



Eastern West Virginia  
Community & Technical College

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 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, 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 \_\_\_\_\_

### Policy Statement – Nondiscrimination on Basis of Sex

It is the policy of Eastern West Virginia Community & Technical College, not to discriminate on the basis of sex in 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 race, color, sex, sexual preference, religion, age, national origin, sexual orientation, marital or parental status, familial status, veteran status, or disability. Inquiries regarding compliance with Title IX may be directed to the EEO Coordinator/Human Resources Representative, 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       10  11  12  
If you did not complete high school, do you have a high school equivalency diploma?  Yes       No  
Check number of years of post high school education  01  02  03  04  05  06     07

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 \_\_\_\_\_ 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

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?       Yes     No    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

\_\_\_\_\_  
\_\_\_\_\_