

APPLICATION FOR EXAMINATION

SOCIAL SECURITY NUMBER

IDENTIFICATION NUMBER

WEST VIRGINIA CIVIL SERVICE SYSTEM
 112 CALIFORNIA AVENUE
 CHARLESTON, WEST VIRGINIA 25305

POSITIONS FOR WHICH YOU ARE APPLYING. SEE EXAMINATION ANNOUNCEMENT.

DO NOT WRITE IN THESE SPACES

	A	R	T	E	O
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL

Name: Mr. Miss Mrs. _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (County) (State) (Zip) (Telephone No.)

Birth Date: _____ Height: _____ Weight: _____ U. S. Citizen. Yes No

Born _____ Legal Resident of: _____ Since _____
(County) (State) (County) (State)

Resident of West Virginia From: _____ To: _____

Physical defects or mental illnesses you now have or have had _____

Have you ever been addicted to habitual use of drugs or intoxicating beverages? Yes No

Details _____

Have you ever been convicted of a law violation except minor traffic violations? Yes No

Details _____

Do you possess a Driver's License? Yes No Chauffeur's License? Yes No

Have you ever been discharged or forced to resign from employment? Yes No

Details _____

First and second choice for examination city. (1) _____ (2) _____

Have you applied for examination before? Yes No Within the past 90 days? *Yes No

In case of Emergency
 Notify: Mr. Mrs. Miss _____
(Last) (First) (Middle) (Telephone No.)

MILITARY SERVICE

Branch	Service Number	Service Dates	Type of Discharge

MOS and Duties _____

EDUCATION

Do you possess a High School Equivalent Diploma? Yes No Place & Date of Exam _____

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6

Name & Address of Last School Attended	Dates Attended	Clock Hours or Units	Major & Minor Studies	Diploma or Degree
Technical or Business Schools				

Special skills, training, registration, licensure, etc., you possess, required for this position?

EMPLOYMENT HISTORY

List work experience, beginning with your present or most recent job. Describe each job separately. Give special attention to experience relating to the job for which you are applying. Incomplete descriptions may result in lower ratings.

EMPLOYING FIRM		ADDRESS		FROM:
				_____ Month Year
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR		TO:
				_____ Month Year
DUTIES:				FULL TIME: <input type="checkbox"/>
				PART TIME: <input type="checkbox"/>
				STARTING SALARY \$ _____
				LAST SALARY \$ _____
Reason for Leaving:				

EMPLOYING FIRM		ADDRESS		FROM:
				_____ Month Year
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR		TO:
				_____ Month Year
DUTIES:				FULL TIME: <input type="checkbox"/>
				PART TIME: <input type="checkbox"/>
				STARTING SALARY \$ _____
				LAST SALARY \$ _____
Reason for leaving:				

EMPLOYING FIRM		ADDRESS		FROM:
				_____ Month Year
YOUR TITLE	NUMBER SUPERVISED	SUPERVISOR		TO:
				_____ Month Year
DUTIES:				FULL TIME: <input type="checkbox"/>
				PART TIME: <input type="checkbox"/>
				STARTING SALARY \$ _____
				LAST SALARY \$ _____
Reason for leaving:				

ADDITIONAL INFORMATION

Use this space for additional comments as necessary.

CERTIFICATION

I affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my name removed from the register of eligibles, and that I will not be certified for employment in any position under the jurisdiction of the West Virginia Civil Service System. I hereby authorize any of my employers, associates or references to give to the Director of Civil Service any information concerning my employment record and character.

Date _____ Signature _____

APPLICATION MUST BE SIGNED