



INSTRUCTIONS:

- Complete and return this application (REQUIRED).
- Provide resume and letter of application (REQUIRED).

APPLICATION FOR EMPLOYMENT

(Office Use Only)

Date Received:

PLEASE PRINT OR TYPE ALL SECTIONS

It is the responsibility of the applicant to communicate all relevant information concerning the applicant's qualifications.

PERSONAL

Last Name:	First:	Middle:	Maiden:
Present Address:		Home Phone: () -	Other: () -
City:	State:	Zip Code:	Social Security Number:
Title of Position Applying For:			
Type of Position Applying For: <input type="checkbox"/> Professional <input type="checkbox"/> Service Personnel			
Have you ever been employed with Fred W. Eberle Technical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. Where? When?			Other name(s) on records:
Are you under contract to another agency or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Have you ever been dismissed or asked to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose full explanation.			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

What is your highest level of education attained?						
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree (AB/BA/BS) <input type="checkbox"/> Bachelor's+15 add. semester hrs. <input type="checkbox"/> Master's Degree (MA/MS) <input type="checkbox"/> Master's+15 add. sem. hrs. <input type="checkbox"/> Master's+30 add. sem. hrs. <input type="checkbox"/> Master's+45 add. sem. hrs. <input type="checkbox"/> Doctorate						
Do you hold a valid West Virginia Teaching Certificate or any other license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Year and Type:						
Do you hold a valid Teaching Certificate or any other license or certification in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify state(s), Years and Type:						
Has your teaching license ever been denied, suspended, or revoked following allegations of misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enclose full explanation and documentation.						
High School(s) Attended	Name and Address of Institution:			Dates	Diploma	
					<input type="checkbox"/> Yes - No <input type="checkbox"/>	
College(s) Attended (<i>attach additional pages if needed</i>)	Name and Address of Institution:		Major	Minor	Dates	Degree
Relevant Specialized Training						