BERKELEY COUNTY
DEPUTY SHERIFFS' CIVIL SERVICE COMMISSON
400 West Stephen Street, Suite 103,
Martinsburg, WV 25401-3802

January 16, 2025

MEMORANDUM FOR APPLICANT – BERKELEY COUNTY SHERIFF'S OFFICE

FROM: Mr. Stephen D. Dopson, President,
Berkeley County Deputy Sheriff Civil Service Commission (BCDSCSC)

SUBJECT: Application Information RE: Berkeley County Sheriff's Office

1 First, thank you for expressing interest in wanting to enter the profession of law enforcement.

2. Berkeley County Deputy Sheriff Civil Service Commission will be conducting an Open Hire Physical Agility Test & Written Examination on Saturday, March 8, 2025. In order to participate, **this application MUST be returned No Later Than 5:00 PM, Wednesday, February 26, 2025.** Let's cover a few highlights of the application and testing process.

a. **Physical Examination**. As part of the application process, you're required to obtain a physical at your own expense. The primary purpose of obtaining the physical is to get a physician's statement to attest you're physically fit to perform the Physical Agility Test safely. NOTE: On the page titled DOCTOR'S CERTIFICATION OF FITNESS TO PERFORM AGILITY TEST, **the Doctor MUST circle CAN or CANNOT** perform the elements of the test safely. The Physical Agility Test to be accomplished is as follows:

(1) Sit Ups. Accomplish 28 within one (1) minute

(2) Push Ups. Accomplish 18 within one (1) minute

(3) Mile and Half Run. Accomplish within fourteen (14) minutes and thirty-six (36) seconds (14:36).

(4) Start practicing and conditioning yourself now for the Physical Agility Testing.

b. **Signature by Notary**. As part of this application, you **MUST** have a Notary witness your signature on the page titled PERSONAL INQUIRY WAVIVER – RELEASE OF INFORMATION. **Do Not** sign the form until you're in the presence of a Notary.

3. Once you've turned in your application, we will notify you of the date, time and location of the Physical Agility Test. Please plan to block out the entire day. Normally between the hours of 8:00 AM to 5:00 PM. The Physical Agility Testing will be performed in the morning and the written exam conducted immediately thereafter. *Additionally, in the event you desire to have your military service recognized, you will need to include a copy of your DD 214 with your application. Also if you're a certified law enforcement officer, you will need to include a copy of your certification certificate with your application.*

4. In closing, should you have in questions related to the application or testing process please contact Mr. John Alderton, (304) 264-1927, extension 6019.

//////// SIGNED/////////
STEPHEN D. DOPSON
President, BCDSCSC

PLEASE FILL OUT THIS APPLICATION IN IT'S ENTIRETY!

Page 10 **MUST** be *signed in the presence* of a *notary*.

Page 12 **MUST** be filled out and completed by a **physician**. The **physician MUST *circle*** whether you **CAN or CANNOT** perform the elements of our physical agility test safely.

NOTE: Failure to do so could result in your application being voided!

Ensure you complete the application in it's entirety !

Once you have completed your application, please return it to:

Mr. John H. Alderton
Berkeley County Deputy Sheriff's Civil Service Commission
Berkeley County Clerk's Office – Suite 103
400 West Stephen Street-Suite 103, Martinsburg, WV 25401

If you have any questions or concerns, Mr. Alderton may be reached at (304) 264-1927, Extension 6019 or via email at jalderton@berkeleywv.org

BERKELEY COUNTY DEPUTY SHERIFF CIVIL SERVICE COMMISSION
Berkeley County Main Administrative Building
400 West Stephen Street, Suite 103
Martinsburg, WV 25401-3802
(304)-264-1927, Extension 6019

Employment Application for Position of Deputy Sheriff

(Please Print)

Position applied for:		Date of application:	
How did you hear about us? ☐ Advertising ☐ Employment Agency ☐ Friend ☐ Relative ☐ Walk-in ☐ Other			
Last Name	First Name	Middle Name	
Current Mailing Address	City	State	Zip
Current Physical Address	City	State	Zip
Email Address			
Driver's License State Issued & Number Attach a Copy of Your Driver's License to this Application		Expiration of Driver's License	
Place of Birth (City & State)	Date of Birth	Social Security Number	
Home Telephone Number	Cell Phone Number		

If you are under 18 years of age can you provide proof of your eligibility to work? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed In this country because of VISA or Immigration Status? (proof of citizenship or immigration status will be required) ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If yes, when? _____

Have you ever been employed with us before? ☐ Yes ☐ No
If yes, when? _____

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

On what date would you be available to work? _____

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain _____

Are you addicted to the habitual use of intoxicating liquors or drugs? ☐ Yes ☐ No
If yes, please explain _____
_____
_____
_____

Have you been clean and sober for a period of at least thirty–six (36) months prior to this application being completed from alcohol, drugs and any and all illegal substances including but not limited to inhalants and hashish? ☐ Yes ☐ No
If No, please explain _____
_____
_____
_____

Have you for a period of at least thirty–six (36) months prior to this application being Completed had more than Limited Use of any of the following:

Marijuana (synthetic or natural) ☐ Yes ☐ No

Cocaine ☐ Yes ☐ No

Meth-Amphetamine/amphetamine ☐ Yes ☐ No

Ecstasy ☐ Yes ☐ No

NOTE: Limited Use is defined as an applicant's use of such substances no more than three (3) times in the last three (3) years.

If Yes, please explain _____
_____
_____
_____

Have you ever used or experimented with any of the following substances?

LSD	☐ Yes ☐ No
PCP	☐ Yes ☐ No
Methadone	☐ Yes ☐ No
Heroin	☐ Yes ☐ No
Misuse of and/or habitual user of any Prescription Medications	☐ Yes ☐ No

Have you ever sold any drugs for profit or taken part in an illegal enterprise, such As carrying drugs for sale by a friend, family member or providing transportation for a friend or family member for the purpose of acquiring or distribution or any illegal substances for sale? ☐ Yes ☐ No

If Yes, please explain _____

_____

_____

_____

Have you associated with convicted felons or with those individuals that are under criminal investigation or indictment ☐ Yes ☐ No

If Yes, please explain _____

_____

_____

_____

Have you been dismissed from public service for delinquency or misconduct? ☐ Yes ☐ No

If Yes, please explain _____

_____

_____

_____

Have you within the last five (5) years from the date of this application had a history of bad debt, unaddressed debt, or bankruptcy? ☐ Yes ☐ No

If Yes, please explain _____

_____

_____

_____

Have you failed to provide child support payments or court ordered obligations? ☐ Yes ☐ No

If Yes, please explain _____

Have you within the past twenty-four (24) months from the date of this application been convicted of three (3) or more moving violations of the law? ☐ Yes ☐ No

If Yes, please explain _____

EMPLOYMENT HISTORY – INCLUDE MILITARY SERVICE

Beginning with present employment, please fill in all sections completely.

Name of Company: _____
Address: _____
Type of Business: _____
Last Position Held: _____
Name of Supervisor/phone number: _____
Describe the work you did: _____
_____
_____
Reason for leaving: _____
Employed from: _____ Starting Salary: _____
To: _____ Ending Salary: _____
☐ Part-time ☐ Full-time

Name of Company: _____
Address: _____
Type of Business: _____
Last Position Held: _____
Name of Supervisor/phone number: _____
Describe the work you did: _____
_____
_____
Reason for leaving: _____
Employed from: _____ Starting Salary: _____
To: _____ Ending Salary: _____
☐ Part-time ☐ Full-time

Name of Company: _____
Address: _____
Type of Business: _____
Last Position Held: _____
Name of Supervisor/phone number: _____
Describe the work you did: _____
_____
_____
Reason for leaving: _____
Employed from: _____ Starting Salary: _____
To: _____ Ending Salary: _____
_____☐_____ Part-time _____☐_____ Full-time

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extracurricular activities:

Describe any job related training received in the United States Military:

OTHER QUALIFICATION(S)

Summarize special job related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

COMPUTER PROGRAMS: (please list) _____

State any additional information you feel may be helpful to us in considering your application. Note to applicants: DO NOT complete this section unless you feel you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?
☐ Yes ☐ No (please explain)

REFERENCES

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

AFFIRMATIVE ACTION PLAN

Filling out this form is **VOLUNTARY** on the part of the applicant. The information on this form will help Berkeley County to ensure that there is no discrimination in hiring practices of the County Government. This form has been added to the application in the compliance with Berkeley County's Affirmative Action Policy.

Please place an X in the spaces that apply to you.

Gender:

☐ Male

☐ Female

Ethnic Background:

☐ American Indian of Native American

☐ Asian or Pacific Islander

☐ Black (Not of Hispanic Origin)

☐ Hispanic

☐ White (Not of Hispanic Origin)

PERSONAL INQUIRY WAIVER - RELEASE OF INFORMATION

Name: _____
Last First Middle

Address: _____
Street or P.O. Box City, State and Zip Code

Date of Birth: ____/____/____ Sex: _____ SSN: _____

To: Concerned persons or authorized representative:

I respectfully request and authorize you to furnish the Berkeley County Civil Service Commission and/or Berkeley County Sheriff's Office or any authorized representative of the Sheriff's Office any and all information or records that you may have concerning my work, school, military, reputation, financial and credit status, and arrest records (juvenile and /or adult). Please include any and all medical, physical and mental records, juvenile court records, adult records, or reports including all information of a confidential or privileged nature and Photostats of the same if requested. This information is to be used to assist the Berkeley County Sheriff's Office in completing a background history for the confidential use of the Berkeley County Sheriff's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

_____ _____
Signature Date

Subscribed and sworn before me in said County and State, this _____ day of _____, _____.

_____
Notary Public

SEAL

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any Employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the employer can discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledge in writing by a County Commission order.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

I understand that in the event this application is incomplete or incorrectly completed and/or copies of the required documentation are not provided with this application, I will not be permitted to take the physical agility test and this will result in discontinuation from the application process.

I understand the civil service commission may require, in conjunction with this application, such certificates of citizenship, physicians, or others, having potential knowledge, as good of the service may require.

I acknowledge that the Berkeley County Civil Service Commission and the Berkeley County Sheriff's Office will obtain all prior records, including school and employment records. By signing below, I give permission for all necessary records to be released to the Berkeley County Civil Service Commission and the Berkeley County Sheriff's Office.

I attest to the accuracy and truthfulness of the information provided and any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or, if hired, grounds for discharge.

_____ _____

Applicant's Signature Date

DOCTOR'S CERTIFICATE OF FITNESS TO PERFORM AGILITY TEST

I _____ (*referring to the person conducting the physical*) have reviewed the list of three (3) elements of the West Virginia Governor's Committee On Crime, Delinquency and Correction Physical Agility Test and find that the candidate Identified below **CAN/CANNOT (CIRCLE ONE)** perform the elements of the test safely.

CANDIDATES NAME: _____

AGENCY TO WHICH APPLICATION IS MADE: **Berkeley County Sheriff's Office**

DATE OF EXAMINATION: _____

DOCTOR'S SIGNATURE: _____

DOCTOR'S NAME: (**please print**) _____

1. Sit ups	28 in one minute
2. Push ups	18 in one minute
3. Mile and Half run	14 minutes and 36 seconds