



# Application for Employment

Please contact the Human Resources Department if you need assistance or reasonable accommodation in the application or hiring process.

Department of Human Resources  
PO Box 2900, Mount Gay, WV 25637  
PH: 304-792-7048 FAX: 304-792-7096

Date \_\_\_\_\_

Position(s) for which applying \_\_\_\_\_

\$ \_\_\_\_\_ per month  
Rate of expected pay

Would you work full-time?  Yes  No Part-time?  Yes  No If part time, specify days / hours \_\_\_\_\_

Have you ever worked for Southern before?  Yes  No If yes, when? \_\_\_\_\_

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Evening: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

## DO NOT FILL OUT BEFORE READING

**READ THIS CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED OFF AREA. *The Civil Rights Acts of 1964, as amended prohibits discrimination in employment practices because of race, religion, color, national origin, ancestry, sex, age, or handicap.* DO NOT ANSWER ANY QUESTIONS CONTAINED IN THIS BLOCKED OFF AREA UNLESS THE BOX NEXT TO THE QUESTION IS CHECKED, *thereby indicating that the requested information is needed for a bona fide occupational qualification or other legally permissible reason. Conviction record will not necessarily be a bar to employment.***

Have you ever been bonded or had security clearance for a job?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been convicted of a misdemeanor?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_

### Policy Statement - Nondiscrimination on Basis of Sex

It is the policy of Southern West Virginia Community and Technical College, not to discriminate on the basis of sex in its education programs, activities, employment policies, or admission of students to any program of study as required by Title IX of the 1972 Education Amendments. Inquiries regarding compliance with Title IX may be directed to the Director of Human Resources, Southern West Virginia Community and Technical College, telephone, (304) 792-7048 or to the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington, D.C.

## Work Experience

List below all present and past employment, beginning with your most recent. Attach additional pages if necessary.

1. Name / Address of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job Title (s) \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Monthly Monthly  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
May we contact this person?  Yes  No If not, who may we contact? \_\_\_\_\_  
Describe in as much detail as possible the work that you did \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name / Address of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job Title (s) \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Monthly Monthly  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
May we contact this person?  Yes  No If not, who may we contact? \_\_\_\_\_  
Describe in as much detail as possible the work that you did \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name / Address of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Job Title (s) \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Monthly Monthly  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
May we contact this person?  Yes  No If not, who may we contact? \_\_\_\_\_  
Describe in as much detail as possible the work that you did \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List additional work experience on a separate sheet using the format outlined above. Describe below any other experiences, skills, or qualifications which you feel would especially qualify you for the positions(s) for which you have applied.

\_\_\_\_\_  
\_\_\_\_\_

Type: \_\_\_\_\_ wpm Shorthand: \_\_\_\_\_ wpm Business Machines: \_\_\_\_\_

Are you licensed to drive a car?  Yes  No If yes, state \_\_\_\_\_ Lic. No. \_\_\_\_\_

## Record of Education

Circle last year completed:

School	1	2	3	4	5	6	7	8	9	10	11	12
College	1	2	3	4	5	6	7	8	9	10	11	12
Business or other	1	2	3	4								

Name / Address	Major / Minor	Degree Received
High School		
University or College		
University or College		
Graduate School		
Business or Trade School		
Other		

## Military Service Record

Have you been in the U.S. Armed Forces  Yes  No

If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

List duties in service, including special training (unless listed above under Record of Education) \_\_\_\_\_

## Personal References

Other than former employers or relatives

1. Name / Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name / Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

3. Name / Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### To Be Read And Signed By Applicant

I certify that this application was completed by me; that all entries on it and information in it are true and complete to the best of my knowledge; and that I am currently legally eligible for employment in the United States and am prepared to present documentation to support that fact prior to an offer of employment.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) I hereby release employers, schools, college, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with application.

In the event of employment, I understand that any falsification, omission, or misleading information given in this application or interview(s) will be grounds for immediate dismissal. I understand that I am required to abide by all rules and regulations of the College. I understand and agree also, that my employment and compensation can be terminated with or without notice at anytime at the option of either Southern West Virginia Community Technical College or myself.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**REFERENCE CHECK FORM**

Applicants are to complete section I in its entirety. Return these forms with your application. Southern West Virginia Community and Technical College will use these forms to verify past employment.

**SECTION I**

I voluntarily give Southern WV Community & Technical College permission to make a thorough investigation of my past employment and all other facts stated below. I authorize the release from liability or responsibility of all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record. I understand that this information will be viewed with confidentiality and with my full consent.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employers Name: \_\_\_\_\_

Name used while employed here: \_\_\_\_\_ Street Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy) City, State, Zip: \_\_\_\_\_

The person shown above has completed an application for employment with Southern WV Community & Technical College and has listed you as a former employer. Please take a few minutes and complete Section II and return it at your earliest convenience to the address shown above. This information will be held in the strictest confidence.

**SECTION II**

Position held while employed with you \_\_\_\_\_

Are the dates shown above correct?  Yes  No

If not, please list correct dates: From \_\_\_\_\_ To \_\_\_\_\_

Re-employ?  Yes  No If no, why? \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Factors	Exceptional	Above Average	Satisfactory	Fair	Unsatisfactory	Unable to Evaluate
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



HUMAN RESOURCES DEPARTMENT  
 P O BOX 2900, MOUNT GAY, WV 25637  
 PHONE: 304-792-7048 FAX: 304-792-7096

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\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature

Applicant Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Employers Name: \_\_\_\_\_  
 Name used while employed here: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_ (mm/yyyy) City, State, Zip: \_\_\_\_\_

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Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Record of Reference Check (on reverse side)



SOUTHERN WEST VIRGINIA  
COMMUNITY AND TECHNICAL COLLEGE

HUMAN RESOURCES DEPARTMENT  
P O BOX 2900  
MOUNT GAY, WV 25637

EQUAL OPPORTUNITY  
EMPLOYER INFORMATION

PHONE: 304-792-7048 FAX: 304-792-7096

Title(s) of Position(s) Applying for:

1.	
2.	
3.	

To the Applicant:

This information will not be viewed by the employing supervisor or committees, but will be retained in a central file for statistical purposes only. Completion of this form is strictly voluntary. The information is used to complete periodic governmental reports related to our hiring activities and applicant flow to meet Federal reporting requirements.

Name (last, first, middle, maiden): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex:  Male  Female

Handicap:  Yes  No

If yes, describe handicap and any special work limitations that will aid in your consideration for suitable

Placement: \_\_\_\_\_

Race/Ethnic Identification:

- White (not of Hispanic origin)       Hispanic       American Indian or Alaskan Native  
 Black (not of Hispanic origin)       Asian or Pacific Islander

Veteran:  Yes  No      Discharged Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Special Disabled Veteran       Vietnam Era Veteran

U.S. Citizen:  Yes  No

How did you learn about the vacancy?

- Saw job announcement. Where? \_\_\_\_\_
- Newspaper. Name of publication: \_\_\_\_\_
- Professional journal. Name of publication: \_\_\_\_\_
- Referred by an employment agency/placement office. Name: \_\_\_\_\_
- Want to be associated with Southern. Why? \_\_\_\_\_
- Encouraged by a friend/relative. Name: \_\_\_\_\_
- Referred by a present or former Southern employee. Name: \_\_\_\_\_
- Referred by a high school, technical, trade, college, etc. Name: \_\_\_\_\_
- Southern's Web Page \_\_\_\_\_
- Southern Television Channel \_\_\_\_\_
- Other Web Page. Name: \_\_\_\_\_
- Other. Explain: \_\_\_\_\_

I certify that I fully understand the purpose in obtaining the above information and I further certify that my responses are true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to the Human Resources Department at the address shown above.

Revised 8/2004