

INSTRUCTIONS FOR APPLICANTS
For
Employment, Promotion or Transfer

TO APPLY FOR A POSITION, YOU MUST:

1. Have submitted an application to the Department of Human Resources within the last year;

AND

2. Submit a completed Position Interest Form to the Department of Human Resources for each vacancy for which you wish to apply. The Position Interest Form must be received by the Department of Human Resources no later than 5:00 p.m. on the closing date for the vacancy.

NOTE

It is your responsibility to provide sufficient written documentation to the Department of Human Resources supporting your qualifications for each specific position for which you want to be considered.

Some positions may require drug and/or alcohol testing after a conditional job offer and prior to employment. We will note on the JOBS Bulletin which positions require drug testing.

AFFIRMATIVE ACTION

The Equal Opportunity Information Form is considered confidential information and will not be viewed by hiring authorities. All recruitment, testing, screening, evaluation, and final selection decisions are made in accordance with our Affirmative Action Program.

If you have questions about the application process, you may call the Department of Human Resources, Employment Unit at (304) 293-5700, extension 3.

Good Luck!

SPECIAL NOTICE TO DISABLED APPLICANTS, VIETNAM ERA VETERANS AND DISABLED VETERANS

West Virginia University, in compliance with the Americans With Disabilities Act, requests that individuals needing reasonable accommodation in the application or testing process contact the Department of Human Resources, Employment Unit, in person or by mail, at One Waterfront Place, PO Box 6640, Morgantown, WV 26506-6640 or by telephone, (304) 293-5700, extension 3.

DISABLED APPLICANTS

1. This employer is a government contractor subject to Section 503 of the *Rehabilitation Act of 1973*, which requires government contractors to take affirmative action to employ, and advance in employment, qualified disabled individuals. If you have a disability and would like to be considered under the affirmative action program, please tell us. Submission of the information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and regarding necessary accommodations; (2) first aid safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.
2. If you are disabled, we would like to include you under the affirmative action program. Please let us know about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to fill because of your disability, so that you will be considered for any positions of that kind, and (2) the accommodation (s) we could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

VIETNAM ERA VETERANS AND DISABLED VETERANS

This employer is a government contractor subject to Section 402 of the *Vietnam Era Readjustment Act of 1974*, which requires government contractors to take affirmative action to employ, and advance in employment, qualified disabled veterans and veterans of the Vietnam Era. If you are a disabled veteran covered by this program and would like to be considered under the affirmative action program, please tell us. This information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations and (2) first aid personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment.

In order to assure proper placement of all employees, we request that you provide us with certain information relative to your disability. If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following: (1) the skills and procedures you use or intend to use to perform the job notwithstanding the disability and (2) the accommodations we could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

Note: The enclosed Applicant Self-Identification Form provides you with the opportunity to request consideration under the Affirmative Action Plan for the Disabled/Disabled Veterans. If you wish, you may attach other information you deem appropriate.



West Virginia University

Robert C. Byrd Health Sciences Center

Robert C. Byrd Health Sciences Center Department of Human Resources

Application for Employment, Promotion or Transfer

PO Box 9028
Morgantown, West Virginia 26506-9028
(304) 293-4103

24-Hour Job Line: (304) 293-7234

Visit our website at <http://www.wvu.edu/~humanres/emp.htm>

West Virginia University is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, or veteran status.

NAME: _____

CURRENT DATE: _____ / _____ / _____

(Last)

(First)

INTERNAL APPLICANT

(Currently employed by WVU as full-time or part-time regular employee)

EXTERNAL APPLICANT

(Middle)

(Mountaineer Temps, student workers, or not employed by WVU)

West Virginia University

APPLICATION FOR EMPLOYMENT, PROMOTION OR TRANSFER

NAME: (Last) _____ (First) _____ (Middle) _____
ANY OTHER NAMES USED: _____
STREET ADDRESS: _____ (PO Box) _____
(City) _____ (State) _____ (Zip Code) _____
TELEPHONE: (Home) () _____ (Business) () _____
(E-mail) _____

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.
Will you be legally authorized to work in the U.S. specifically for West Virginia University, at the time of employment? [] Yes [] No
Are you 18 years of age or older? [] Yes [] No
Are you registered with the Military Selective Service? [] Yes [] No
Have you taken clerical testing within the last 12 months at WVU? [] Yes [] No
If Yes, approximate date: ____ / ____ / ____
Type of work you will accept: [] Full-time [] Part-time [] Either
Available to work: [] Day [] Evening [] Weekends [] No preference Date available for work: ____ / ____ / ____
List your salary requirement: \$ _____ annually. Will you accept less pay? [] Yes [] No

Some positions may require you to drive. Please complete this section.

Do you possess a valid driver's license? [] Yes [] No
Driver's License Number: _____ State: _____
Class: _____ Endorsements: _____ / _____

COMPUTER TRAINING/ COURSES:

COMPUTER EXPERIENCE:
Software Hardware

West Virginia University

EMPLOYMENT RECORD

This section must be completed. Statements such as “see resume” or “see my position description” do not substitute for completing any portion of the application. List your present or most recent position FIRST. If you have held more than one position with any employer, list separately each position held. If applicable, include unpaid volunteer experience. Please note that an offer of employment may depend upon verification of education, skills, and employment history. If you need additional space, please request a Supplemental Employment History Form from the receptionist in the Department of Human Resources.

If you are an external applicant, have you ever been employed by West Virginia University?

Yes (If yes, include in employment history). No

A. Position: _____	Ending Salary: \$ _____
Dates of Employment: From _____	To: _____
Employer: _____	Department: _____
Supervisor: _____	Title: _____
Address: _____	
Telephone Number: () _____	Extension: _____
Job Duties: _____	

Reason for leaving: _____	
May we contact your present employer/supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Position: _____	Ending Salary: \$ _____
Dates of Employment: From _____	To: _____
Employer: _____	Department: _____
Supervisor: _____	Title: _____
Address: _____	
Telephone Number: () _____	Extension: _____
Job Duties: _____	

Reason for leaving: _____	

West Virginia University

C. Position: _____ Ending Salary: \$ _____
Dates of Employment: From: _____ To: _____
Employer: _____ Department: _____
Supervisor: _____ Title: _____
Address: _____
Telephone Number: () _____ Extension: _____
Job Duties: _____

Reason for leaving: _____

D. Position: _____ Ending Salary: \$ _____
Dates of Employment: From: _____ To: _____
Employer: _____ Department: _____
Supervisor: _____ Title: _____
Address: _____
Telephone Number: () _____ Extension: _____
Job Duties: _____

Reason for leaving: _____

E. Position: _____ Ending Salary: \$ _____
Dates of Employment: From: _____ To: _____
Employer: _____ Department: _____
Supervisor: _____ Title: _____
Address: _____
Telephone Number: () _____ Extension: _____
Job Duties: _____

Reason for leaving: _____

West Virginia University

EDUCATION / TRAINING (Circle the highest number of years of education you have completed.)

Grade School/High School	GED	Vocational Training	College	Graduate School
1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/> Check, if Applicable	13 14 15 16	13 14 15 16	17 18 19 20 21+

Complete the following section if you are a college graduate or have college credits from a college or university, or have credit hours from a business or vocational school.

Name, Address and Phone Number of School	Degree or Certificate And Date Received	1) Major or 2) Minor	Total 1) Semester Hrs. or 2) Quarter Hrs. Completed
College or University _____ _____ _____	_____ _____/_____/_____ _____	1) _____ 2) _____	1) _____ 2) _____
College or University _____ _____ _____	_____ _____/_____/_____ _____	1) _____ 2) _____	1) _____ 2) _____
Business/Vocational School _____ _____ _____	_____ _____/_____/_____ _____	1) _____ 2) _____	1) _____ 2) _____

List training courses, seminars/workshops, and specialized training (i.e., medical terminology, supervisory skills, etc.).

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List all licenses, certificates, or other authorizations to practice a trade or profession. A copy may be requested.

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

(Please continue on the next page)

West Virginia University

MILITARY RECORD Please provide a copy of military form DD214.

Branch: _____
Active Duty Dates: From: _____/_____/_____ To: _____/_____/_____
Duties: _____
Discharge Date: _____/_____/_____

Have you ever been convicted or pled to a crime (including DUI) other than a routine traffic violation?	Type of offense	Date of conviction	Where convicted
<input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction will not necessarily prevent you from being considered.)			City State

<p>Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance, from any job (including the military)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>
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