



Rerate Request Form

Last Name: _____ First Name: _____ MI: _____
Position: _____
Phone Number: _____ Email: _____

AFFIRMATION: I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature: _____ Date: _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

This form is used to request a reevaluation of a Division of Personnel application rating. Please completely fill out the following form and return to the Division of Personnel. You may email (preferred), fax, or mail this form in. You may type into this form and save it to your computer. The form can also be printed and filled out by hand. Note: DO NOT copy and paste into this document as it could cause formatting errors.

Email: Applicantservices@wv.gov (please include subject line: Rerate Request)

Fax: 304-957-0396

Mailing Address:

WV Division of Personnel
1900 Kanawha Blvd. East
Building 3, Suite 500
Charleston, WV 25305

Education History:

Note: Education/training not listed in the minimum qualifications section of the job announcement cannot be used. Official transcripts may be requested to complete the rerate process.

School Name	Type (college, trade school, etc.)	Location (City/State)
Level of Degree (Bachelor's, Associate, etc.)	Attendance Dates (month/year) From: To:	Major
Online School <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sem. Hrs.
Additional Information: List specific coursework, how this degree meets the minimum qualifications, or any other relevant information.		

School Name	Type (college, trade school, etc.)	Location (City/State)
Level of Degree (Bachelor's, Associate, etc.)	Attendance Dates (month/year) From: To:	Major
Online School <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sem. Hrs.
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Level of Degree (Bachelor's, Associate, etc.)	Attendance Dates (month/year) From: To:	Major
Online School <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sem. Hrs.
Additional Information: List specific coursework, how this degree meets the minimum qualifications, or any other relevant information.		

Employment History: List all work experience (including military experience) beginning with your present/most recent employer and work back. Changes in title, duties, or employment status with the same employer must be listed as separate jobs. Be sure to show employment dates and hours worked per week. If more space is needed to describe your duties, continue into the next section or attach additional pages.

Employer Name		Employer Address	
Job Title		Employment Dates (month/year) From: To:	Supervisor Name
Status: <input type="checkbox"/> Paid <input type="checkbox"/> Non-Paid	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	Employer Phone
Did you supervise employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of employees supervised	Date you began supervising
Reason for leaving			
Description of your job duties.			

Employer Name		Employer Address	
Job Title		Employment Dates (month/year) From: To:	Supervisor Name
Status: <input type="checkbox"/> Paid <input type="checkbox"/> Non-Paid	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours per week	Employer Phone
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