601 57th Street, SE
Charleston, WV 25304

APPLICATION FOR TEMPORARY EMPLOYMENT

Name: _____
Last Name First Name Middle Initial

Address: _____

Phone Number: _____ Social Security # _____

Are you a citizen of the United States? ☐ Yes ☐ No

If not a citizen, can you legally work in the United States? ☐ Yes ☐ No

Are you a resident of West Virginia? ☐ Yes ☐ No

Are you under the age of 18? ☐ Yes ☐ No Do you possess a Driver's License? ☐ Yes ☐ No

Education

Mark highest grade completed:
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Do you possess a High School Equivalent Diploma (GED)? ☐ Yes ☐ No

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree
	Major	Minor	Sem	Quar	mo/yr	mo/yr	
College (Undergraduate)							
College (Graduate)							

Business, Vocational or Technical School:	Course Name	No of Weeks Attended	Hours per day	Clock hrs. completed	Certificate attached copy
Additional Training (seminars, Military Training, Workshops, Etc					

If registered or licensed in a profession, give profession, number, and name of state and date of registration

_____

Professional Organizations: _____

Military Services _____
Branch MOS and Duties

Work History - Present and Previous Employers (attach additional sheets if needed)

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary

Employment Dates		Employment Status. Check	☐ Paid Employment	☐ Volunteer Work
mo/ yr	mo/yr		☐ Full-time	☐ Part-time Number of hours per week:
		Did you supervise any employees?	☐ YES	☐ NO

Date you began supervising: (mo/ yr)	List titles and number of Employees you officially supervised:

Detailed Description of Your Duties and Responsibilities:

Employer Name and Address			Employer Phone No.
Type of Business	Name of Supervisor	Your Job Title	Last Salary

Employment Dates		Employment Status. Check	☐ Paid Employment	☐ Volunteer Work
mo/yr	mo/yr		☐ Full-time	☐ Part-time Number of hours per week: -
		Did you supervise any employees?	☐ YES	☐ NO

Date you began supervising: (mo/ yr)	List titles and number of Employees you officially supervised:

Detailed Description of Your Duties and Responsibilities:

Affirmation. I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application

Signature: _____ Date: _____