

How would you rate your proficiency level using;

Microsoft Word	Basic	Intermediate	Advanced
Microsoft Excel	Basic	Intermediate	Advanced
Microsoft Power Point	Basic	Intermediate	Advanced
Microsoft Outlook	Basic	Intermediate	Advanced

List other computer programs and proficiency level.

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	Graduate?	
High School			Yes	No
College			Yes Degree:	No
Post Graduate			Yes Degree:	No
Correspondence, Night School, GED, Trade School			Yes Degree:	No

EMPLOYMENT HISTORY

Have you ever applied for a job with the West Virginia Department of Agriculture (WVDA) ?		Yes	No	If yes, when?	
Have you ever worked for WVDA before?		Yes	No	If yes, when and what did you do?	
Do you have relatives working for WVDA?		Yes	No	If Yes, list names and relationship	
Have you previously worked for The State of West Virginia before?		Yes	No	If yes, what Agency	
If yes, why did you leave?					
Do you seek to work:			Full Time	Part Time	Seasonal
			Rate of pay expected: \$ (per Hr. or Yr.)		
Are you willing to accept employment that requires travel? <input type="checkbox"/> No <input type="checkbox"/> Day Travel only <input type="checkbox"/> Occasional Overnight					
What shifts are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Any				When can you begin work?	
Have you been discharged or requested to resign from a position? Yes No If yes, please provide details:					
Are you presently employed?		Does your present employer know you are seeking other employment?		May we contact your present employer?	
Yes	No	Yes	No	Yes No	

Why do you desire to change employment?

PRIOR WORK RECORD

List last four (4) employers starting with most recent; please complete all information – “See Resume” is not an acceptable response:

Most Recent Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			
Address:		Phone:	
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			

Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:	
Duties Performed:				
Reason for Leaving:				

REFERENCES

Do not list relatives, employees of the West Virginia Department of Agriculture, or former employers.

Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	

MISCELLANEOUS

Note: False statements on this application is grounds for immediate dismissal whenever discovered. Any offer of employment is conditioned upon the results of pre-employment screening tests, such as drug test, criminal history check, driving record, or others.

I certify that I have answered all questions contained herein truthfully. I hereby grant permission to the Department of Agriculture to investigate any and all matters pertaining to this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Department upon request. I further agree that I shall not hold either the Department or any of its agents liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Department of Agriculture at any time with or without cause. If hired, I agree to conform to the rules and regulations of the Department as set forth in the Policy & Procedure Manual, and I acknowledge that the Policy & Procedure Manual may be changed or withdrawn by the Department at any time, at the Department's sole option and without prior notice to me.

Applicant Signature:	Date:
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Please attach resume.

Return application and resume to:
West Virginia Department of Agriculture
Administrative Services Division
ATTN: Human Resources
1900 Kanawha Blvd., East
Charleston, WV 25305-0170

PRINT

08/09/2016