West Virginia Board of Medicine APPLICATION FOR EMPLOYMENT

101 Dee Drive, Suite 103, Charleston, We	st Virginia 25311 304.55	8.2921 Fax	: 304.558.2084						
Last Name (above line)	First Name	!	Middle Initial						
Mailing Address (above line)	City	County	State & Zip						
()	()								
Home Phone	Business Phone		Email address						
Soc. Sec. No.:									
Have you been convicted of a felony within the past 7 years? YES NO									
A "YES" answer will not cause the removal of your name from an employment register or bar you from all									
employment unless the conviction relates to the position for which you are applying.									
Education: (If you need more space, provide the additional information on a plain sheet of paper)									
Did you receive a high school diploma or high school equivalency diploma (GED)?YESNO									
Mark highest grade completed123456789101112									
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									

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		T(5
	Major	Minor	Sem.	Quart.	Mo/Yr	Mo/Yr	Type of Degree
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:						

Employer N	Name and Add	ress					Employer Pho	ne No.
Type of Bus	siness		Name	e of Supervisor	Your Job Title			Last Salary
Employn	ment Dates	Emplo	oymen ıs:	t Paid Employment Full Time	Volu Part Time		er Work I mber of hours	per week:
Mo./Yr.	Mo./Yr.	Did y	ou sup	ervise any employees?	YES	N	 ე	_
Date you be	egan supervisi	ng: (mo	ɔ/yr)	List titles and number of Em	ployees you offic	cially	supervised:	
Employer N	Name and Add	ress					Employer Pho	ne No.
Employer N		ress	Name	e of Supervisor	Your Job Title		Employer Pho	one No. Last Salary
Type of Bus			oymen	·	Your Job Title Volu Part Time	ıntee		Last Salary
Type of Bus	siness	Emplo Statu	oymen is:	t Paid Employment	Volu	ıntee	er Work Imber of hours	Last Salary
Type of Bus Employn Mo./Yr.	siness ment Dates	Emplo Statu:	oymen is: rou sup	t Paid Employment Full Time	Volu Part Time YES	Intee Nu	er Work I mber of hours O	Last Salary

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

Employer N	lame and Addr	ess				Employe	er Phone No.			
Type of Business			Name	e of Supervisor	Your Job Title		Last Salary			
Employment Dates Emp			oymen s:	t Paid Employment Full Time	Volu	unteer Work Number of h	nours per week:			
Mo./Yr.	Mo./Yr.	Did you supervise any employees? YES NO								
Date you be	egan supervisii	ng: (mo	o/yr)	yr) List titles and number of Employees you officially supervised:						
Detailed De	scription of Yo	our Dut	ies and	I Responsibilities:						
Employer N	lame and Addr	ress				Employe	er Phone No.			
Type of Business			Name	e of Supervisor	Your Job Title		Last Salary			
Employment Dates Emp			oymen s:	t Paid Employment Full Time	Volu	nours per week:				
Mo./Yr.	Mo./Yr.	Did y	ou sup	ervise any employees?	YES	NO				
Date you began supervising: (mo/yr) List titles and number of Employees you officially supervised:										
				Responsibilities:						
Virginia Boathis application of the requirements	ard of Medicing tion. I release est for such inf	e and a the We formati	ny age est Virg on. I f	ginia Board of Medicine and	onduct an inquiry in d any agent acting c st each former emp	to any job-rela on its behalf fro oloyer, educati	ted information contained in om any and all liability by reason onal institution, or organization			
Signatur	e:				D	ate:				
J										