



STATE OF WEST VIRGINIA

EMPLOYEE PRIOR STATE SERVICE DECLARATION

Employer	Employee Name (Current):		Last 4 of SSN:							
	Work Unit / Section:		Division:							
	Agency HR Contact Name:		Agency Phone:							
Previous Names:										
<i>Please list below all previous names</i>										
Do you have any previous temporary, permanent, or other employment with the State of West Virginia?				Yes <input type="checkbox"/>	No <input type="checkbox"/>					
<i>If "Yes", complete applicable sections below. If "No", skip to signature. Please list all state government agencies/departments for which you have worked.</i>										
Employee					<i>Check all that apply</i>					
		Agency Name and Location	Start Date	End Date	Hours Worked Per Week	Check from State Auditor	Permanent	Temporary	Local Health Department	Paid into CPRB
	1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I certify that the above is correct to the best of my knowledge.										
Employee Signature:						Date:				