



**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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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	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:

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

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## **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.

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**SPECIALIZED SKILLS**

\_\_\_\_\_ PC      \_\_\_\_\_ Fax      \_\_\_\_\_ Calculator      \_\_\_\_\_ Typewriter

Computer programs (please list): \_\_\_\_\_

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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.

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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):

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**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

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### 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:

Mrs. Melissa J. Beavers

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. 6005

Or via email at [mbeavers@berkeleywv.org](mailto:mbeavers@berkeleywv.org)