



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:						
<b>Previous Names:</b>									
<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>				
				Hours Worked Per Week	Check from State Auditor	Permanent	Temporary	Local Health Department	Paid into CPRB
		<b>Agency Name and Location</b>	<b>Start Date</b>	<b>End Date</b>					
	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:						