

**WEST VIRGINIA  
PUBLIC EMPLOYEES GRIEVANCE BOARD  
POSITION APPLICATION INSTRUCTIONS**

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Applications should be mailed or delivered to:

James A. Cox  
Public Employees Grievance Board  
1596 Kanawha Boulevard, East  
Charleston, WV 25311

A resume cannot be substituted for the application. Resumes and other supporting documents may be enclosed with the completed application.

Do not change the format of the application.

**Employment History**

List all work experience. Changes in title or major duties with the same employer should be listed separately. Use this date format: mm/yyyy. All employment is subject to verification before hire.

**Documentation of Training and Experience**

Proof of degree(s), major fields of study, specific course work, license(s), vocational or other required training must be attached to the completed application. Copies of documents will be accepted providing all information is clearly shown.

All employment listed on the Application is subject to verification. Be sure to include all relevant experience in the Employment History section. You **MUST** indicate “hours per week” for any part-time work. All employment dates **MUST** be complete and accurate. Print additional copies of the Employment History Page as needed.

**Be Sure to Sign Your Application**

Unsigned Applications will be returned. If you have any questions about completing the form, please contact the Grievance Board for assistance at 304-558-3361.

**THIS PAGE OF INSTRUCTION IS NOT PART OF THE APPLICATION.**

**PLEASE REMOVE THIS PAGE FROM THE FORM AFTER PRINTING.**

**YOU DO NOT NEED TO SUBMIT THIS PAGE WITH THE FORM.**

**CHECK THE PRINTED FORM TO MAKE SURE ALL SECTIONS ARE COMPLETE.**

**WEST VIRGINIA  
PUBLIC EMPLOYEES GRIEVANCE BOARD**

**POSITION APPLICATION**

Position for which you are applying: \_\_\_\_\_

|   |            |                |
|---|------------|----------------|
| Last Name   | First Name | Middle Initial |
| Mailing Address:  |            |                |
|   |            |                |
|   |            |                |
| Home Phone  | Cell Phone | E-mail Address |
| Have you been convicted of a felony within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYMENT HISTORY PAGE

(USE AS MANY FORMS AS NEEDED)

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|   |                 |   |  |                      |
|---|-----------------|---|--|----------------------|
| Employer Name and Address   |                 | Employer Phone Number   |  |                      |
|   |                 | Type of Business  |  |                      |
|   |                 |   |  |                      |
|   |                 |   |  |                      |
| Name of Supervisor  |                 | Your Job Title  |  | Last Salary          |
| Employment Dates  |                 | Employment Status   |  |                      |
| Beginning<br>mo/yr  | Ending<br>mo/yr | <input type="checkbox"/> Paid Employment<br><input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-time | Number of hours/week |
| Did you supervise any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |   |  |                      |
| Date you began supervising :<br>(mo/yr)   |                 | List titles and number of employees you officially supervised:                      |  |                      |
| Detailed Description of Your Duties and Responsibilities:                                 |                 |   |  |                      |
| Reason for leaving:   |                 |   |  |                      |

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## TRAINING AND EXPERIENCE

Did you receive a high school diploma or high school equivalency?  yes  no

Mark highest grade  1  2  3  4  5  6  7  8  9  10  11  12

**Additional education:** All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an office transcript, copy of diploma or certificate or written statement from an authorized agency verifying possession of the necessary credentials.

| School Name/Address  | Field(s) of Study |       | Credit Hours          |               | Dates of Attendance  |                           | Type of Degree |
|--|-------------------|-------|-----------------------|---------------|----------------------|---------------------------|----------------|
|  | Major             | Minor | Sem.                  | Quart.        | mo/yr                | mo/yr                     |                |
| College (Undergraduate)  |                   |       |                       |               |                      |                           |                |
| College (Graduate)   |                   |       |                       |               |                      |                           |                |
| Business, Vocational or Technical School                       | Course Name       |       | No. of Weeks Attended | Hours per day | Clock hrs. completed | Certificate (Attach Copy) |                |
| Additional training (Seminars, Military Trg., Workshops, etc.) |                   |       |                       |               |                      |                           |                |

**List and provide copies of any licenses and certificates:**

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