

West Virginia Division of Personnel
APPLICATION FOR EXAMINATION
INSTRUCTIONS

This is a special Microsoft Word 97 version of the Division of Personnel Application for Examination form. The form is equivalent to the standard Division of Personnel **green** Application form. An **Employment History Supplement** sheet is available if you need additional space. These forms should print satisfactorily on most printers; however, make sure all the checked (X) boxes print properly. In most case, you can tab from field to field. We recommend that you print a blank form to use as a draft. **Check your responses very carefully.** 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.

General Information.

Information about testing, announced job titles, testing locations, and the employment process are available on our web site at: www.state.wv.us/admin/personel . The web site 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, **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 on the form. A photocopy of the application with signature and current date is acceptable. A resume cannot be substituted for the application. Resumes and other supporting documents may be enclosed with the completed 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 from **1** to a maximum of **10** counties in which you are definitely available for work. **DO NOT MARK MORE THAN 10 COUNTIES.** Do not mark a county that would require you to change residences, if you are not willing to re-locate. **If you mark more than 10 your application may be rejected.** Mark "All counties" **ONLY** if you are certain you will accept work in any county in the State. **A printable map is available on our web site 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 must be attached to the completed application. 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 any part-time work. All employment dates **MUST** be complete and accurate. If you need additional space for your employment history, download one or more copies of the **Employment History Supplemental Sheet** from our Web site.

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. Further, it is the policy of the Division of Personnel to ensure that only qualified individuals are certified for employment. **We provide all reasonable accommodations for persons with disabilities. Call our office for assistance and information.**

Continue reading on the next page.

**West Virginia Division of Personnel
APPLICATION FOR EXAMINATION
INSTRUCTIONS - CONTINUED**

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. 503.

**These 2 Pages of Instructions Are Not Part of The Application.
Please remove these 2 pages from the form after printing.
You do not need to submit these instructions with the form.
Check the printed form to make sure all sections are complete.**

Employment History - Resumes will not be accepted in place of this information.

For more about completing this section, please read the instructions pages.

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 download the Employment History Supplement sheet.

| | | | |
|---|--------------------|--|--|
| Employer Name and Address | | | Employer Phone No. |
| Type of Business | Name of Supervisor | Your Job Title | Last Salary |
| Employment Dates | | Employment Status: | Paid Employment _____ Volunteer Work _____ Full-time _____ Part-time _____ Number of hours worked per week → |
| mo. / yr. | mo. / yr. | Did you supervise any employees? | YES _____ NO _____ |
| 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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|---|--------------------|--|--|
| Employer Name and Address | | | Employer Phone No. |
| Type of Business | Name of Supervisor | Your Job Title | Last Salary |
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| mo. / yr. | mo. / yr. | Did you supervise any employees? | YES _____ NO _____ |
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|---|---------|--|---|
| Employer Name and Address | | | Employer Phone No. |
| Type of Business | Name of | Your Job Title | Last Salary |
| Employment Dates | | Employment Status: | Paid Employment _____ Volunteer Work _____ Full-time _____ Part-time _____ Number of hours worked per week → mo. / yr. mo. / yr. Did you supervise any employees? YES _____ NO _____ |
| Date you began supervising: (mo. / yr.) | | List titles and number of Employees you officially supervised: | |
| Detailed Description of Your Duties and Responsibilities: | | | |

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. 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 | | 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.) | | | | | | | |

List and provide copies of any licenses and certificates:

Military Service & 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. Before marking this section, please read the **Veteran's Preference Eligibility Requirements** stated in the Instructions.

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.)

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, Soc. Sec. card, credit cards, passport). Applicants without proper ID will **NOT** be permitted to test.

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.

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Date of Birth.

Example: June 3, 1967

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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,

Mark (1,2,3) the most important sources of information below which influenced your decision to apply.

Mark the most important, 1. The next most important, 2. Rank at least 1, but no more than 4.

- | | | | |
|---|--|--------------------------|---|
| A | DOP Counselor | Radio Announcement | I |
| B | DOP Information Booklet | Newspaper | J |
| C | DOP Recruiter Information | Friend or Neighbor | K |
| D | Employment Security / Job Service Office | State Employee | L |
| E | Division of Human Services | State Agency Referral | M |
| F | High School Counselor / Teacher | DOP Web Site Information | N |
| G | College Placement Office / Advisor | Other: _____ | O |
| H | State Vocational Rehabilitation Office | Other: _____ | P |