



STATE OF WEST VIRGINIA
**APPLICATION FOR
TEMPORARY EMPLOYMENT**

RETURN THIS COPY TO:

**WV Division of Natural Resources
Parks and Recreation**

**State Capitol Complex, Bldg. 3, Room 714
1900 Kanawha Blvd., E., Charleston, WV 25305-0662
OR**

To the individual facility where you are seeking employment

PLEASE TYPE IN SHADED BOXES

1. Name Last First Middle	11. Rate of pay expected?
2. Permanent Mailing Address	12. Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Social Security Number	13. Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Telephone Number (Home) (School/Work)	14. Where in West Virginia could you work? County? Facility? Employees are responsible for providing own transportation, locating living quarters and making meal arrangements.
5. For which position(s) are you applying?	15. Have you ever worked for the State of West Virginia under a different name? If so, explain.
6. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever taken any examinations under the West Virginia Division of Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. If hired, can you submit proof of U.S. citizenship or proper work authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If yes, for which positions?
8. How long have you been a resident of West Virginia?	18. Because of business associations, would there be any conflict of interest in you working for the State of West Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. If hired, can you provide a valid West Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. When would you be available to begin work? When would you expect to leave?	

EMPLOYMENT HISTORY

NAME OF COMPANY ADDRESS TYPE OF BUSINESS LAST POSITION HELD NAME OF SUPERVISOR DESCRIBE THE WORK YOU DID REASON OF LEAVING	EMPLOYED FROM TO STARTING SALARY LAST SALARY PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
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PERSONNEL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME	1.	2.	3.
ADDRESS			
OCCUPATION			
PHONE NUMBER			

What other statements would you care to make regarding your qualifications for the position you seek, or other training experiences, or abilities you have that you feel would contribute to your working expertise?

Have you previously been employed by West Virginia State Parks & Recreation? Yes No

If yes, what facility?

Location?

If lifeguard, check appropriate rating:

Basic Lifeguarding

Lifeguard Training

Lifeguard Instructor

Expiration Date

Typing WPM

Shorthand WPM

STATEMENT OF APPLICANT

"I hereby affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete in the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsifications, I shall be subject to dismissal."

Date

Signature of Applicant _____