



**BERKELEY COUNTY DEPUTY SHERIFF
CIVIL SERVICE COMMISSION
100 W. KING ST., MARTINSBURG, WV**



EMPLOYMENT APPLICATION

Position applied for:		Date of application:		
How did you hear about us?: ___ Paper Advertising ___ Social Media ___ Friend/Relative ___ Walk-In ___ Other/Specify:				
Last name:		First name:	Middle name:	
Address		City	State	Zip
Telephone number:	Date of birth:	Place of birth:	Social Security number:	

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

Are you prevented from lawfully becoming employed in this country
because of VISA or immigration status? ___Yes ___No

(proof of citizenship or immigration status will be required)

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: _____

EMPLOYMENT HISTORY

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 _____ OR 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 _____ OR 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 _____ OR Full-time _____

	Name & address Of school	Course of Study	Years Completed	Diploma/Degree
Elementary				
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:

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 compliance with Berkeley County's Affirmative Action Policy.

Please place an **X** in the space that applies to you.

Gender:

_____ Male
_____ Female

Ethnic background:

_____ American Indian/ Native American
_____ Asian or Pacific Islander
_____ Black/ African American
_____ Hispanic
_____ White/ Caucasian

PERSONAL INQUIRY WAIVER – RELEASE OF INFORMATION

Name: _____
Last First Middle

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

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

To: Concerned persons or authorized representative:

I respectfully request and authorize you to furnish the Berkeley County Sheriff's Department or any authorized representative of the Sheriff's Department any and all information and 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 information of a confidential or privileged nature and Photostats pf the same if requested. This information is to be used to assist the Berkeley County Sheriff's Department in completing a background history for the confidential use of the Berkeley County Sheriff's Department.

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



OTHER QUALIFICATION

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

SPECIALIZED SKILLS

_____ PC _____ Fax _____ Calculator _____ Typewriter

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: _____

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 acknowledged in writing by a County Commission order.

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

Applicant's signature

Date

FOR PERSONNEL DEPARTMENT ONLY

Arrange interview: _____ Yes _____ No

Remarks: _____

Employed: _____ Yes _____ No Date of employment: _____/_____/_____

Job Title: _____ Hourly rate/ Salary: _____

Notes: _____

DOCTOR'S CERTIFICATE OF FITNESS TO PERFORM AGILITY TEST

I 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.

CANDIDATE'S NAME: _____

AGENCY TO WHICH APPLICATION IS MADE: _____

DATE OF EXAMINATION: _____

DOCTOR'S SIGNATURE: _____

DOCTOR'S NAME (please print): _____

- | | |
|------------------------------|---------------------------|
| 1. SIT UPS | 28 IN ONE (1) MINUTE |
| 2. PUSH UPS | 18 IN ONE (1) MINUTE |
| 3. MILE AND A HALF (1.5) RUN | 14 MINUTES AND 36 SECONDS |

PLEASE FILL OUT THIS APPLICATION IN IT'S ENTIRETY!

Page 5 **MUST** be signed in the presence of a Notary.

The last page **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.

****Failure to do so will result in your application being voided.****

Once you have completed your application, it must be returned to:

Susie Windon

Assistant Secretary,

Berkeley County Deputy Sheriffs Civil Service Commission

Berkeley County Clerk's Office

100 W. King Street, Martinsburg, WV 25401

If you have any questions or concerns, she may be reached at

(304)267-3001 ext. 6007

Or via email at swindon@berkeleywv.org