



DEPUTY SHERIFFS
 CIVIL SERVICE COMMISSION
 OF WAYNE COUNTY
 Wayne County Courthouse
 Wayne, WV 25570



APPLICATION FOR EXAMINATION

Use a typewriter or ink. Applications not properly filled out will not be accepted; they may be rejected, or they may be returned for correction.

Title of Position (print): _____ Deputy Sheriff _____

Full name: _____ Sex: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #
City State Zip Code

Email: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever applied or work for this department? Yes No If yes, when & last position _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Place of Birth: _____

If naturalized, give the date and place: _____

If a citizen through naturalization of your father, give the date and place at which he received his naturalization papers: _____

Length of residence in West Virginia immediately prior to the date of filing out this application: _____

Married _____ or Single _____

Give the sex (M or F), age and relationship of persons wholly dependent upon you for support:

Clearly indicate any physical defects, chronic diseases, or serious illnesses: _____

Would you be willing to submit to a physical examination: _____

Education

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Outline additional training you may have received in a correspondence, night, summer, or other special school, or apprenticeship training for a particular trade or profession. Give the name of the school or firm, its location, the course or courses taken, and the length of time spent:

Give the names of courses in your educational training which pertain to the position for which you are applying: _____

Mention scholastic honors: affiliations with professional societies: _____

State any special qualifications (knowledge of law, mechanical arts, reading, writing, or speaking knowledge of foreign languages, etc.) not brought out by the preceding questions:

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Employment: (Show present or last position first, and work backward. List all your principal work. Record temporary or part time work as such).

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

If you have had fewer than three employees, indicate below the names of additional persons not related to you who know your qualifications:

Name	Address	Vocation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Outline additional specialized experience or skill you possess: _____

Are you now employed by the state? _____ If so, indicate your title, department, salary and, if temporary, the date your appointment expires: _____

If appointed, how soon could you report to work? _____

Would you accept temporary work? _____

Have you ever been arrested, indicted, or convicted for violation of any law other than minor traffic regulations? _____

If so, state the particulars in detail: _____

All applicants must sign the following certificate:

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position under the jurisdiction of the Civil Service Commission of Wayne County.

Signature of Applicant _____

Date _____

PLEASE ATTACH A RECENT PHOTO AND A COPY OF YOUR BIRTH CERTIFICATE.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any representative of the Wayne County Sheriff's Department bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarded me. This release is executed with the full knowledge and understanding that the information is for the official use of the Wayne County Sheriff's Department. Consent is granted for the Wayne County Sheriff's Department to furnish such information as is described above, to third parties in the course of the Sheriff's Department fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this Release, you can contact me as indicated below:

Full Name _____

Current address _____

Telephone: _____

SS# _____

Signature

Taken, Subscribed, and Sworn to before me this _____ day of _____.

Notary signature

My Commission Expires _____.

APPLICANT:

TO BE ELIGIBLE TO BE EXAMINED THE FOLLOWING MUST BE SUBMITTED:

THE COMPLETED APPLICATION

APPLICANTS SIGNATURE

A CERTIFIED COPY OF YOUR BIRTH CERTIFICATION

A RECENT PHOTO OF YOURSELF

A COPY OF YOUR DIPLOMA/GED

AN INCOMPLETE APPLICATION WILL DISQUALIFY YOU FROM THE EXAMINATION.
YOU WILL BE NOTIFIED BY MAIL OF THE NEXT TEST DATE.