

West Virginia Board of Medicine  
**APPLICATION FOR EMPLOYMENT**

101 Dee Drive, Suite 103, Charleston, West Virginia 25311 304.558.2921 Fax: 304.558.2084

Last Name (above line)	First Name	Middle Initial
Mailing Address (above line) (      )	City	County
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.

<b>Education:</b> (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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mark highest grade completed.	__1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__ __11__ __12
<b>Additional Education:</b> All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an official transcript, copy of diploma or certificate, or written statement from an authorized agency verifying possession of the necessary credentials.	

School Name and 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:

**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:						

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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:				
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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:				

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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		
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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:** \_\_\_\_\_