

**WEST VIRGINIA JUDICIARY APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, age, disability, or national origin, or any other legally protected status. *(Please print below.)*

Position(s) Applied for	Office Location, County	Date of Application / /
Last Name	First Name	Middle Name
Social Security Number - -		
Home Phone	Cell Phone	Home County
Date of Birth / /		
Home Address	City	State Zip Code

**EDUCATION**

	High School	Undergraduate College/University	Graduate/Professional
School Name:			
Location (city/state):			
Years Completed:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma (degree and year):			
Indicate Course of Study or Major:			

State any additional educational information you feel may be helpful to us in considering your application:

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List any relatives who currently work in the judicial branch, including their position and office locations:

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**REFERENCES**

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

	Name	Address	Phone Number
1.			
2.			
3.			

**APPLICANT'S STATEMENT AND RELEASE**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize the employer to obtain information and records concerning my past employment, education, military service, and criminal background, if any, as well as information and records concerning my character and reputation. I hereby also authorize the release of all such records or reports, including information of a confidential or privileged nature, as well as photocopies of the same, to the employer in the West Virginia Judiciary. I hereby release the employer in the West Virginia Judiciary, and any person or organization providing any information, from any liability or claim for damage relating to furnishing the information specified above.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

**EMPLOYMENT EXPERIENCE**

List your employment experience for the past five years, starting with your present or last job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other legally protected status. *(If you need additional space, continue on a separate sheet of paper.)*

Employer	From:    /    /	To:    /    /
Dates of Service		
Job Title	Telephone Number	Starting: \$      Final: \$ Hourly Rate/Salary
Employer's Address		
Work Performed		
Reason for Leaving		
Employer	From:    /    /	To:    /    /
Dates of Service		
Job Title	Telephone Number	Starting: \$      Final: \$ Hourly Rate/Salary
Employer's Address		
Work Performed		
Reason for Leaving		

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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For AO Use Only:  
Investigation Authorized By (print name and title): \_\_\_\_\_

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

## WEST VIRGINIA JUDICIARY EMPLOYMENT DATA RECORD

It is the policy of the West Virginia Judiciary to provide equal opportunity in employment for all persons, and to recruit, select, train, promote, retain, and discipline without regard to race, color, sex, age, disability, religion, sexual orientation, or national origin. Further, it is the policy of the West Virginia Judiciary to maintain a professional workplace in which individuals are accorded respect, and maintain an environment free of harassment, including verbal or physical conduct that creates an intimidating or hostile environment for an individual because of a prohibited basis in this policy. As an employer with an Equal Employment Opportunity Plan, we comply with government regulations and related Equal Employment Responsibilities where they apply.

The purpose of this data record is to comply with government record-keeping, reporting, and other legal requirements in relation to the West Virginia Judiciary's Equal Employment Opportunity Plan. All data records are kept in a confidential file.

*(Please print.)*

Position(s) Applied for	Office Location, County	/ /	Date of Application
Last Name	First Name	Middle Name	- -
Home Phone	Cell Phone	Home County	/ /
Home Address	City	State	Zip Code

\_\_\_\_\_  
Signature

***Please Note: Completion of Sex and Race/National Origin portion of this form is voluntary. Inclusion or exclusion of this data will not affect any employment decisions.***

Sex:

Male  Female

Race/National Origin:

White     Hispanic or Latino     American Indian or Alaskan Native  
 Black     Asian     Native Hawaiian or Other Pacific Islander  
 Two or More Races

**RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Supreme Court of Appeals of West Virginia bearing this release to obtain information from the West Virginia State Police files or other sources pertaining to my personal background including, but not limited to, academic and athletic achievement, attendance, personal history, disciplinary action, medical credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Supreme Court of Appeals of West Virginia. Consent is granted for the Supreme Court of Appeals of West Virginia to furnish such information, as is described above, to third parties in the course of the Supreme Court fulfilling its official responsibilities with regards to my application for employment. I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below: (This release is valid for one (1) year after the date of execution.)

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List all other states and years where you have lived.

***(Do not sign below until before a notary public.)***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

(SEAL)