

# WVU PARKERSBURG APPLICATION FOR EMPLOYMENT

To apply for a posted position you must submit an Application for Employment to the Human Resources Office via email to [apply@wvup.edu](mailto:apply@wvup.edu) by the closing date of the vacancy.

It is your responsibility to provide sufficient documentation to support your qualifications for each specific position.

A final offer of employment is contingent upon the receipt of an acceptable criminal background investigation. In addition, some positions also require satisfactory results from a drug and alcohol screening.

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

TELEPHONE 1 #: \_\_\_\_\_ TELEPHONE 2 #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I WISH TO APPLY FOR THE FOLLOWING POSITION:

POSITION TITLE: \_\_\_\_\_

POSITION #: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
ANY OTHER NAMES USED: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ (P.O. Box) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ (Other) \_\_\_\_\_  
(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. Please be advised that West Virginia University at Parkersburg **does not** sponsor work visas.

Will you be legally authorized to work in the U.S., specifically for West Virginia University at Parkersburg, at the time of employment?  Yes  No

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- Are you 18 years of age or older?  Yes  No

Federal law requires that all males between the ages of 18 and 26 must register for the Military Selective Service. If you are a male between the ages of 18 and 26, have you registered with the Selective Service?  Yes  No

Type of work you will accept:  Full-time  Part-time  Either Date available for work: \_\_\_/\_\_\_/\_\_\_

Available to work:  Day  Evening  Weekends  No preference  Parkersburg  Ripley

Type of work desired:  Support Staff  Administrative/Professional  Instructional (Discipline: \_\_\_\_\_)

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 #: \_\_\_\_\_ State: \_\_\_\_\_  
Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MILITARY RECORD:**

Branch: \_\_\_\_\_ Active Duty Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_ Discharge Date: \_\_\_/\_\_\_/\_\_\_

**EMPLOYMENT HISTORY:**

**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 each position held separately. If applicable, include unpaid volunteer experience. Please note that a final offer of employment may depend upon verification of education, skills, employment history, and/or the successful completion of a drug/alcohol test and background investigation. If you need additional space, photocopy or print the next page.

**If you have ever been employed at WVU Parkersburg, include in your employment history.**

Position: _____			
Dates of Employment:	From: _____/_____/_____	To: _____/_____/_____	Hrs./Week: _____
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			

Position: _____			
Dates of Employment:	From: _____/_____/_____	To: _____/_____/_____	Hrs./Week: _____
Employer: _____	Department: _____		
Supervisor: _____	Title: _____		
Address: _____			
Telephone Number: (_____) _____	Extension: _____		
Job Duties: _____			
_____			
Reason for leaving: _____			

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Position: \_\_\_\_\_

Dates of Employment:            From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            Hrs./Week: \_\_\_\_\_

Employer: \_\_\_\_\_            Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_            Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_            Extension: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment:            From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            Hrs./Week: \_\_\_\_\_

Employer: \_\_\_\_\_            Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_            Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_            Extension: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment:            From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_            Hrs./Week: \_\_\_\_\_

Employer: \_\_\_\_\_            Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_            Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_            Extension: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**PROFESSIONAL AND EMPLOYMENT REFERENCES:** (List three other individuals who are acquainted with your academic, professional or employment background.)

Name	Profession/Business	Email Address	Telephone Number	Number of Years Known

**EDUCATION/TRAINING** (Check 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		13	14	15	16	13	14	15	16	17	18	19	20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. **Attach a photocopy of all college transcripts.**

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

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List training courses including military training, seminars/workshops, and specialized training (i.e., medical terminology, supervisory skills, etc.). List specific computer training courses and experiences including any software programs utilized.

Four horizontal lines for listing training courses.

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

Table with 4 columns: Type of License, License Number, Expiration Date & State, and Granted by (Licensing Board). It contains three empty rows for data entry.

TERMINATIONS / DISCHARGES / FORCED RESIGNATIONS

Text box containing the question: 'Have you ever been discharged or forced to resign from any job (including the military)? Include situations where you resigned to avoid being discharged.' It includes checkboxes for 'Yes' and 'No', and a prompt 'If yes, please explain.' followed by six horizontal lines for a response.

West Virginia University at Parkersburg is an Equal Opportunity/Affirmative Action institution and does not discriminate on the basis of race, sex, gender identity, marital status, pregnancy, sexual orientation, age, disability, veteran status, religion, color, ancestry, or national origin in admission, employment, educational programs or activities; nor does it discriminate on the basis of genetic information in employment or employee health benefits. Further, faculty, staff, students, and applicants are protected from retaliation for filing complaints or assisting in an investigation of discrimination. Inquiries regarding non-discrimination policies may be directed to: Debbie Richards, Executive Director, 304-424-8201, WVU Parkersburg, 300 Campus Drive, Parkersburg, WV 26104.

**CERTIFICATION STATEMENT**

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any material misrepresentation or omission from the application may be grounds for rejection of my application or termination of subsequent employment with the University. I understand and agree that any employee handbook I may receive will not constitute an employee contract, but will be merely a gratuitous statement of West Virginia University at Parkersburg's current policies.

I hereby authorize West Virginia University at Parkersburg and/or its agents to make an independent investigation of my background, references, employment, education, criminal or police records, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. In addition, I hereby authorize my current and former employer(s) to release information pertaining to my work record, my work habits, and my work performance while in their employ and any school (college, university, or vocational/trade) to release my official records to West Virginia University at Parkersburg per West Virginia University at Parkersburg's request.

I release West Virginia University at Parkersburg, its employees and agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above.

At West Virginia University at Parkersburg we are concerned about our employees' health and safety. We support the Drug Free Workplace Act and the Drug Free Schools and Communities Act. Federal and state laws and University policies prohibit the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace or reporting to work under the influence of a controlled substance. I agree to abide by these requirements if employed by West Virginia University at Parkersburg.

By filing this application, I waive any and all rights that I may have to review background information including references for employment obtained as part of the hiring process.

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.**

The following is my true and complete legal name:

Please print: FULL NAME: \_\_\_\_\_  
OTHER NAMES USED: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
FORMER ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

# Pre-Offer Invitation to Self-Identify

Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

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

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**WEST VIRGINIA UNIVERSITY AT PARKERSBURG (WVUP)** is a Federal contractor and an **Equal Opportunity Employer**. WVUP is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, WVUP invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. WVUP does not discriminate on the basis of race, religion, color, sex, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

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## Check one of the following:

- Male
- Female
- I choose not to self-identify

## Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

## Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

### Personal and Confidential

**This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.**



## How did you learn of this vacancy?

All positions are posted on the WVUP website. Please indicate the advertising or referral source that directed you to the position announcement:

- \_\_\_\_\_ Went directly to the WVUP website without seeing any other advertisement.
- \_\_\_\_\_ Called Human Resources Department
- \_\_\_\_\_ Newspaper advertisement. Name of publication \_\_\_\_\_
- \_\_\_\_\_ Online advertisement. Site: \_\_\_\_\_
- \_\_\_\_\_ Professional journal announcement. Name of publication: \_\_\_\_\_
- \_\_\_\_\_ Encouraged by a friend or relative. Name \_\_\_\_\_
- \_\_\_\_\_ Encouraged by a present or former WVU employee. Name \_\_\_\_\_
- \_\_\_\_\_ Other, explain: \_\_\_\_\_

## Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.

## Protected Veteran Definitions

- **Disabled Veteran** - one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed forces service medal veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_