



The Division of Personnel paper application is essentially for current employees and/or former employees who are applying for internal job postings.

FOR ALL OTHER APPLICANTS: You should apply online if at all possible. You may apply from any internet connected computer. This may include your home, at many libraries, schools, and most Workforce WV Job Services offices. Applying online speeds application processing. You should **ONLY** use a paper application if the job announcement does not allow online applications, or you cannot complete the online application form.

These two instruction pages are not part of the application and should not be submitted with the completed form. If you have any questions, please call our office at 304-558-3950, ext. 0.

Social Security Number Required: Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. We require social security numbers to verify your identity and confirm the information you provide in your application. Failure to provide your social security number will result in rejection of your application.

General Information: Information about testing, announced job titles, testing locations, and the employment process are available on our website at www.personnel.wv.gov. The website also has a map of WV counties to assist you in determining your availability area. You may also obtain information by calling our office and speaking with a counselor. If you are planning to take a written examination **and did not apply online**, TAKE your completed application to the examination center when reporting for testing. Do not mail an application for a written examination to our office. Applications for jobs which do not require a written test should be mailed or delivered to the address shown at the top of Page 1 of the form. If you apply online, you do not need to mail your application or take it to the test site. A photocopy of the application with signature and current date is acceptable. A resume cannot be substituted for the application.

Availability for Interview and Appointment (Very Important): In order to process your application, we must know the counties in which you are willing to interview and accept employment. Space has been provided on the Application for you to indicate the counties in which you are definitely available for work. A printable map is available on our website showing the location of all counties.

Documentation of Training and Experience: Proof of degree(s), major fields of study, specific course work, license(s), vocational, or other required training may be required. Please read the job posting for details. An applicant's test may be scored but will not be considered for employment until the required documents are received. Copies of documents will be accepted providing all information is clearly shown. All employment listed on the Application is subject to verification. Be sure to include all relevant experience (including military experience) in the Employment History section. You **MUST** indicate "hours per week" for all work. All employment dates **MUST** be complete and accurate.

Equal Employment Opportunity: The WV 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. Furthermore, it is a violation of state

law for any person to use any official authority or influence to attempt to secure for any person an advantage in appointment to a position in the classified service. We provide all reasonable accommodations for persons with disabilities. Call our office for assistance and information.

Military Service and Veterans Preference Eligibility Requirements: Before completing the Military Service and Veteran's Preference section of the application, you must read the following to determine your eligibility for preference points. Only veterans meeting the eligibility requirements can receive preference. Applicants claiming Veteran's Preference points MUST provide a copy of their DD214 Form.

Eligibility Requirements: Five points shall be added to a final passing examination score of any person who meets any 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.

A Veteran may receive an additional 5 points if s(he) received a Purple Heart Award (verified by the 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.

If you would like assistance in determining your eligibility, please call our office.

Be Sure to Sign Your Application: Unsigned Applications are returned. You may make a photocopy of your completed application, but each application submitted must contain a signature and current date. If you have any questions about completing the form please contact one of our counselors for assistance at 304-558-3950, ext. 0.

These two pages of instructions are not part of the application.
Please do not submit them with your application.

Check the printed form to make sure all sections are complete.





1900 Kanawha Boulevard, East ♦ Charleston, West Virginia 25305-0139 ♦ PH: 304-558-3950 ♦ FAX: 304-957-0141

JOB CLASSES FOR WHICH YOU ARE APPLYING				FOR OFFICE USE ONLY					
Application cannot be processed without at least one job title				Do not write in the spaces below					
1.	<input type="checkbox"/>	A	<input type="checkbox"/>	R	<input type="checkbox"/>	V-5	<input type="checkbox"/>	V-10	
2.	<input type="checkbox"/>	A	<input type="checkbox"/>	R	DOP INITIALS _____				
3.	<input type="checkbox"/>	A	<input type="checkbox"/>	R					
4.	<input type="checkbox"/>	A	<input type="checkbox"/>	R					
5.	<input type="checkbox"/>	A	<input type="checkbox"/>	R					
SOCIAL SECURITY NUMBER (See SSN note in instructions)									
LAST NAME		FIRST NAME		MIDDLE INITIAL					
STREET ADDRESS									
CITY, STATE, and ZIP				COUNTY OF RESIDENCE					
HOME PHONE		OTHER PHONE		EMAIL					
MARK ALL EMPLOYMENT TYPES YOU WILL ACCEPT				ANSWER EACH OF THE FOLLOWING		Y	N	OFFICE USE	
A	Permanent Full-Time			Have you applied to the Division of Personnel in the last 12 months?					
B	Permanent Part-Time								
C	Temporary Full-Time			Have you applied to the Division of Personnel using a different full or last name? If yes, enter other name.					
D	Temporary Part-Time								
E	Intermittent								
MARK ALL SHIFTS YOU WILL ACCEPT				Have you previously held or do you currently hold a job covered by the Division of Personnel?					
A	Day Shift								
B	Evening Shift								
C	Night Shift								
D	Rotating Shift			Were you born in West Virginia? If yes, enter county born in.					
DATE AVAILABLE TO BEGIN INTERVIEWING									
Have you been convicted of a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				Can you legally work in the U.S.? If temporarily, enter expiration date.					
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.									
				May we send your name to agencies that are not covered by the Division of Personnel?					
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 – <i>Mark this option ONLY if you will accept employment in any county.</i>									
THE WEST VIRGINIA DIVISION OF PERSONNEL IS AN EQUAL OPPORTUNITY EMPLOYER									
If you have a disability and need assistance or a reasonable accommodation, call our office at 304-558-3950.									

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

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 additional points may be awarded if you received a Purple Heart Award or if you have a verified compensable service-connected disability. Before completing this section, please read the Veterans Preference Eligibility Requirements information in the applications instructions.

<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 – see instructions)

IDENTIFICATION: When reporting for a written examination, you must present identification which includes a signature and/or picture (i.e., valid driver's license, Social Security card, credit card, passport).

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.

<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a male, age 18-25, have you registered, as required, with the U.S. Selective Service?
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SIGNATURE: _____ **DATE:** _____

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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	Date you began supervising (month/year)	
List title(s) and number(s) of employees you officially supervised				
DETAILED DESCRIPTION OF YOUR JOB DUTIES				

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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.

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)