



**Employment History - Resumés may be accepted in addition to this form.**

List all work experience beginning with your present or most recent job and work back.

Any change in duties, title, or employment status with the same employer must be listed as a separate job. Be sure to show your employment dates and hours worked per week. If you need more space for your duty description, attach a supplemental sheet.

Employer Name and Address			Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title		Last Salary
<b>Employment Dates</b>		Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work		
		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Number of hours per week:</b> _____		
Mo./Yr.	Mo./Yr.	<b>Did you supervise any employees?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date you began supervising: (mo/yr)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

Employer Name and Address			Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title		Last Salary
<b>Employment Dates</b>		Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work		
		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Number of hours per week:</b> _____		
Mo./Yr.	Mo./Yr.	<b>Did you supervise any employees?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date you began supervising: (mo/yr)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

Employer Name and Address			Employer Phone No.	
Type of Business		Name of Supervisor	Your Job Title	Last Salary
<b>Employment Dates</b>		Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work		
		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Number of hours per week:</b> _____		
Mo./Yr.	Mo./Yr.	<b>Did you supervise any employees?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date you began supervising: (mo/yr)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

Employer Name and Address			Employer Phone No.	
Type of Business		Name of Supervisor	Your Job Title	Last Salary
<b>Employment Dates</b>		Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work		
		Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <b>Number of hours per week:</b> _____		
Mo./Yr.	Mo./Yr.	<b>Did you supervise any employees?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date you began supervising: (mo/yr)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

I certify under penalty of law and disqualification that all statements are true and complete. I authorize the staff of the West Virginia Board of Medicine and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the West Virginia Board of Medicine 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:** \_\_\_\_\_