

Please type or write				
clearly in dark ink.	LAST NAME	FIRST NAME	MIDDLE	
LAST 4 OF SSN:				
ADDRESS:				
CITY:		STATE:	ZIP:	
TELEPHONE:		ALTERNATE NUMBER:		
TYPE OF EMPLOYMENT YOU WILL ACCEPT: Permanent Full-TimePermanent Part-TimeTemporary Full-TimeTemporary Part-TimeIntermittentTemporary Part-Time		?		
Date you will be available for employment:	Type of position for which you are applying:			
Are you willing to work shifts other than day shift? Yes No  Can you legally work temporarily/permanently in the United States? Yes No If temporary status, please indicate expiration date:			No If temporary	
EDUCATION: Did you receive a high school diploma or its equivalent (GED) Yes No Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12				
ADDITIONAL EDUCATION: All acad copy of diploma, copy of license or certificate,				
UNDERGRADUATE COLLEGE:				
School Name, City, State:			_	
Field(s) of Study (Major/Minor):				
Credit Hours: Semester:	Trimester:	Quarter:		
Dates of Attendance (MM/YY-MM/YY):				
Type of Degree:				
BUSINESS, VOCATIONAL OR TE School Name, City, State: Course of Study:				
Number of Weeks Attended:				
Number of Clock Hours Complete				

ADDITIONAL TRAINING (Seminars, Military Training, Workshops, Etc.)			
MILITARY SERVICE: Be sure to include all mili	tary experience in the Employment History.		
	to		
Branch of Service:			
Type of Discharge:	Rank at Time of Separation:		
AFFIRMATION: Be sure to sign this application. Your signature certifies that all statements are true and complete.			
SIGNATURE:	DATE:		

## EMPLOYMENT HISTORY MUST BE ATTACHED TO BE ELIGIBLE FOR INTERVIEW.

Return Application for Employment to:

West Virginia Enterprise Resource Planning Board 1007 Bullitt Street Charleston, WV 25301

Toll-Free: (855) 666-8823

West Virginia Enterprise Resource Planning Board reserves the right to verify any information provided on this application. Misrepresentation is grounds for disqualification as a candidate for the position.

West Virginia Enterprise Resource Planning Board is an equal opportunity employer abiding by the rules and regulations set forth by the United States Government for Affirmative Action in compliance with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or military status, or the presence of a non-job related medical condition or disability. If an offer of employment is made, proof of authorization to work in the United States and/or United States citizenship must be provided.

## **EMPLOYMENT HISTORY**

List all work experience beginning with your most recent employment. Any change in duties, title or status must be listed separately.

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Employer Name and Address			Employer Phone Number	
Type of Business	Name of Supervisor	Job Title	Last Salary	
Employment Status	Employment Dates		Avg. Number of Hours per Week	
Full TimePart-Time	Month/Year To	o Month/Year		
Did You Supervise Any Employees?	Date You Began Supervising:	List Number of Employee	s Supervised and Their Titles:	
YesNo				
Detailed Description of Duties and Responsibilities:				

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Detailed Description of Duties and Responsibilities:				