



Morgan County Sheriff's Department

Application

"Morgan County is an equal opportunity employer"

"Minorities and Women are Encouraged to Apply"

226 Gayle Drive Berkeley Springs, WV

304-258-1067

Instructions:

- **Must be type or printed legibly in blue or black ink.**
- **Make certain to fill in all required information on this application form.**
- **Specify N/A if not applicable. If any information is missing, your application may be rejected.**
- **All Information will be treated confidentially.**
- **Use attachments when necessary.**
- **It is the policy of the Morgan County Sheriff's Department to be fair and equitable in all its interactions with applicants and employees for employment with regard to race, color, religion, ancestry, marital status, gender or disability.**
- **Any information provided by applicant found to be FALSE will be reason for termination from employment with the Morgan County Sheriff's Department.**

| | |
|---|----|
| Full Name (first, middle, last) | |
| Social Security Number | |
| Driver's License Number and State | |
| Any Other Names Used | |
| Home Phone / Cell Phone | |
| Email | |
| Current Address | 1) |
| Previous Addresses in past ten years | 2) |
| | 3) |
| Emergency Contact / address, phone, and Relationship | |
| Military Service, Branch, discharge and Dates | |

Education (Use additional sheets if needed)

| | |
|---|----|
| High School and Address | |
| Highest Grade Completed | |
| College and Field of Study | |
| Highest Grade Completed | |
| Degree Attained | |
| Trade Schools / Specialized Training | 1) |
| | 2) |
| | 3) |
| Certifications | 1) |
| | 2) |
| | 3) |
| | 4) |
| | 5) |

Employment History (Use additional sheets if needed)

| | |
|-------------------------------------|--|
| Employer / Address/Phone | |
| Reason for Leaving | |
| Work Performed | |
| Employer / Address/Phone | |
| Reason for Leaving | |
| Work Performed | |
| Employer / Address/Phone | |
| Reason for Leaving | |
| Work Performed | |

References (Use additional sheets if needed)

| | |
|-----------------------------|--|
| Name / Address/Phone | |
| Relationship | |
| Name / Address/Phone | |
| Relationship | |
| Name / Address/Phone | |
| Relationship | |
| Name / Address/Phone | |
| Relationship | |
| Name / Address/Phone | |
| Relationship | |

Q & A (Use additional sheets if needed)

| | |
|--|--|
| Are you a citizen or legal alien? | |
| Have you ever held a position of trust such as handling money or confidential material? | |
| Have you had a valid driver's license for past two years? | |
| Has your driver's license ever been suspended or revoked and why? | |
| Have you ever been convicted of a crime and what? | |
| Have you ever been convicted of a domestic violence or subject of a protective order? | |
| Have you ever been convicted of a traffic offense and what for? | |
| Have you ever used illegal drugs? What and when last used? | |
| Do you drink alcohol? What? Frequency? | |
| Have you applied for another police agency or similar position? Where? When? | |

In your handwriting why do you want to be employed with this department?

I swear and attest all information contained in this application is true and accurate to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Morgan County Sheriff's Department

Authorization Release

Date received: _____

Date of test (if applicable): _____

(Office use only)

(Office use only)

AUTHORIZATION TO RELEASE INFORMATION

Full legal name (Type/Print)

I hereby authorize and representative of the Morgan County Sheriff's Department bearing this release, or any copy thereof, within one year of its date, to obtain any information from individuals, employers, schools or agencies relating to my activities. This information may include but is not limited to, academic achievement, performance, attendance, personal history, disciplinary actions, credit, medical, birth, and other vital records, criminal and domestic court records and conviction and arrest records.

I further authorize and request your release of such information upon request of the bearer. I understand the information released is for official use only by authorized agents of the Morgan County Sheriff's Department and is necessary in fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages whatsoever, which may at any time result to me on account of compliance with any attempts to comply with this authorization.

APPLICANT - SIGN ONLY IN THE PRESENCE OF A NOTARY

GIVEN UNDER MY HAND THIS

Day

Month

Year

SIGNATURE: _____

NOTARY

On _____
Month/Day/Year

Applicant's Name

personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public _____
Signature

In _____
 County City of State

My commission expires the _____, 20____
Day Month Year