



West Virginia Department of Environmental Protection

**APPLICATION FOR TEMPORARY EMPLOYMENT**

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE INITIAL</b>			
<b>MAILING ADDRESS</b>			<b>EMAIL ADDRESS</b>				
<b>CITY, STATE, and ZIP</b>			<b>COUNTY OF RESIDENCE</b>				
<b>HOME PHONE</b>		<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>				
<b>ANSWER EACH OF THE FOLLOWING</b>						<b>Y</b>	<b>N</b>
Are you a retired State employee?						<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a Driver's License?						<input type="checkbox"/>	<input type="checkbox"/>
Have you worked for any State agency using a different full or last name? If yes, enter other name(s).						<input type="checkbox"/>	<input type="checkbox"/>
Can you legally work in the U.S? If temporarily, enter expiration date.						<input type="checkbox"/>	<input type="checkbox"/>
<b>EDUCATION: Did you receive a high school diploma or GED equivalent?</b>							
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED Equivalent <input type="checkbox"/> Neither							
Mark highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
SCHOOL NAME and ADDRESS	FIELD(S) of STUDY		CREDIT HOURS		ATTENDANCE DATES		TYPE OF DEGREE
	major	minor	sem.	qtr.	mo./yr.	mo./yr.	
BUSINESS/VOCATIONAL/ TECHNICAL SCHOOL	COURSE(S) of STUDY		NO. WEEKS ATTENDED	HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE	
ADDITIONAL TRAINING (SEMINARS, MILITARY TRAINING, WORKSHOPS, ETC.)	COURSE(S) of STUDY		NO. WEEKS ATTENDED	HOURS PER DAY	CLOCK HRS. COMPLETED	CERTIFICATE ATTACH COPY	
LICENSE(S) (CDL, NURSE, SOCIAL WORK, ETC.)	LICENSE NUMBER(S) - ATTACH COPY		EXP. DATE (MM/YYYY)		TYPE/CLASS (TEMPORARY, CLASS A or B, ETC.)		

**EMPLOYMENT HISTORY:** List work experience beginning with your most recent employer.

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	EMPLOYMENT DATES (month/year)	
		From	To
DETAILED DESCRIPTION OF YOUR JOB DUTIES			

EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	BUSINESS TYPE
SUPERVISOR'S NAME	YOUR JOB TITLE	EMPLOYMENT DATES (month/year)	
		From	To
DETAILED DESCRIPTION OF YOUR JOB DUTIES			

**AFFIRMATION:** I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

**Retirees Note:** For PERS eligible - "A retiree may accept temporary employment from a participating employer so long as he or she does not receive compensation in excess of \$20,000 during any calendar year. It is the retiree's responsibility to contact the Board to report re-employment and to determine future retirement options."

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