



Office of Human Resources
316 Eastern Drive, Moorefield, WV 26836
304-434-8000 Fax: 304-434-7001

APPLICATION FOR EMPLOYMENT

Please contact the Human Resources Representative/Title IX/EEO/AA Coordinator 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, sex, age 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 Notice

Eastern West Virginia Community and Technical College is an Equal Opportunity Institution and does not discriminate based on race, color, national origin, sex, pregnancy, disability, religion, or age in admission, employment, or educational programs and activities; nor does it discriminate based on genetic information in employment or employee health benefits. Inquiries regarding compliance with the nondiscrimination requirements may be directed to the Human Resources Representative/Title IX/EEO /AA 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.

Education:

Check highest grade completed 01 02 03 04 05 06 07 08 09 010 011 012
If you did not complete high school, do you have a high school equivalency diploma? 0Yes 0No
Check number of years of post high school education 01 02 03 04 05 06 07

Name and location of Institution	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 _____ Last Salary _____

(monthly) (monthly)

Reason for Leaving _____

Name of Supervisor _____ Phone: _____

May we contact this person? 0Yes 0No 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 _____ Last Salary _____

(monthly) (monthly)

Reason for Leaving _____

Name of Supervisor _____ Phone: _____

May we contact this person? 0Yes 0No 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 _____ Last Salary _____
(monthly) (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

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? ☐ Yes ☐ No 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 ☐ Yes ☐ No

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 be 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 _____

Supplementary Experience Form

Name _____ Position Applied For _____

1. Name/Address of Business

Job Title (s) _____

Dates of Employment: From: _____ To _____

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