



APPLICATION FOR WV NATIONAL GUARD TECHNICIAN EMPLOYMENT

Human Resources Office  
1703 Coonskin Drive  
Charleston, WV 25311-1085  
[ngwvhrostaffing@ng.army.mil](mailto:ngwvhrostaffing@ng.army.mil)



1. Name (Last, First, Middle) \_\_\_\_\_

2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. SSN \_\_\_\_\_

4. Birth Date (MM/DD/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) \_\_\_\_\_ To be considered for Highest Previous Rate Rule Attach SF 50

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.

☐ Area 1

Select One: ☐ Area 2

☐ Area 3

16. Current military unit of assignment and address:

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

17. Current military grade \_\_\_\_\_

18. Security Clearance Type: \_\_\_\_\_

19. Periods of active military service:

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ present

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ present

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ Present

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ Present

20. Periods of National Guard/Reserve service:

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ present

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ present

Branch/Duty \_\_\_\_\_ From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ ☐ present

21. Current speciality qualifications (AFCS/MOS)

AFSC/MOS and TITLE without abbreviations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:

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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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.

**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.**

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)

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. Do you receive or have you applied for Retirement pay, pension or other pay based on Military, Federal Civilian, or District of Columbia Government Service? ☐ Yes ☐ No

35. During the last 10 years, have you been arrested, convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) ☐ Yes ☐ No

36. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? ☐ Yes ☐ No

37. Do any of your relatives work for the United States Government or the United States Armed Forces? (Included: father, mother, husband, wife, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law, half brother, half sister) ☐ Yes ☐ No

Questions 34-37: IF YES PLEASE EXPLAIN BELOW

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. 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

\_\_\_\_\_