



Morgan County Sheriff's Department
226 Gayle Drive
Berkeley Springs, WV 25411
MorganSheriff@morgancountywv.gov
304-258-1067

PLEASE FILL OUT THIS APPLICATION IN IT'S ENTIRETY!

Page 11 **MUST** be **signed in the presence** of a **notary**.

Page 13 **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.

NOTE: Failure to do this could result in your application being voided.

Ensure you complete the application in its entirety!

Once you have completed your application , please return it to:

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Berkeley Springs, WV 25411



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Employment Application for Position of Deputy Sheriff

(Please Print or Type)

Position Applied For:		Date of Application:	
How did you hear about us?			
Advertising	Employment Agency	Friend	Relative
Other:			Walk-in
Last Name:		First Name:	Middle Name:
Current Mailing Address:		City:	State: Zip:
Current Physical Address:		City:	State: Zip:
Email Address:			
Driver's License State Issue Number:		Expiration of Driver's License:	
Attach a Copy of your Driver's License to this Application			
Place of Birth (City & State):		Date of Birth:	Social Security Number:
Home Telephone Number:		Cell Phone Number:	

If you are under 18 years of age can you provide proof of your Eligibility to work? ___ Yes ___ No

Are you a citizen of the United States? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this county because of VISA or Immigration Status? (proof of citizenship or immigration status will be required) Yes No

Have you ever filed an application with us before? If yes, when? _____ Yes No

Have you ever been employed with us before? If yes, when? _____ Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

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? If yes, please explain _____ Yes No

Are you addicted to the habitual use of intoxicating liquors or drugs? If yes, please explain _____

_____ Yes No

Have you been clean and sober for a period of at least thirty-six (36) months prior to this application being completed from alcohol, drugs and any and all illegal substances, including but not limited to inhalants and hashish? If no, please explain _____

_____ Yes No

Have you for a period of a least thirty-six (36) months prior to this application being completed had more than limited use of any of the following:

- Marijuana (synthetic or natural) Yes No
- Cocaine Yes No
- Meth-Amphetamine/amphetamine Yes No
- Ecstasy Yes No

NOTE: Limited use is defined as an applicant's use of such substance no more than three (3) times in the last three (3) years.

If yes, please explain with dates _____

Have you ever used or experimented with any of the following substances?

- LSD Yes No
- PCP Yes No
- Methadone Yes No
- Heroin Yes No
- Misuse of and/or habitual user of any prescription medications Yes No

If yes, please explain with dates _____

Have you ever sold any drugs for profit or taken in an illegal enterprise, Such as carrying drugs for sale by a friend, family member or providing Transportation for a friend or family member for the purpose of acquiring Or distribution or any illegal substances for sale?

Yes No

If yes, please explain _____

Have you associated with convicted felons or with those individuals that are Under criminal investigation or indictment Yes No

If yes, please explain _____

Have you been dismissed from the public service for delinquency Or misconduct? Yes No

If yes, please explain _____

Have you within the last five (5) years from the date of this application had a history of bad debt, unaddressed debt, or bankruptcy? Yes No

If yes, please explain _____

Have you failed to provide child support payments or court ordered obligations? Yes No

If yes, please explain _____

Have you within the past twenty-four (24) months of the date of this application been convicted of three (3) or more moving violations of the law? Yes No

if yes, please explain _____

Employment History – Including Military Service

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: _____ Full Time: _____

Name of Company: _____
Address: _____
Type of Business: _____
Last position Held: _____
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Describe the work you did: _____

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Describe the work you did: _____

Reason for leaving: _____
Employed from: _____ Starting Salary: _____
 To: _____ Ending Salary: _____
 Part time: _____ Full Time: _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
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:

Other Qualification(s)

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

Specialized Skills

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 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: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Affirmative Action Plan

Filling out this form is **VOLUNTARY** on the part of the applicant. The information on this form will help Morgan County to ensure that there is no discrimination in the hiring practices of the County Government.

Please place an **X** in the spaces that apply to you.

Gender:

_____ Male

_____ Female

Ethnic Background:

_____ American Indian of Native American

_____ Asian or Pacific Islander

_____ Black (Not of Hispanic Origin)

_____ Hispanic

_____ White (Not of Hispanic Origin)

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

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

I understand that in the event this application is incomplete or incorrectly completed and/or copies of the required documents are not provided with this application, I will not be permitted to take the physical agility test, and this will result in discontinuation from the applications process.

I understand the civil service commission may require, in conjunction with this application, such certificates of citizenship, physicians, or others, having potential knowledge, as good of the service may require.

I acknowledge that the Morgan County Civil Service and the Morgan County Sheriff's Department will obtain all prior records, including school and employment records. By signing below, I give permission for all necessary records to be released to the Morgan County Civil Service Commission and the Morgan County Sheriff's Department.

I attest to the accuracy and truthfulness of the information provided and any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or if hired, grounds for discharge.

Applicant's Signature

Date

Doctor's Certificate of Fitness to Perform Agility Test

I _____ (referring to the person conducting the physical) 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.

Candidates Name: _____

Agency to which application is made: Morgan County Sheriff's Department

Date of Examination: _____

Doctor's Signature: _____

Doctor's Name: (please print) _____

- | | |
|----------------------|---------------------------|
| 1. Sit ups | 28 in one minute |
| 2. Push ups | 18 in one minute |
| 3. Mile and Half Run | 14 minutes and 36 seconds |