



APPLICATION FOR EXAMINATION

1900 Kanawha Boulevard, East, Charleston, West Virginia 25305-0139 304/558-5946 TDD: 304/558-1237

JOB CLASSES FOR WHICH YOU ARE APPLYING

(This application cannot be processed without job titles)

FOR OFFICE USE ONLY
(DO NOT WRITE IN THESE SPACES)

A R V-5 () V-10 ()

PLEASE TYPE OR WRITE CLEARLY IN DARK INK

1st 2nd

Initial:

Date:

SOC. SEC. NO: _____

NAME:

Last First Middle

ADDRESS:

MailingAddress City County State Zip Code

TELEPHONE:

(Area Code) Home Number (Area Code) Business Number

OFFICE USE ONLY

TYPE OF EMPLOYMENT YOU WILL ACCEPT: YES N O

- A Permanent Full-Time
- B Permanent Part-Time
- C Temporary Full-Time
- D Temporary Part-Time
- E Intermittent

- Have you applied to the Division of Personnel in the last 12 months?
- Have you applied using a different name? If so, what name did you use? _____
- Previously held/currently hold a position covered by the Division of Personnel or Civil Service?
- Were you born in WV? If yes, which county? _____

DATE YOU ARE AVAILABLE TO INTERVIEW: _____

- Can you legally work permanently/temporarily in the United States? If temporarily, provide expiration date: _____
- May we send your name to State agencies NOT covered by the Division of Personnel?

CHECK ALL SHIFTS THAT APPLY:

- A Day Shift Only
- B Evening Shift Only
- C Night Shift Only
- D Rotating Shift Only

NOTE: We provide reasonable accommodations for persons with disabilities. Call the Division of Personnel at 304/558-5946 (TDD: 304/558-1237) for more information.

You may select up to 10 counties in which you can report for a personal interview and in which you will accept employment by checking the box(es) beside the appropriate county/counties. **IMPORTANT: If you mark more than 10 counties, you will be listed as available in ALL counties.**

- | | | | | |
|---------------------------------------|--|--|--|-------------------------------------|
| <input type="checkbox"/> 01 Barbour | <input type="checkbox"/> 12 Grant | <input type="checkbox"/> 23 Logan | <input type="checkbox"/> 34 Nicholas | <input type="checkbox"/> 45 Summers |
| <input type="checkbox"/> 02 Berkeley | <input type="checkbox"/> 13 Greenbrier | <input type="checkbox"/> 24 McDowell | <input type="checkbox"/> 35 Ohio | <input type="checkbox"/> 46 Taylor |
| <input type="checkbox"/> 03 Boone | <input type="checkbox"/> 14 Hampshire | <input type="checkbox"/> 25 Marion | <input type="checkbox"/> 36 Pendleton | <input type="checkbox"/> 47 Tucker |
| <input type="checkbox"/> 04 Braxton | <input type="checkbox"/> 15 Hancock | <input type="checkbox"/> 26 Marshall | <input type="checkbox"/> 37 Pleasants | <input type="checkbox"/> 48 Tyler |
| <input type="checkbox"/> 05 Brooke | <input type="checkbox"/> 16 Hardy | <input type="checkbox"/> 27 Mason | <input type="checkbox"/> 38 Pocahontas | <input type="checkbox"/> 49 Upshur |
| <input type="checkbox"/> 06 Cabell | <input type="checkbox"/> 17 Harrison | <input type="checkbox"/> 28 Mercer | <input type="checkbox"/> 39 Preston | <input type="checkbox"/> 50 Wayne |
| <input type="checkbox"/> 07 Calhoun | <input type="checkbox"/> 18 Jackson | <input type="checkbox"/> 29 Mineral | <input type="checkbox"/> 40 Putnam | <input type="checkbox"/> 51 Webster |
| <input type="checkbox"/> 08 Clay | <input type="checkbox"/> 19 Jefferson | <input type="checkbox"/> 30 Mingo | <input type="checkbox"/> 41 Raleigh | <input type="checkbox"/> 52 Wetzel |
| <input type="checkbox"/> 09 Doddridge | <input type="checkbox"/> 20 Kanawha | <input type="checkbox"/> 31 Monongalia | <input type="checkbox"/> 42 Randolph | <input type="checkbox"/> 53 Wirt |
| <input type="checkbox"/> 10 Fayette | <input type="checkbox"/> 21 Lewis | <input type="checkbox"/> 32 Monroe | <input type="checkbox"/> 43 Ritchie | <input type="checkbox"/> 54 Wood |
| <input type="checkbox"/> 11 Gilmer | <input type="checkbox"/> 22 Lincoln | <input type="checkbox"/> 33 Morgan | <input type="checkbox"/> 44 Roane | <input type="checkbox"/> 55 Wyoming |

AN EQUAL OPPORTUNITY EMPLOYER

The West Virginia Division of Personnel assures all applicants of equal opportunity when applying for employment. No applicant will be discriminated against based on race, sex, age, religion, national origin, political affiliation, disability, or any other non-job-related factors. Further, it is the policy of the Division of Personnel to ensure that only qualified individuals are certified for employment, including those who may access the Statewide Affirmative Action Program.

EMPLOYMENT HISTORY - Resumes will not be accepted.

Whether you are interested in a job classification for which a score is achieved by a written examination or a rating of your training and/or job experience, **all** of the information requested on this Application for Examination **must** be completed. For example, if you fail to state the average number of hours worked per week on each job, or if you do not list your dates of employment (month/year to month/year), your experience cannot be properly evaluated.

Be sure to include **all** military experience in the Employment History section of this application.

Employment listed on this application is subject to verification. The Division of Personnel reserves the right to contact employers to verify any and all employment.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL A DIVISION OF PERSONNEL COUNSELOR AT 304/558-5946 (TDD: 304/558-1237).

**LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB AND WORK BACK.
ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB.**

1

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates <i>From:</i> _____ to _____ <i>month/year month/year</i>	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

2

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates <i>From:</i> _____ to _____ <i>month/year month/year</i>	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

3

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
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Employer Name & Address			Employer Phone No.
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Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

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Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

EDUCATION

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

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

ADDITIONAL EDUCATION: All academic training must be verified. Verification of academic training may be in the form of a transcript, copy of diploma, copy of license or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.

SCHOOL NAME & ADDRESS	FIELD(S) OF STUDY		CREDIT HOURS		DATES OF ATTENDANCE MM / YY - MM / YY	TYPE OF DEGREE
	Major	Minor	Semester	Quarter		
College (Undergraduate)						
College (Graduate)						
Business, Vocational, or Technical School	Course of Study	Number of Weeks Attended	Number of Hours Per Day	Number of Clock Hours Completed	Certificate-Attach Copy	
Additional Training (Seminars, Military Training, Workshops, etc.)						

LIST AND PROVIDE COPIES OF ALL LICENSES AND CERTIFICATES:

MILITARY SERVICE - Completion of this section is voluntary.

VETERAN'S PREFERENCE ELIGIBILITY REQUIREMENTS: Completion of this section is necessary if you are claiming Veteran's Preference Points. Applicants claiming eligibility for Veteran's Preference Points **MUST** provide a copy of their DD214 Form. Five points shall be added to a final passing examination score for any person who meets **ONE** of the following conditions:

- 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.

Are you claiming **5 Veteran's Preference Points** for service in the United States Armed Forces? Yes No

A veteran may receive an additional 5 points if s(he) received a Purple Heart Award (verified by the individual's DD214 Form) 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.

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 your DD214 Form.

Compensable, service-connected disability? Yes No If yes, you must provide a verification letter, dated within the last 6 months from the Veteran's Administration.

Proof of service, disability, Purple Heart Award, or Campaign Badge as verified by the DD214 Form, is required before credit can be given.

IDENTIFICATION: When reporting for a written examination, you must present personal identification which includes a signature and/or a picture (for example, a driver's license, Social Security card, credit card, passport, etc.). Applicants without proper identification will not be permitted to test. Under Division of Personnel law, misrepresentation in the application/examination process is grounds for disqualification and is punishable by fine and/or imprisonment.

AFFIRMATION: BE SURE TO SIGN THIS APPLICATION. Your signature certifies that all statements are true and complete. The Division of Personnel reserves the right to verify any information provided on the application. Misrepresentation is grounds for disqualification and is punishable by fine and/or imprisonment.

SIGNATURE: _____

DATE: _____

EMPLOYMENT HISTORY cont .

NAME: _____ **SOCIAL SECURITY NUMBER:** _____ - _____ - _____
 Last First Middle

ADDRESS: _____

TELEPHONE: _____
 (Area Code) Home Number (Area Code) Business Number

SIGNATURE: _____ **DATE:** _____

**CONTINUE LISTING YOUR WORK EXPERIENCE IN THE SAME MANNER - SEE APPLICATION FORM.
 ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB.**

6

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

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Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

8

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

9

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

10.

Employer Name & Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____ <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of Hours Per Week: _____		
Did You Supervise Any Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities:			

EQUAL EMPLOYMENT SURVEY QUESTIONNAIRE

The West Virginia Division of Personnel is **required by Federal Law** to collect information on the sex, race, ethnic background, and disability of persons applying for Division of Personnel covered jobs. The information will be used to evaluate Division of Personnel recruitment and examination methods. This form will be kept separate from your application and will not be shared with agencies which hire from Division of Personnel applicant lists. Nothing you write on this form will in anyway 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 WRITE PLAINLY.

Social Security Number

Birthday

Check Correct Box

WRITE ONE NUMBER PER BLOCK.
DO NOT USE DASHES.

EXAMPLE: June 3, 1961
should be written

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

0	6
---	---

0	3
---	---

6	1
---	---

--

--

MALE

FEMALE

--	--

MONTH

--	--

DAY

--	--

YEAR

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, or 3) is regarded as having such an impairment.

DO YOU HAVE A DISABILITY?

Yes

No

Please check the box below which best describes your primary racial/ethnic background. **Check one box 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 the Middle East.
- 4. **AMERICAN INDIAN or ALASKAN NATIVE** - a person having origins in any of the original people of North America and whom 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, Southeast Asia, the Indian subcontinent, or any of the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, and Samoa.

Please check the sources of information that caused you to apply for a Division of Personnel (DOP) job.

Check all sources that apply.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> DOP Counselor <input type="checkbox"/> DOP Information Booklet <input type="checkbox"/> DOP Recruiter Information <input type="checkbox"/> Employment Security/Job Service Office <input type="checkbox"/> Division of Human Services <input type="checkbox"/> High School Counselor/Teacher <input type="checkbox"/> College Place Office/Advisor/Teacher <input type="checkbox"/> State Vocational Rehabilitation Office | <ul style="list-style-type: none"> <input type="checkbox"/> Radio Announcement <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend or Neighbor <input type="checkbox"/> State Employee <input type="checkbox"/> State Agency Referral <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
|--|--|