



Glenville State University

Office of Human Resources

200 High St.

Glenville, WV26351

(304)462-6152

INFORMATION FOR APPLICANTS:

Thank you for your interests in Glenville State University as a prospective employer. We request that you carefully read the following information before completing the attached application.

APPLICATION – It is essential that you complete the attached forms thoroughly and accurately. If more space is needed, supplemental sheets may be added. A complete application enables the Office of Human Resources staff and hiring authorities to properly assess your qualifications.

Resume – You may wish to attach a resume to the application. If so, all information called for in the application form must be entered on the application. Do not list “see resume” on the application.

APPLICATION PROCESS

1. An applicant needs to complete only one application, which will be considered active for one year.
2. Applicants must be received by the posted deadline, if any, for the position(s) desired.
3. It is the applicant’s responsibility to notify the Office of Human Resources in writing of each and every position for which he/she wishes to be considered after the initial application has been submitted. E-mail requests for referral are acceptable subject to timeliness.
4. Any changes, additions, or deletions to the original application must be done in person by the applicant.
5. The Office of Human Resources reserves the right to request that applicants update their application in cases where additional experience has been gained since the application was originally submitted.

APPLICATION STATUS – Glenville State University is not necessarily obligated to interview all qualified applicants. Because of the large numbers of applicants, we receive, it is not possible to respond personally to each inquiry.

AFFIRMATIVE ACTION INFORMATION – Completion of the Equal Opportunity information card is voluntary and information given on the card will be considered confidential.

THIS PAGE – Please remove this page from the Application for Employment before submitting your application. This page contains useful information, and applicants are encouraged to keep it. You might wish to note on this page the job title(s) for which you applied for.

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Hours: 8:00 a.m. – 4:00 p.m. Mon.-Fri.



Glenville State University is committing to providing equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit. We are committed to equal opportunity and do not condone discrimination in particular based on race, color, sex, religion, age sexual orientation, disability or national origin. Our commitment also applies to all educational programs and activities covered under the Title IX which prohibits sex discrimination in higher education. Glenville State University neither affiliates with nor grants recognition to the individual, group, or organization having policies that discriminate.

**PLEASE COMPLETE APPLICATION IN DARK INK OR TYPE.
ADDITIONAL INFORMATION MAY BE ATTACHED.**

PERSONAL INFORMATION		
Full name (Last, First, Middle)		
Social Security Number:		
Telephone where you may be contacted	Primary/Home:	Alternate number(s):
Address (Street, P.O. Box, etc.)		
City, State, Zip:		County of Residence:
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a U.S citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, indicate your visa status:
Have you ever been employed by Glenville State University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which department?	From:	To:
Job Title at Glenville State University:		
POSITION(S) APPLYING FOR:	Date available for employment:	
1.		
2.		
3.		
Please indicate appointment type you would accept:	Regular-status, Full-time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular-status, part-time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary, Casual, and/or Extra help: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If part-time indicate days and hours available for work:		
PLEASE NOTE: YOUR APPLICATION IS ONLY ACTIVE FOR ONE YEAR. ADDITIONS, DELETIONS, OR CHANGES TO THIS APPLICATION MUST BE MADE IN PERSON BY THE APPLICANT. INFORMATION CONTAINED HEREIN, INCLUDING ATTACHED MATERIALS, PHOTOS, DOCUMENTS, AND ANYTHING REQUESTED OR SUBMITTED AS A PART OF THE APPLICATION, WILL BE CONSIDERED CONFIDENTIAL AND IS THE PROPERTY OF GLENVILLE STSTE UNIVERSITY.		



Glenville State University Application for Employment. continued

EDUCATION

In the block below. Circle the highest grade completed

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

Or Earned Equivalent GED? ☐ Yes ☐ No

POST HIGH SCHOOL EDUCATION (You may be asked to provide a transcript):

Name/location of School	FROM		TO		Major Courses	EARNED	
	MO	YR	MO	YR		Total credits	Degree

PROFESSIONAL LICENSES

Certification:

Registration Number:

State or Licensing Authority:

Expiration Date:

MILITARY SERVICE

Branch:

Dates, From (MO/YR)

To (MO/YR>):

Job Title:

Duties:

Reason for Leaving:

PROFESSIONAL AND EMPLOYMENT REFERENCES

List at least three individuals who are acquainted with your academic, professional or employment background and who may be contacted during the recruiting process.

Name	Profession/Business	Address	Telephone

Please use this space to provide any additional information you consider important but which is not asked for elsewhere in the application.

PLEASE READ CAREFULLY BEFORE SIGNING: I hereby affirm that this complete Application for Employment contains no willful misrepresentations or falsifications. I am fully aware that should investigation at some time disclose any such misrepresentations or falsification, I would become subject to appropriate disciplinary action, which may include dismissal. I authorize any investigation of all statements contained in this application may be necessary in arriving at an employment decision and agree to hold Glenville State University harmless from any information obtained. I realize it is my responsibility to complete fully all sections of the application and that failure to do so may result in my application not being considered for employment. As specified in the Immigration and Reform Control Act of 1986, if I am offered employment, I am aware that I will be required to prove my identity and verify my eligibility to work in the United States.

Signature:

Date:

ENTER MOST RECENT JOB FIRST**APPLICANT'S NAME**(Print): _____

Company Name:	List major duties and estimated percentage time devoted to each:
Company Address:	1. Duty:
Phone Number:	Approx. percentage of total worktime spent on this duty:
Type of Business:	2. Duty:
Supervisor's Name:	
Your Title:	Approx. percentage of total work time spent on this duty:
Employed from (Mo./Yr.):	3. Duty:
To (Mo./Yr.):	
Average hours per week employed:	Approx. percentage of total work time spent on this duty:
Reason for leaving:	4. Duty:
If you supervised employees, list number and title(s):	
	Approx. percentage of total work time spent on this duty:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Remarks:

Company Name:	List major duties and estimated percentage devoted to each:
Company Address:	1. Duties:
Phone Number:	Approx. percentage of total work time spent on this duty:
Type of Business:	2. Duty:
Supervisor's Name:	
Your Title:	Approx. percentage of total work time spent on this duty:
Employed From (Mo./Yr.):	3. Duty:
To (Mo./Yr.):	
Average hours per week employed:	Approx. percentage of total work time spent on this duty:
Reason for leaving:	4. Duty:
If you supervised employees, list number and title(s):	
	Approx. percentage of total work time spent on this duty:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional remarks:

Company Name:	List major duties and estimated percentage time devoted to each:
Company Address:	1. Duty:
Phone Number:	Approx. percentage of total work time spent on this duty:
Type of Business:	2. Duty:
Supervisor's Name:	
Your Title:	Approx. percentage of total work time spent on this duty:
Employed From (M0/Yr.):	3. Duty:
To (Mo/Yr.):	
Average hours per week employed:	Approx. percentage of total work time spent on this duty:
Reason for Leaving:	4. Duty:
If you supervised employees, list number and title(s):	
	Approx. percentage of total work time spent on this duty:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional remarks:

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Your Title:	Approx. percentage of total work time spent on this duty:
Employed From (Mo/Yr.):	3. Duty:
To (Mo/Yr.):	
Average hours per week employed:	Approx. percentage of total work time spent on this duty:
Reason for leaving:	4. Duty:
If you supervised employees, list number and title(s):	
	Approx. percentage of total work time spent on this duty:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional remarks: