

West Virginia Department of Agriculture
An Equal Opportunity Employer
Application for Employment

INSTRUCTIONS:

- ◆ Complete Entire Application
- ◆ "SEE RESUME" Not Acceptable
- ◆ Please Attach Resume

Employees of the West Virginia Department of Agriculture and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, age, national origin or ancestry, disability (including blindness), medical condition, marital status, veteran status, political affiliation or any other protected status defined by law.

Full Legal Name: _____
Last First Middle

Social Security Number: _____

Current Address: _____ How long? _____
PO Box/Street City State Zip County

Previous Address: _____ How long? _____
PO Box/Street City State Zip County

Home Phone: _____ Business Phone: _____

Other Phone: _____ Email Address: _____

Note: Social security number is optional on this application. However, social security number will be required on other forms prior to employment.

Position applied for: _____ Closing Date: _____

How did you hear about this opportunity? Newspaper Website Word-of-Mouth Other (specify) _____

Have you worked here previously? No Yes If yes, when? _____ what position? _____

Have you applied here previously? No Yes If yes, when? _____ what position? _____

Type of employment you will accept: Full-Time Part-Time Temporary Seasonal (specify) _____

When can you begin work? _____

Are you willing to accept employment that requires travel? No Day Travel Only Occasional Overnight Frequent Overnight

Do you have a current West Virginia driver's license? No Yes Please provide a photocopy of your license with this application.

Do you have any motor vehicle violations? No Yes If yes, what were the violations and outcomes? _____

Are you legally eligible for employment in the United States? No Yes If temporarily, enter expiration date: _____

Have you been convicted of a felony in the past seven years? No Yes If yes, what was the charge and outcome? _____

If applicable, list names and relationships of relatives working for the West Virginia Department of Agriculture:

Education

Did you receive a high school diploma or a general equivalency diploma (GED)? Yes No

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

Check number of post high school years of education completed: 1 2 3 4 5 6 7 8+

Type	Name	Location	Major / Specialty
High School			
College (Undergraduate)			
College (Graduate)			
Business or Vo-Tech			

Technical Skills (list computer programs and proficiency level, along with other technical skills you may have) If applicable, Typing _____ wpm

Employment History

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. List significantly different jobs within the same organization as separate items. *Use Supplemental Employment History Forms as needed.* **Important Reminder:** "See Resume" is not an acceptable response.

Employer: _____ Dates Employed: _____
 Address: _____ Phone: _____
 Job Title: _____ Supervisor: _____ Salary: _____
 Duties Performed: _____
 Reason for Leaving: _____

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References (please list two professional and one character reference other than relatives)

Name: _____ Title/Relationship: _____
 Address: _____ Phone: _____

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 Address: _____ Phone: _____

Name: _____ Title/Relationship: _____
 Address: _____ Phone: _____

May we contact your current employer? No Yes If no, please give reason: _____
 Contact Name: _____ Phone: _____

Statement of Applicant

I hereby affirm under penalty of law and disqualification that this application contains no willful misrepresentation or falsification, and that the information given is true and complete to the best of my knowledge or belief. I am aware that if any investigation at any time discloses any such misrepresentation or falsification I will be subject to disciplinary action or dismissal.

Signature: _____ Date: _____

I authorize the West Virginia Department of Agriculture and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the West Virginia Department of Agriculture 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: _____

Return application to: **West Virginia Department of Agriculture, 1900 Kanawha Blvd., E., Charleston, WV 25305-0170**

Supplemental Employment History Form

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. List significantly different jobs within the same organization as separate items. *Use Supplemental Employment History Forms as needed.* **Important Reminder:** "See Resume" is not an acceptable response.

Employer: _____ Dates Employed: _____
Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Salary: _____
Duties Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____
Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Salary: _____
Duties Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____
Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Salary: _____
Duties Performed: _____
Reason for Leaving: _____

Employer: _____ Dates Employed: _____
Address: _____ Phone: _____
Job Title: _____ Supervisor: _____ Salary: _____
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