



West Virginia Office of Shared Administration Application for Employment

One Davis Square, Suite 400 • Charleston, West Virginia 25301 • 304.558.8291 • 304.558.6531 (fax) • dhhr.wv.gov

Job Title	Job #

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Phone: _____ Other Phone: _____

Mark All Employment Types You Will Accept	Answer Each of the Following	Y	N
Permanent Full-Time	Have you applied for or held a position in West Virginia State Government using a different full or last name? If yes, enter other name(s).		
Permanent Part-Time			
Temporary Full-Time	Other Name(s):		
Temporary Part-Time	Are you legally eligible to work in the United States with or without sponsorship? If sponsorship is required, arrangements must be made with the employing agency.		
Mark All Shifts You Will Accept			
Day Shift	Have you ever been dismissed or allowed to resign from a West Virginia State Government position in lieu of dismissal?		
Evening Shift			
Night Shift	Have you been convicted of a felony in the past seven (7) years?		
Rotating Shift			
Date Available to Begin Interviewing			
		NOTE: A "yes" answer will not cause your name to be removed from an employment register or bar you from all employment unless the conviction relates to the position for which you are applying.	

Select the Counties Below in which You Will Definitely Accept Employment					
01 Barbour	12 Grant	23 Logan	34 Nicholas	45 Summers	
02 Berkeley	13 Greenbrier	24 McDowell	35 Ohio	46 Taylor	
03 Boone	14 Hampshire	25 Marion	36 Pendleton	47 Tucker	
04 Braxton	15 Hancock	26 Marshall	37 Pleasants	48 Tyler	
05 Brooke	16 Hardy	27 Mason	38 Pocahontas	49 Upshur	
06 Cabell	17 Harrison	28 Mercer	39 Preston	50 Wayne	
07 Calhoun	18 Jackson	29 Mineral	40 Putnam	51 Webster	
08 Clay	19 Jefferson	30 Mingo	41 Raleigh	52 Wetzell	
09 Doddridge	20 Kanawha	31 Monongalia	42 Randolph	53 Wirt	
10 Fayette	21 Lewis	32 Monroe	43 Ritchie	54 Wood	
11 Gilmer	22 Lincoln	33 Morgan	44 Roane	55 Wyoming	
ALL COUNTIES – Mark this option ONLY if you will accept employment in any county.					

MILITARY SERVICE and VETERANS' PREFERENCE:

Do You Claim Veterans Service Preference? If Yes, Attach Copy of Your DD214.		Are You a Disabled Veteran? If Yes, Attach a Copy of Verification from the Department of Veterans Affairs.	
Yes	No	Yes	No

EDUCATION: If you need additional space, provide the information on a separate sheet of paper.

Did you receive a high school diploma or GED equivalent?							
		High School Diploma					
		GED Equivalent					
List Highest Grade Completed							
Additional Education: All academic training other than high school/GED equivalent may be verified. Verification of academic training can be in the form of an official transcript, copy of diploma or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.							
School Name and Address	Field(s) of Study		Credit Hours		Attendance Dates		Type of Degree (Attach Transcript)
	Major	Minor	Semester	Quarter	Mo./Yr.	Mo./Yr.	
Business/ Vocational/ Technical School/ Any Additional Training	Course(s) of Study		Number of Weeks Attended		Hours Per Day	Hours Completed	Certificate (Attach Copy)
License(s) (CDL, Nurse, Social Work, etc.)	License Number(s) (Attach Copy)		Expiration Date (MM/YYYY)		Type/Class (Temporary, Class A or B, etc.)		

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.

Unsigned applications will not be processed. You will be notified of an incomplete application until a signature request notice is returned to our office verifying the application is accurate.

Signature: _____

Date: _____

EMPLOYMENT HISTORY: List all work experience **beginning** with your **present/most recent** employer continuing with the last ten (10) years of subsequent employers. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. If more space is needed to describe your duties, continue into the next box, or attach additional pages.

Dates		Employers		Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:		Your Title:
				Duties Performed:
From:		Address (Or City Department):		
To:				
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:		
Paid Position		Immediate Supervisors Name:		
Yes	No			Reason For Leaving:

Dates		Employers	Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:	Your Title:
			Duties Performed:
From:		Address (Or City Department):	
To:			
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:	
Paid Position		Immediate Supervisors Name:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Reason For Leaving:
Dates		Employers	Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:	Your Title:
			Duties Performed:
From:		Address (Or City Department):	
To:			
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:	
Paid Position		Immediate Supervisors Name:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Reason For Leaving:
Dates		Employers	Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:	Your Title:
			Duties Performed:
From:		Address (Or City Department):	
To:			
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:	
Paid Position		Immediate Supervisors Name:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Reason For Leaving:
Dates		Employers	Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:	Your Title:
			Duties Performed:
From:		Address (Or City Department):	
To:			
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:	
Paid Position		Immediate Supervisors Name:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Reason For Leaving:
Dates		Employers	Duties
Month and Year (MM/YYYY)		Name of Current or Last Employer:	Your Title:
			Duties Performed:
From:		Address (Or City Department):	
To:			
Total Months Worked:	Hours Per Week:	City, State, and Zip Code:	
Paid Position		Immediate Supervisors Name:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Reason For Leaving:

NOTE: Due to recent legislation, positions filled for the Department of Health Facilities and Bureau for Social Services beginning January 1, 2024, are no longer covered by the West Virginia Division of Personnel. These positions are now covered under the Office of Shared Administration Comprehensive Human Resources System.