

West Virginia Department of Agriculture Employment Application

An Equal Opportunity Employer

Please Print All Information. Read This Before Completing Application.

The West Virginia Department of Agriculture is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open nor does it obligate the Department of Agriculture in any way. **Answer all questions.**

PERSONAL INFORMATION

POSITION APPLYING FOR:		
Name:	Date:	
Present Address:		
City:	State:	Zip:
<small>If at present address less than 1 year give previous address.</small>		
Previous Address:		
City	State:	Zip:
Phone Number Where You Can Be Reached:		Alternate Number:
Do you prefer to be contacted by phone or email? <input type="checkbox"/> Email <input type="checkbox"/> Phone		Email Address:
Do you certify that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, employment is subject to verification that you are of minimum legal age.
Are you a citizen of the U.S. or are you otherwise legally permitted to hold employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?		
Do you hold a valid driver's license? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state?		
Do you have any motor vehicle violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what was the violation and outcome: list below		

<p>Have you ever been convicted of a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state date, court, and place offense occurred:</p> <p>What was the final disposition?</p> <p style="text-align: center;"><small>Conviction record will not necessarily bar an applicant from employment. ²</small></p>
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¹ If selected for the position must obtain WV Driver's license within 90 days.

² W. Va. Code § 61-11-26(k).

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	
High School			Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: Click here to enter text.
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: Click here to enter text.
Correspondence, Night School, GED, Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: Click here to enter text.

EMPLOYMENT HISTORY

Have you ever applied for a job with the West Virginia Department of Agriculture (WVDA) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Have you ever worked for WVDA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and what did you do?	
Do you have relatives working for WVDA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list names and relationship	
Have you previously worked for The State of West Virginia before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Agency		
If yes, why did you leave?		
Do you seek to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Rate of pay expected: \$ _ (per <input type="checkbox"/> Hr. or <input type="checkbox"/> Yr.)	
Are you willing to accept employment that requires travel? <input type="checkbox"/> No <input type="checkbox"/> Day Travel only <input type="checkbox"/> Occasional Overnight		
What shifts are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Any	When can you begin work?	
Have you been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your present employer know you are seeking other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why do you desire to change employment?

PRIOR WORK RECORD

List last four (4) employers starting with most recent; please complete all information – “See Resume” is not an acceptable response:

Most Recent Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or ending rate of pay:
Duties Performed:				
Reason for Leaving:				
<hr/>				
Prior Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or ending rate of pay:
Duties Performed:				
Reason for Leaving:				
<hr/>				
Prior Employer Name:				
Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:		Salary or ending rate of pay:
Duties Performed:				
Reason for Leaving:				
<hr/>				
Prior Employer Name:				
Address:			Phone:	

City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			

REFERENCES

Do not list relatives, employees of the West Virginia Department of Agriculture, or former employers.

Name:	Email	Phone:
Address:		Occupation:
City:	State:	Zip:
Name:	Email	Phone:
Address:		Occupation:
City:	State:	Zip:
Name:	Email	Phone:
Address:		Occupation:
City:	State:	Zip:
Name:	Email	Phone:
Address:		Occupation:
City:	State:	Zip:

MISCELLANEOUS

Note: False statements on this application is grounds for immediate dismissal whenever discovered. Any offer of employment is conditioned upon the results of pre-employment screening tests, such as drug test, criminal history check, driving record, or others.

I certify that I have answered all questions contained herein truthfully. I hereby grant permission to the Department of Agriculture to investigate any and all matters pertaining to this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Department upon request. I further agree that I shall not hold either the Department or any of its agents liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Department of Agriculture at any time with or without cause. If hired, I agree to conform to the rules and regulations of the Department as set forth in the Policy & Procedure Manual, and I acknowledge that the Policy & Procedure Manual may be changed or withdrawn by the Department at any time, at the Department's sole option and without prior notice to me.

Applicant Signature:	Date:
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OFFICE USE ONLY

Received in HR by:	Date:
Forwarded to Division Director: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Division:	Date:

Please attach resume.

Return application and resume to:
West Virginia Department of Agriculture
Administrative Services Division
ATTN: Human Resources
1900 Kanawha Blvd., East
Charleston, WV 25305-0170

03/24/2016