BERKELEY COUNTY SHERIFF RESERVES

The Berkeley County Deputy Sheriff Reserve program is an equal opportunity organization, where decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.



This application is <u>ONLY</u> for the position of Sheriff's Office Deputy Reserve.

All information on the application must be complete.

Personal Info	rmation					
Name						
	Last	First	Mido	lle		Date of Birth
Physical Address						
	Street Address		City		State	Zip Code
Phone Number						How did you find out about this position?
	Home	Cell Phone or Other	Contact Num	ber		Posting in Lobby
Email Address		:	Social Secu	rity Number*		County Website
Do you have the legal right to live and work in the U.S.? Proof of citizenship or immigration status will be required upon appointment. Yes No					☐ Newspaper ☐ Relative ☐ Friend	
Emergency contac	et					Other
	Name		Re	lation	Phone	_
Are you 18 years	or older? Yes No					
Criminal Histo	ory					
Have you ever bee	en convicted of a Felony?	Yes] No			
Have you ever been convicted of a Domestic offense or violent misdemeanor?						
If so, please list:						
Have you ever applied to Berkeley County before?						
Have you previously worked for Berkeley County?						
List any relatives employed by Berkeley County:						
Name		Department			Relationship	

☐ Yes ☐ No

Can you travel if the job requires?

Berkeley County performs criminal background checks on prospective Deputy Sheriff Reserves. The West Virginia State Code prohibits the Sheriff from appointing individuals with certain criminal records (i.e. §7-14-11 and critera established by the Berkeley County Deputy Sheriff's Civil Service Comm.).

^{*} Social Security Numbers (SSNs) are used to match individuals with their application. Disclosure of your SSN is voluntary; however, it is necessary to process your application. Your SSN may be used for purposes including, but limited to the following: identification of obligors under child support orders, detection of welfare fraud, processing background checks, and tax information or general employee information.

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Nam	e and Location of School		Highest Level Completed	Did you graduate?	Field of Study	
High School or			9 10 11 12			
GED Courses						
College or			1 2 3 4 5 5+			
Trade School						
Graduate or			1 2 3 4 5 5+			
Business School						
List special equipment or machin	es you can operate:					
List computer software in which of the specific software:	you have skills, including word pro	ocessing, spreadsheets	and database pr	ograms. Please	e indicate the name	
List special clerical skills, includi	ng keyboarding and shorthand/spe	edwriting:				
Are you a veteran?	re you a veteran? Yes No		If yes, which branch of service?			
List Rank	Length of Service					
Licenses, Registrations, an	nd Certifications					
, 0	nt must provide copies of all licenses/certifi	ications required for the pos	sition.			
Driver's License - Check if CDL	License No Expiration Date			ate		
0.1 I: /C /:C: /: /2-22-2		T : /C .:C' .	· NT 1		α τ Δ	
Other License/Certification (LISW	, LPN, RN, First Aid/CPR, Notary, etc.)	License/Certificat	ion Number	Expiration Da		
Other License/Certification (LISW	, LPN, RN, First Aid/CPR, Notary, etc.)	License/Certificat	ion Number	Expiration Da	atc	
Other License/Certification (LISW	, LPN, RN, First Aid/CPR, Notary, etc.)	License/Certificat	ion Number	Expiration Da		
	, LPN, RN, First Aid/CPR, Notary, etc.)	License/Certificat	ion Number	Expiration Da		
Personal References	tat least one year. Do not include			Expiration Da		
Personal References Persons who have known you for				Telephone	Years Knowr	
Personal References	at least one year. Do not include t			-	Years	

Employment History					
Are you currently employed?	☐ Yes, Full-time ☐ Yes, Part-time		□ No		
	Shift Hours:	Days Off:			
Beginning with your most recent, list below padditional Employment History sheets to refer					
Business	Hire Date □ Full-Time □ Part-Time □ Temporary				
Address	Ending Date Reason for Leaving				
	Position(s) Held				
Type of Business	Was this a supervisory position? Yes No If yes, how many employees did you supervise?				
Telephone	Describe job duties				
Last Supervisor's Name					
Is it okay to contact the employer?					
Business	Hire Date	☐ Full-Time ☐ Part-Tim	ne Temporary		
Address	Ending Date	Reason for Leaving			
Position(s) Held					
Type of Business	Was this a supervisory position? Yes No If yes, how many employees did you supervise?				
Telephone	Describe Job Duties				
Last Supervisor's Name					
Is it okay to contact the employer?					
	•				
Business	Hire Date	☐ Full-Time ☐ Part-Tim	ne 🗆 Temporary		
Address	Ending Date	Reason for Leaving			
	Position(s) Held	1			
Type of Business	Was this a supervisory position? Yes No If yes, how many employees did you supervise?				
Telephone	Describe Job Duties				
Last Supervisor's Name					
Is it okay to contact the employer?					
Business	Hire Date	☐ Full-Time ☐ Part-Tim	ne \square Temporary		
Address	Ending Date Reason for Leaving				
	Position(s) Held				
Type of Business	Was this a supervisory position? If yes, how many employees did you				
Telephone	Describe Job Duties				
Last Supervisor's Name					
Is it okay to contact the employer?					

Summary of Qualificat	ions		
		re, education, training, and other factors that qua and any position-specific qualifications posted f	
Release and Authorizati	on		
READ CAREFULLY BEFORE	SIGNING	ust be initialed in order for application to be considere	ed.
		s application are true and complete to the best of full or it may not be considered.	my knowledge and belief. I understand that
		al function of the job for which I have applied, v	
		or misleading information given in my application when such information is discovered.	on or interview(s) may result in discharge
I authorize Berkele and/or educational		rginia, to obtain copies of my work record and e	ducational history from my former employers
		an abstract of my driver's license or commercia to the position for which I am applying.	l driver's license record, as well as any
•	from all liability fo	or any damage that may result from the release an	nd use of medical, educational, and
	ation of all statem	ents contained in this application for the Deputy	Sheriff Reserves, which may be necessary in
•		on, and/or drug screening, may be required for t	his appointed position.
	•	horize Berkeley County to update and suppleme	
I hereby understand on an "at will" basis member at any time	s, which means that with or without c r by conduct unles	that, unless otherwise defined by applicable law t the Reserve member may resign at any time an ause. It is further understood that this "at will" re s change is specially acknowledged in writing by	d the Sheriff may discharge the Reserve lationship may not be changed by any
		Applicant's Signature	Date
Sworn to before me and signed	in my presence		
•			
this day of	, 20	Notary's Signature	
			Notary Public, State of West Virginia
(seal)	(typed or printed name)	
		My commission expires	