



APPLICATION FOR WV NATIONAL GUARD TECHNICIAN EMPLOYMENT

Human Resources Office
1703 Coonskin Drive
Charleston, WV 25311-1085
ngwvhrostaffing@ng.army.mil



Print Form

1. Name (Last, First, Middle)

2. Address

City State Zip Code

3. SSN

4. Birth Date (DD-MMM-YYYY)

5. Gender Male Female

6. Home Phone 7. Work Phone 8. Mobile Phone

9. E-mail:

10. Are you a US citizen? Yes No 11. When can you start work?

12. Vacancy Announcement Number (i.e. MT-13-044-123456)

13. Title of position for which you are applying:

14. Were you ever a federal civilian employee? Yes No

For highest civilian grade give : Series Grade From (MM/YY) To (MM/YY)

15. Are you currently employed with the WVNG as: SF 50 required to verify current employment.

AREAS OF CONSIDERATION:

- Area 1 - Current on-board full-time support personnel in the West Virginia National Guard.
Area 2 - All members of the WVNG. (Includes Temporary Technicians and Temporary AGR personnel.)
Area 3 - All National Guard members nationwide and others when eligible for membership in the WVNG.

- Select One: Area 1
Area 2
Area 3

16. Current military unit of assignment and address:

Check this box if you are not currently in the military.

Empty box for military unit and address information.

17. Current military grade

18. Security Clearance Type:

19. Periods of active military service:

Table with 4 rows for active military service, columns for Branch/Duty, From (MM/DD/YYYY), To (MM/DD/YYYY), and Present checkbox.

20. Periods of National Guard/Reserve service:

Table with 3 rows for National Guard/Reserve service, columns for Branch/Duty, From (MM/DD/YYYY), To (MM/DD/YYYY), and present checkbox.

21. Current specialty qualifications (AFCS/MOS)

AFSC/MOS and TITLE without abbreviations:

Four horizontal lines for entering AFSC/MOS and titles.

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

22. Did you graduate from high school or have a GED high school equivalency?  Yes  No

23. Name of College or University attended (do not abbreviate) \_\_\_\_\_

Location (city, state) \_\_\_\_\_

Number of credit hours \_\_\_\_\_ Month and Year of degree (MM/YYYY): \_\_\_\_\_

Degree Information Major \_\_\_\_\_ Minor \_\_\_\_\_

Additional College or University attended (do not abbreviate) \_\_\_\_\_

Location (city, state) \_\_\_\_\_

Number of credit hours \_\_\_\_\_ Month and Year of degree (MM/YYYY): \_\_\_\_\_

Degree Information Major \_\_\_\_\_ Minor \_\_\_\_\_

24. Vocational School(s) (do not abbreviate) \_\_\_\_\_

Location (city, state) \_\_\_\_\_

Semester hours \_\_\_\_\_ Type of Degree \_\_\_\_\_

Additional Vocational school attended (do not abbreviate) \_\_\_\_\_

Location (city, state) \_\_\_\_\_

Semester hours \_\_\_\_\_ Type of Degree \_\_\_\_\_

25. Graduate Subjects \_\_\_\_\_

Semester hours \_\_\_\_\_ Type of Degree \_\_\_\_\_

Additional Graduate Subjects \_\_\_\_\_

Semester hours \_\_\_\_\_ Type of Degree \_\_\_\_\_

Major / Minor Field(s) of Study: \_\_\_\_\_

**To receive credit for education information you MUST attach copy(ies) of transcript(s). An unofficial copy is acceptable, however an official copy may be requested at a later date.**

26. Military service schools

Course name \_\_\_\_\_

Dates attended From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Course name \_\_\_\_\_

Dates attended From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Course name \_\_\_\_\_

Dates attended From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Course name \_\_\_\_\_

Dates attended From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Course name \_\_\_\_\_

Dates attended From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

27. Military correspondence courses completed

Course name \_\_\_\_\_

Study hours \_\_\_\_\_

Course name \_\_\_\_\_

Study hours \_\_\_\_\_

Course name \_\_\_\_\_

Study hours \_\_\_\_\_

28. How many words per minute can you type? \_\_\_\_\_

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29. Work Experience (list most current first)

Military Unit / Company / Organization name: \_\_\_\_\_

Address:

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ If currently employed  Yes

Number of employees supervised: \_\_\_\_\_ Hours per week \_\_\_\_\_

Part time (Y / N) \_\_\_\_\_ Full time (Y / N) \_\_\_\_\_ Hours per month \_\_\_\_\_

Salary per week \_\_\_\_\_ Salary per month \_\_\_\_\_

Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisor's name: \_\_\_\_\_

Supervisor's phone number \_\_\_\_\_

May we ask your present employer about your character, qualifications and work records?  Yes  No

Exact job title & AFSC / MOS: \_\_\_\_\_

Description of Work Performed/Duties:

ALL applicants: You MUST explain duties in detail and in your own words to be eligible for this vacancy.

USA Jobs applicants: The information below will be compared to your responses to the USA Staffing questionnaire and if it does not support your responses, you will be deemed ineligible for this vacancy.

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30. Work experience:

Military Unit / Company / Organization name: \_\_\_\_\_

Address:

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ If currently employed  Yes

Number of employees supervised: \_\_\_\_\_ Hours per week \_\_\_\_\_

Part time (Y / N) \_\_\_\_\_ Full time (Y / N) \_\_\_\_\_ Hours per month \_\_\_\_\_

Salary per week \_\_\_\_\_ Salary per month \_\_\_\_\_

Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisor's name: \_\_\_\_\_

Supervisor's phone number \_\_\_\_\_

May we ask your present employer about your character, qualifications and work records?  Yes  No

Exact job title & AFSC / MOS: \_\_\_\_\_

Description of Work Performed/Duties:

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

31. Work/Additional Experience

Military Unit / Company / Organization name: \_\_\_\_\_

Address:

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ If currently employed  Yes

Number of employees supervised: \_\_\_\_\_ Hours per week \_\_\_\_\_

Part time (Y / N) \_\_\_\_\_ Full time (Y / N) \_\_\_\_\_ Hours per month \_\_\_\_\_

Salary per week \_\_\_\_\_ Salary per month \_\_\_\_\_

Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisors name: \_\_\_\_\_

Supervisors phone number \_\_\_\_\_

May we ask your present employer about your character, qualifications and work records?  Yes  No

Exact job title & AFSC / MOS: \_\_\_\_\_

Description of Work Performed/Duties:

ALL applicants: You MUST explain duties in detail and in your own words to be eligible for this vacancy.

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Additional pages may be attached

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32. List job related licenses that you have (i.e. Registered Nurse, Lawyer, Radio Operator, Pilot, etc)  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Military drivers license number \_\_\_\_\_ Expiration date (MM/DD/YYYY): \_\_\_\_\_  
State drivers license number \_\_\_\_\_ Expiration date (MM/DD/YYYY): \_\_\_\_\_  
Issuing State

33. References - List three people who we may contact who are not related to you.

Name	Address	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. Signature, Certification and Release of Information, READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN

- a. A FALSE STATEMENT ON ANY PART OF YOUR APPLICATION MAY BE GROUNDS FOR NOT HIRING YOU, OR FOR TERMINATING YOU AFTER YOU BEGIN EMPLOYMENT. ALSO, YOU MAY BE PUNISHED BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18 SEC 1001).
- b. IF YOU ARE A MALE BORN AFTER DECEMBER 31, 1959, YOU MUST BE REGISTERED WITH THE SELECTIVE SERVICE SYSTEM OR HAVE A VALID EXEMPTION IN ORDER TO BE ELIGIBLE FOR FEDERAL EMPLOYMENT. YOU WILL HAVE TO CERTIFY YOUR STATUS AT THE TIME OF APPOINTMENT.
- c. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW OR PRESIDENTIAL ORDER.
- d. I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY AND FITNESS FOR FEDERAL EMPLOYMENT BY EMPLOYERS, SCHOOL(S), LAW ENFORCEMENT AGENCIES AND OTHER INDIVIDUALS AND ORGANIZATIONS, TO INVESTIGATORS, PERSONNEL STAFFING SPECIALIST AND OTHER AUTHORIZED EMPLOYEES OF THE FEDERAL GOVERNMENT.
- e. I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH.

SIGN AND DATE BELOW AND MAIL TO THE HRO POSTMARKED NLT THE CLOSING DATE OF THE ANNOUNCEMENT, EACH INDIVIDUAL IS RESPONSIBLE FOR KEEPING COPIES OF THEIR OWN APPLICATION(S)

Document Signature Field  Current Date