



**West Virginia State Police**  
 Department Headquarters, Human Resource Section  
 725 Jefferson Road  
 South Charleston, West Virginia 25309-1698  
 (304) 746-2117

**Application For Non-Uniformed (Civilian) Employment**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City County State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_  
 List the **COUNTIES** in which you are interested in employment: \_\_\_\_\_

Have you previously applied for a position with the West Virginia State Police? YES  NO  Can you legally work in the United States? YES  NO

Have you previously held/currently hold a job as a WV State Government employee? YES  NO  Are you over 18 years of age? YES  NO

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

List all previous home addresses (attach additional sheet if necessary): \_\_\_\_\_

Provide any other name(s) you have previously used if applicable: \_\_\_\_\_

Full-Time  Part-Time  Temporary  Summer  Day Shift only

Employment Status Seeking:  Evening Shift Only  Night Shift Only  Any Shift

**Education**

*(If you need more space, provide the additional information on a plain sheet of paper.)*  
**Circle highest grade completed** \_1\_ \_2\_ \_3\_ \_4\_ \_5\_ \_6\_ \_7\_ \_8\_ \_9\_ \_10\_ \_11\_ \_12\_ \_12+

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**College (Graduate):** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Character References other than relatives*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Previous Employment

*List all work experience beginning with your present or most recent job and work back. Space is provided for 5 entries only. **If you have had more than 5 jobs over the course of your life, you must attach a supplemental list outlining the below information for these additional jobs.** Failure to report all previous employment may result in your disqualification.*

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Military Service**

Do you have any military service? YES  NO  \*\*If yes, please provide a copy of your DD-214. Military should also be reflected in the employment section above.

**Affirmation**

*I certify under penalty of law and disqualification that all statements are true and complete. I authorize the West Virginia State Police and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State Police 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 that each former employer, educational institution, or organization to provide all information that may be sought in connection with this application.*

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

Applicant Signature required (Blue Ink)

**-EQUAL OPPORTUNITY EMPLOYER-**

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