

ADDITIONAL TRAINING (Seminars, Military Training, Workshops, Etc.)

MILITARY SERVICE: *Be sure to include all military experience in the Employment History.*

Dates of Military Service: _____ 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 ___ Full Time ___ Part-Time	Employment Dates _____ To _____ Month/Year Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ___ Yes ___ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities: 			

②

Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ___ Full Time ___ Part-Time	Employment Dates _____ To _____ Month/Year Month/Year		Avg. Number of Hours per Week
Did You Supervise Any Employees? ___ Yes ___ No	Date You Began Supervising:	List Number of Employees Supervised and Their Titles:	
Detailed Description of Duties and Responsibilities: 			

EMPLOYMENT HISTORY

(continued)

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Employer Name and Address			Employer Phone Number
Type of Business	Name of Supervisor	Job Title	Last Salary \$ _____
Employment Status ___ Full Time ___ Part-Time	Employment Dates _____ To _____ Month/Year Month/Year		Avg. Number of Hours per Week
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