | VISORY EXPE | RIENCE | | | | |
| Did you supervise employees? | Yes No | Number o | f employees sup | ervised? | | | |
| Reason for leaving? | | | | | | | |
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| | | | | | | | |
| | DETAILED DESCR | RIPTION OF Y | OUR JOB DUTIES | | | | |
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| EMPLOYER NAME | FMDI C | YER ADDRES | ·c | EMPLOYER PHONE | BUSINESS TYPE | | |
| EMPLOYER NAME | EIVIPLO | YEK ADDKES | o S | EMPLOYER PHONE | BOSINESS LAPE | | |
| | | | | | | | |
| SUPERVISOR'S NAME | YOUR JOB TIT | TLE | LAST SALARY | EMPLOYMENT DAT | ES (month/year) | | |
| | | | | From T | o | | |
| EMPLOYMENT STATUS | | | HOURS WOR | VED | | | |
| D Daid D Valuntaan | | | | KED | | | |
| Paid Volunteer | ☐ Full-Time | ☐ Part-T | | ırs Worked Per Week | | | |
| Paid Volunteer | | Part-T | ime Hou | | | | |
| | | VISORY EXPE | ime Hou | ırs Worked Per Week | | | |
| | SUPER | VISORY EXPE | ime Hou | ırs Worked Per Week | | | |
| Did you supervise employees? | SUPER | VISORY EXPE | ime Hou | ırs Worked Per Week | | | |
| Did you supervise employees? | SUPER | VISORY EXPE | ime Hou | ırs Worked Per Week | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |
| Did you supervise employees? | SUPER Yes No | Number o | ime Hou ERIENCE f employees sup | urs Worked Per Week ervised? | | | |

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 | FIELD(S) | FIELD(S) of STUDY | | CREDIT HOURS | | DANCE DATES | TYPE OF DEGREE | | |
| and ADDRESS | major | minor | sem. qtr. | | mo./yr | . mo./yr. | ATTACH TRANSCRIPT | | |
| | | | | | | | | | |
| BUSINESS/VOCATIONAL/ TECHNICAL SCHOOL | COURSE(S) | of STUDY | | | HOURS PER DAY | CLOCK HRS. COMPLETED | CERTIFICATE ATTACH COPY | | |
| | | | | | | | | | |
| | | | | | | | | | |
| I would submit to drug testi | | ☐ Yes ☐ | | | | | | | |
| REFERENCES: Please provide t | hree personal refe | | nay conta | act. | | PHONE | | | |
| NAIVIE | | ADDRESS | | | | FIIOIRE | | | |
| | | | | | | | | | |
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| Do you have family members, Virginia National Guard? | | | • | | _ | litary Authority | or the West | | |
| Viiginia National Guard: | 1es 1 10 11 y | es, piease list the | ii iiaiiies | III tile t | JOX DEIOW. | | | | |
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| 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 D No If you are a male, age 18-25, have you registered, as required, with the U.S. Selective Service? | | | | | | | | | |
| SIGNATURE: DATE: | | | | | | | | | |

EQUAL EMPLOYMENT 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 | BER | DATE of BIRTH | | | | | GENDER | | |
|---|--|----------------|--|-----------|---------------------|-------------|-----------|------------|----------------------------|--|
| | only one number | per block | EX: June 25 | , 1977 w | ould be 06 | 25 77 | MA | ALE | FEMALE | |
| | | | | | | | | | | |
| DISA | BILITY INFORMA | ΓΙΟΝ: Α | disabled individual is any p | erson w | ho: | | | | | |
| | • | has a re | isability which substantially ecord of such impairment, a ded as having such an impa | and/or | ne or more c | of the majo | or life a | ctivit | ies, | |
| | Yes 🔲 No Do | o you have | e a qualifying disability? | | | | | | | |
| | round. Mark only one | item. | ND: Please mark the ite | | | cribes you | ır PRIN | ЛARY | racial/ethnic | |
| | HISPANIC – A perso culture or origin, reg | | xican, Puerto Rican, Cubar f race. | ı, Centra | al American, | South An | nerican | , or | other Spanish | |
| | WHITE – A person h | aving orig | ins in any of the original pe | ople of | Europe, Nort | h Africa, o | r the N | ⁄liddle | e East. | |
| | | | AN NATIVE – A person havi entification through tribal | | | | | e of N | North America | |
| | 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. | | | | | | | | | | |
| | A) DOP Counselor | E |) Div. of Human Services | | I) Radio Annound | cement | | - | State Agency Referral | |
| | B) DOP Information Booklet | F |) High School Counselor or Teacher | | J) Newpap | er | | • | DOP Website Information | |
| | C) DOP Recruiter Information | G | i) College Placement Office or Advisor | | K) Friend/N | leighbor | | O) (| Other (explain) | |
| | D) WorkForce WV or Job Serv. Off. | Н | I) State Vocational Rehabilitation Office | | L) State Em | nployee | | P) (| Other (explain) | |