

Applicant LEGAL name: \_\_\_\_\_

**THIS APPLICATION IS NOT FOR WORKSTUDY**



**EMPLOYMENT APPLICATION**

**Position Title(s) for which you are applying:**

Last Name:	First Name:	Middle Initial:
------------	-------------	-----------------

Address (Street, PO Box): \_\_\_\_\_

City:	State:	Zip:
-------	--------	------

Home Phone:	Alternate/Work Phone:	Best Time to be Reached:
-------------	-----------------------	--------------------------

Cell Phone:	Email:
-------------	--------

Can you legally work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> If temporarily, enter expiration date: _____	Have you been convicted of a felony in the past ten (10) years? YES <input type="checkbox"/> NO <input type="checkbox"/> A "yes" answer will not cause your name to be removed from consideration unless the conviction relates to the positions for which you are applying. If "yes", list conviction:
--	---

Are you currently working for any other WV state agency? Yes  No  If yes, please list: \_\_\_\_\_

<b>Please indicate appointment type you would accept:</b>	Regular-status, Full-time: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Regular-status, Part-time: Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary, Casual, and/or Extra Help: Yes <input type="checkbox"/> No <input type="checkbox"/> Regular Student Employment: Yes <input type="checkbox"/> No <input type="checkbox"/> (excluding Work Study)
---	---

Indicate days and hours available for work: _____	Are you 16 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

**EDUCATION**

Have you received a high school diploma or GED equivalent?  High School Diploma  GED Equivalent  Neither

POST HIGH SCHOOL EDUCATION: Name/Location of School	Attendance Dates				Total Credits	Type of Degree with Major/Minor (attach official or copy of transcripts)
	MO	YR	MO	YR		

Applicant LEGAL name: \_\_\_\_\_

Business, Vocational or Technical School	Course Name	No. of Weeks Attended	Clock Hours Completed	Certificate (attach copy)
Additional Training (Seminars, Military, Training, Workshops, etc.)	Course Name	No. of Weeks Attended	Clock Hours Completed	Certificate (attach copy)

PROFESSIONAL LICENSES / CERTIFICATIONS (attach copy)	
Certification:	Registration Number:
State or Licensing Authority:	Expiration Date:
Certification:	Registration Number:
State or Licensing Authority:	Expiration Date:
Certification:	Registration Number:
State or Licensing Authority:	Expiration Date:

PROFESSIONAL AND EMPLOYMENT REFERENCES			
List at least three individuals with whom you are acquainted regarding your professional or employment background and who may be contacted during the recruiting process.			
Name	Profession/Business	Address	Telephone

Please use this space to provide additional professional information you consider important, but which is not elsewhere on the application.

**All work experience must be entered on the Employment History Section prior to submission.**

**PLEASE READ CAREFULLY BEFORE SIGNING:** I hereby confirm that this complete Employment Application contains no willful misrepresentations or falsifications. I am fully aware that should investigation at some time disclose any such misrepresentations or falsification, I would become subject to appropriate disciplinary action, which may include dismissal. I authorize any investigation of all statements contained in this application may be necessary in arriving at an employment decision and agree to hold New River harmless from any information obtained. I realize it is my responsibility to complete fully all sections of the application and that failure to do so may result in my application not being considered for employment. As specified in the Immigration and Reform Control Act of 1986, if I am offered employment, I am aware that I will be required to prove my identity and verify my eligibility to work in the United States.

Signature	Date
-----------	------

**Return Application Material:**

**Preferred Method - Email: [HR@newriver.edu](mailto:HR@newriver.edu)**

Mail: New River Community and Technical College, Office of Human Resources, 280 University Drive, Beaver, WV 25813.

**New River Community and Technical College is an Equal Opportunity Employer.**

If you have a disability and need assistance or reasonable accommodations, call our office at 304.929.6709.

Applicant LEGAL name: \_\_\_\_\_

**EMPLOYMENT HISTORY SECTION**

**LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB AND WORK BACK. Be sure to show title, duties, employment dates, employment status, hours worked per week. These are used to evaluate credentials with minimum qualifications for the position. If more space is needed, please attach additional pages. (Résumés will NOT substitute for completion of this section.)**

Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: per hour OR	per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: per hour OR	per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary: per hour OR	per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			

Applicant LEGAL name: \_\_\_\_\_

### EMPLOYMENT HISTORY SECTION (continued)

Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			

**New River Community and Technical College is an Equal Opportunity Employer.**

If you have a disability and need assistance or reasonable accommodations, call our office at 304.929.6709.

Applicant LEGAL name: \_\_\_\_\_

**EMPLOYMENT HISTORY SECTION (continued)**

Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
<hr/>			
Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	Salary:	per hour OR per year
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			