EASTERN

Office of Human Resources
316 Eastern Drive, Moorefield, WV
26836 304-434-8000 Fax: 304-434-7000

APPLICATION FOR EMPLOYMENT

Please contact the Human Resources Office if you need assistance or reasonable accommodation in the application or hiring process.

Date: _____

Position(s) for which applying _____

Would you work full-time? ❑ Yes ❑ No Part-time? ❑Yes ❑No If part time, specify days/hours

_____

Have you ever worked for Eastern before? ❑Yes ❑No If yes, when? _____

If your application is considered favorable, on what date will you be available for work? _____

Personal Information

Name_____
First Middle Last

Address _____

_____

Telephone Day:_____ Evening: _____

Are you 18 years of age or older? ❑Yes ❑No Email Address_____

DO NOT FILL OUT BEFORE READING

READ THIS CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED OFF AREA. The Civil Rights Act of 1964, as amended prohibits discrimination in employment practices because of race, religion, color, national origin, ancestry, sage or handicap. DO NOT ANSWER ANY QUESTIONS CONTAINED IN THIS BLOCKED OFF AREA UNLESS THE BOX NEXT TO THE QUESTION IS CHECKED, thereby indicating that the requested information is needed for a bona fide occupational qualification or other legally permissible reason. Conviction record will not necessarily be a bar to employment.

❑Have you ever been bonded or had security clearance for a job? ❑Yes ❑No
If yes, explain _____

❑Have you ever been convicted of a misdemeanor? ❑Yes ❑No

If yes, explain_____

❑Have you ever been convicted of a felony? ❑Yes ❑No
If yes, explain _____

Nondiscrimination Policy Statement

It is the policy of Eastern West Virginia Community & Technical College, not to discriminate its education programs, activities, employment policies, or admission of students to any program of study as required by Title IX of the 1972 Education Amendments. EWVCTC provides opportunity to all prospective and current members of the student body, faculty, staff on the basis of individual qualifications and merit without regard to sex, race, color, religion, age, national origin, genetic information, veteran or military status, or disability. Inquiries regarding compliance with Title IX may be directed to the Human Resources Representative,/Title IX/EEO Coordinator, Eastern West Virginia Community & Technical College, Telephone: (304) 434-8000 or to the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington D.C.

Supplementary Experience Form

Name_____ Position Applied For_____

1. Name/Address of Business

_____

_____

Job Title (s) _____

Dates of Employment: From:_____ To _____

Starting Salary_____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor_____ Phone: _____

May we contact this person? ❑Yes ❑No If no, who may we contact? _____

Describe in as much detail as possible the work that you did

_____

_____

2. Name/Address of Business

_____

_____

Job Title (s) _____

Dates of Employment: From:_____ To _____

Starting Salary_____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor_____ Phone: _____

May we contact this person? ❑Yes ❑No If no, who may we contact? _____

Describe in as much detail as possible the work that you did

_____

_____

3. Name/Address of Business

_____

_____

Job Title (s) _____

Dates of Employment: From:_____ To _____

Starting Salary_____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor_____ Phone: _____

May we contact this person? ❑Yes ❑No If no, who may we contact? _____

Describe in as much detail as possible the work that you did

_____

_____

Education:

Check highest grade completed O1 O2 O3 O4 O5 O6 O7 O 8 O9 O10 O11 O 12

If you did not complete high school, do you have a high school equivalency diploma? OYes ONo

Check number of years of post high school education O1 O2 O3 O4 O5 O6 O7

Name and location of Institution

	Name/Address	Major/Minor	Degree Received
High School			
University/ College			
University/College			
Graduate School			
Business/Trade School			
Other			

Work Experience

List below all present and past employment, beginning with your most recent. Attach additional pages if necessary.

4. Name/Address of Business

Job Title (s) _____

Dates of Employment: From: _____ To _____

Starting Salary _____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor _____ Phone: _____

May we contact this person? OYes ONo If no, who may we contact? _____

Describe in as much detail as possible the work that you did

5. Name/Address of Business

Job Title (s) _____

Dates of Employment: From: _____ To _____

Starting Salary _____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor _____ Phone: _____

May we contact this person? OYes ONo If no, who may we contact? _____

Describe in as much detail as possible the work that you did

6. Name/Address of Business

Job Title (s) _____

Dates of Employment: From: _____ To _____

Starting Salary _____ (monthly) Last Salary _____ (monthly)

Reason for Leaving _____

Name of Supervisor _____ Phone: _____

May we contact this person? DYes DNo If no, who may we contact? _____

Describe in as much detail as possible the work that you did

List any additional work experience on a separate sheet using the format outlined above. Describe below any other experiences, skills, or qualifications which you feel would especially qualify you for the position(s) for which you have applied.

Are you licensed to drive a car? DYes DNo If yes, state _____ Lic. No. _____

Other license certificate or other authorization to practice a trade or profession

Type Expiration Granted by (licensing board)

Military Service Record

Have you been in the U.S. Armed Forces DYes DNo

If yes, what branch? _____

Dates of Duty: From _____ to _____

Rank at Discharge _____

List duties in service, including special training (unless listed above under Record of Education)

Personal References

1. Name/Occupation _____

   Address _____

   _____ Telephone _____

2. Name/Occupation _____

   Address _____

   _____ Telephone _____

3. Name/Occupation _____

   Address _____

   _____ Telephone _____

To Be Read and Signed By Applicant

I certify that this application was completed by me; that all entries on it and information in it are true and complete to the best of my knowledge; and that I am currently legally eligible for employment in the United States and am prepared to present documentation to support that fact prior to an offer of employment.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) I hereby release employers, schools, college, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with application.

In the event of employment, I understand that any falsification, omission, or misleading information given in this application or interview)s) will b grounds for immediate dismissal. I understand that I am required to abide by all rules and regulations of the College. I understand and agree also, that my employment and compensation can be terminated with or without notice at anytime at the option of either Eastern West Virginia Community & Technical College or myself.

_____ _____

Applicant's Signature Date