



Employment Application

Please check one:

Current Status

 Internal Applicant
 (Currently employed by WVU as full-time or part-time classified or non-classified, FE/AP, Faculty benefits-eligible employee)

 External Applicant
 (Casual worker, former employee, Mountaineer Temps, Research Corp., seasonal worker, student worker, WVU Hospitals, WVU retiree, or not employed by WVU)

 Have you ever been employed by West Virginia University? Yes No

 Are you a current Mountaineer Temp? Yes No

 Are you enrolled in the Dual Career Program? Yes No

Available to work:
 Day Afternoon Midnight Weekends No preference

Name: _____ (Last) _____ (First) _____ (Middle)

Street Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Telephone: _____ (Home) _____ (Alternate) **E-mail:** _____

For the purposes of verifying past work record and educational history, have you used another name? If yes, please provide first and last name and middle initial.

Name: _____ (Last) _____ (First) _____ (Middle)

Are you interested in temporary employment? Yes No

Please indicate the areas you are interested in:
 Administrative/Professional Support

 Information Technology Support

 Financial/Accounting Support

 Laboratory/Research Support

 Office Support

 Service/Craft/Maintenance/Custodial/Dining Support

 Do you wish to receive Job Alerts? Automated Telephone E-mail Both I do not wish to receive Job Alerts

Are you 18 years of age or older? Yes No

 Federal law requires that all males between the ages of 18 and 25 must register for the Military Selective Service. If applicable, have you registered with the Selective Service? Yes No Exempt

The Immigration Reform and Control Act (IRCA) requires that all employers verify the identity and work authorization of all newly hired employees, whether or not they are U.S. citizens. Please be advised that West Virginia University **does not** sponsor classified employees for work visas. We may, however, sponsor individuals for other classifications.

 Are you legally authorized to work in the U.S.? Yes No

 Will you now, or in the future, require visa sponsorship for employment at WVU? Yes No

 Is your visa status employer specific? Yes No

U.S. Military Record: Branch: _____

Duties: _____

Only applicants applying for a position in which they will operate a vehicle for WVU are required to provide the following information:

Do you possess a current and valid driver's license? Yes No

Driver's License Number: _____ State: _____

Class: _____ Endorsements: _____ Expires: _____

Employment History

Note - Statements such as "see resume" or "see my position description" do not substitute for completing any portion of the application. You may attach a cover letter and/or resume to aid in our review of your qualifications. List your present or most recent position first. If you have held more than one position with any employer, list each position held. You may also include unpaid volunteer and student employment experience. If you need additional space, attach additional pages.

May we contact your current employer for reference purposes? Yes No

If No, why? _____

Do you have prior West Virginia State employment experience? Yes No

Dates: From: _____ To: _____ Dates: From: _____ To: _____

Dates: From: _____ To: _____ Dates: From: _____ To: _____

Current Position: _____ Ending Salary: \$ _____

Dates of Employment: From: _____ To: _____ Part-time Hours per Week: _____ Full-time Hours per Week: _____

Employer: _____ Department: _____

Immediate Supervisor: _____ Title: _____

Address: _____

Telephone Number: (____) _____ Extension: _____

Job Duties: _____

Reason for Leaving: _____

Previous Position: _____ Ending Salary: \$ _____

Dates of Employment: From: _____ To: _____ Part-time Hours per Week: _____ Full-time Hours per Week: _____

Employer: _____ Department: _____

Immediate Supervisor: _____ Title: _____

Address: _____

Telephone Number: (____) _____ Extension: _____

Job Duties: _____

Reason for Leaving: _____

Employment History

Continued

Previous Position:	_____	Ending Salary: \$	_____
Dates of Employment: From:	_____	To: _____	Part-time Hours per Week: _____ Full-time Hours per Week: _____
Employer:	_____	Department:	_____
Immediate Supervisor:	_____	Title:	_____
Address:	_____		
Telephone Number: (____)	_____	Extension:	_____
Job Duties:	_____ _____		
Reason for Leaving:	_____		

Previous Position:	_____	Ending Salary: \$	_____
Dates of Employment: From:	_____	To: _____	Part-time Hours per Week: _____ Full-time Hours per Week: _____
Employer:	_____	Department:	_____
Immediate Supervisor:	_____	Title:	_____
Address:	_____		
Telephone Number: (____)	_____	Extension:	_____
Job Duties:	_____ _____		
Reason for Leaving:	_____		

Previous Position:	_____	Ending Salary: \$	_____
Dates of Employment: From:	_____	To: _____	Part-time Hours per Week: _____ Full-time Hours per Week: _____
Employer:	_____	Department:	_____
Immediate Supervisor:	_____	Title:	_____
Address:	_____		
Telephone Number: (____)	_____	Extension:	_____
Job Duties:	_____ _____		
Reason for Leaving:	_____		

Education / Training

Please complete the following:

Name of School and Address	Course of Study	Did You Graduate?	Degree or Diploma Received
High School _____ _____ (City) (State)	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED Number of Years Completed _____	_____ _____
Business/Trade/Technical/International _____ _____ (City) (State)	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Credit Hours Completed _____ Number of Years Completed _____	_____ _____
College/University _____ _____ (City) (State)	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Credit Hours Completed _____ Number of Years Completed _____	_____ _____
Graduate School _____ _____ (City) (State)	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Credit Hours Completed _____ Number of Years Completed _____	_____ _____
Professional School _____ _____ (City) (State)	_____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Credit Hours Completed _____ Number of Years Completed _____	_____ _____

Additional Training: List training courses including military training, computer skills, seminars/workshops, and continuing education.

--

List all licenses, certificates, or other authorizations to practice a trade or profession.

Type of License	License Number	Expiration Date & State	Granted By (Licensing Board)

Name: _____
Please Print (Last) (First) (Middle)

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes, please explain:

Certification Statement

1. I certify that the statements made by me in this application, and/or attached credentials and documents are true, complete and accurate to the best of my knowledge. I understand that any material misrepresentation or omission from this application may be grounds for rejection of my application or termination of subsequent employment with West Virginia University.
2. At WVU, we are concerned about our employees' health and safety. We support the Drug-Free Workplace Act and the Drug-Free Schools and Communities Act. Federal and State laws and WVU policies prohibit the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace or reporting to work under the influence of a controlled substance. I agree to abide by these requirements if employed by WVU.
3. I understand, as a condition of employment, applicants for safety sensitive positions, including those covered under the Department of Transportation Drug and Alcohol Program, will be required to undergo and pass drug and/or alcohol testing prior to employment and, if hired, will be subject to drug and/or alcohol testing throughout their period of employment. Certain positions may be subject to ongoing medical monitoring.
4. I hereby authorize WVU and/or its agents to make an independent investigation of my background, references, past employment, education, criminal or police records, driver history check, credit history check, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. In addition, I hereby authorize my current and former employer(s) to release information pertaining to my work record, my work habits, and my work performance while in their employ and any school (college, university, vocational/trade, and/or high school) to release my official records to WVU per WVU's request. I release WVU, its employees and agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above.
5. By filing this application, I waive any and all rights that I may have to review employment reference information obtained as part of the hiring process.
6. I understand and agree that all electronic documents and other submissions become the property of WVU.
7. I further understand that any final offer of employment must be confirmed by WVU in writing.
8. I understand that any final offer for employment may be contingent upon my satisfactory completion of a job-related medical examination. I consent to undergo any such medical examination, including all tests and procedures considered useful by WVU in evaluating my suitability for employment.
9. I agree to return any WVU property upon termination of my employment, and to comply with all rules, regulations, policies and procedures of WVU as they may be amended from time-to-time.
10. I hereby agree to be bound by WVU Intellectual Property policy and/or practices.

..... **WVU conducts a Background Check and Drug Screen for all applicable positions.**

Please sign and date your application to complete the application process. Thank you.

(Signature)

(Date)

Applicant Self-Identification

West Virginia University would appreciate your assistance in completing the information requested on this form. This information will be used to assess the effectiveness of WVU's Affirmative Action Plan and in meeting compliance obligations under state and federal law. Completion of this form is voluntary. Thank you!

Name: _____
(Last) (First) (Middle)

Male Female

RACE/ETHNIC CATEGORY:

Are you Hispanic or Latino? SELECT ONE.

- No, not Hispanic or Latino
- Yes, Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? SELECT ONE OR MORE.

- American Indian or Alaska Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.* A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder(PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal Law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter or using specialized equipment.

i Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <http://www.dol.gov/ofccp>.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

INVITATION TO SELF-IDENTIFY: PROTECTED VETERAN STATUS

West Virginia University is subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (“VEVRAA”), as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212. The equal opportunity clause of VEVRAA requires government contractors to take affirmative action to employ and advance in employment “Protected Veterans”. A government contractor’s affirmative action obligations also include: (i) maintaining a written Affirmative Action Program; (ii) extending an invitation to applicants for employment to identify their veteran status; (iii) engaging in other outreach to, and positive recruitment efforts of, veterans; and (iv) measuring the effectiveness of the outreach.

Protected Veterans are defined by the government to include the following classifications:

Disabled veteran is: (i) veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe that you belong to any of the classifications of Protected Veteran listed above, it would assist our affirmative action efforts if you would please indicate by checking the appropriate boxes below.

Please note:

The submission is voluntary. The refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, and will be used only in ways that are not inconsistent with VEVRAA, such as (i) informing supervisors and managers of restrictions on the work or duties of a disabled veterans, and regarding necessary accommodations; (ii) informing first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) informing government officials engaged in enforcing VEVRAA, or enforcing the Americans with Disabilities Act.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
 I AM NOT A PROTECTED VETERAN

Name (printed) _____ Date _____

Signature _____