

Employment History -

List all work experience beginning with your present or most recent job and work back. Any change in duties, title, or employment status with the same employer, must be listed as a separate job. Be sure to show your employment dates and hours worked per week. If you need more space for your duty description, continue in the next box, or include a supplement sheet. Space is provided for 8 entries.

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates		Employment Status. Check <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work	
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Type Number of hours per week: --->
mo. / yr.	mo. / yr.	Did you supervise any employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	

Detailed Description of Your Duties and Responsibilities:

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Education. (If you need more space, provide the additional information on a plain sheet of paper.)

Did you receive a high school diploma or high school equivalency diploma (GED)? YES NO

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 or GED, must be verified if requested by the agency or stated in the announcement.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem.	Quar.	mo/yr	mo/yr	
College (Undergraduate)							
College (Graduate)							
Business, Vocational or Technical School	Course Name		No. of Weeks Attended	Hours per day	Clock hrs. Completed	Certificate. Attach copy	
Additional training. (Seminars, Military Trg., Workshops, etc.)							

In the space below, list any related licenses and certificates. (Verification copies must be provided.)

If you have a **Commercial Driver's License** (CDL), enter your **License Number, CDL License Class, and Expiration Date**. If properly completed you do **not** have to send a copy of your CDL.

Military Veteran's Preference. Completion of this section is voluntary.

Completion of this section is necessary if you are claiming Veteran's Preference Points. Applicants claiming eligibility **MUST** provide a copy of their DD214 Form. Five (5) points shall be added to a final passing examination score for any person who meets the eligibility requirements. Eligibility Requirements are shown on the next page.

Are you claiming Veteran's Preference for service in the United States Armed Forces? YES NO

A veteran may receive 5 additional points if he or she received a Purple Heart Award, or if s(he) has a verified compensable service-connected disability. Please see the Instructions section for eligibility requirements.

Are you claiming 5 additional Veteran's Preference Points on the basis of:

Purple Heart Award? YES NO If yes, it must be stated on DD214.

Compensable, service-connected disability? YES NO * If yes, VA letter required. See instructions.
(* Veteran's Administration letter verifying disability must be dated within the last 6 months.)

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.

Signature: _____

Date: _____

Be sure to sign your application.

EQUAL EMPLOYMENT SURVEY 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 test score or 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.

Please enter information as indicated:

Social Security Number

Enter one number per block.

Do not use any dashes.

--	--	--	--	--	--	--	--	--

Date of Birth.

Example: June 3, 1967

would be entered as

06 03 67

--	--

Mo

--	--

Day

--	--

Yr

**Check (X) the
Correct box
below**

--

Male

--

Female

DISABILITY. A disabled individual is any person who 1) has a disability which substantially limits one or more of the major life activities, 2) has a record of such impairment, 3) is regarded as having such an impairment. (Mark "x" in a box below.)

Do you have a disability?

--

YES

--

NO

Please mark (x) the item which best describes your primary **racial/ethnic** background.

Mark (x) one item only.

1. **BLACK** - a person having origins in one of the black racial groups of Africa.

2. **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.

3. **WHITE** - a person having origins in any of the original people of Europe, North Africa, or Middle East.

4. **AMERICAN INDIAN OR ALASKAN NATIVE** - a person having origins in any of the original people of North America and maintains cultural identification through tribal affiliation or community recognition.

5. **ASIAN OR PACIFIC ISLANDER** - a person having origins in any of the original people of the Far East, SE Asia, the Indian subcontinent, or any of the Pacific Islands. Example: China, India,

Veterans Preference Eligibility Requirements

Eligibility Requirements: 5 points shall be added to a final passing score of any person who meets any ONE of the following:

1. Served on active duty anytime between December 7, 1941 and September 7, 1980; OR
2. A Reservist called to active duty between February 1, 1955 and October 14, 1976 AND who served for more than 180 days; OR
3. A Reservist who entered active duty between October 15, 1976 and October 13, 1982 AND:
 - a. received a campaign badge or expeditionary medal, OR
 - b. is a disabled veteran; OR
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 AND:
 - a. completed 24 months of continuous active duty or the full period called or ordered to active duty or was discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 AND received or was entitled to receive a campaign badge or expeditionary medal, OR
 - b. is a disabled veteran.

A veteran may receive an additional 5 points if s(he) received a Purple Heart Award, or if s(he) has a compensable, service connected disability. The disability must be verified by a letter from the Veteran's Administration, dated within the last 6 months, indicating that the individual is currently receiving disability compensation for a service connected disability.