

**CIVIL SERVICE COMMISSION
COUNTY OF WOOD
OFFICE OF THE COUNTY CLERK
1 COURT SQUARE
P.O. BOX 1474
PARKERSBURG, WV 26102**

APPLICATION FOR EXAMINATION

Type or print legibly in ink. Applications not properly filled out will not be accepted. They may be rejected or returned for correction.

1. **Title of Position:** _____
(See Notice of Examination)

2. **Name:** _____
 First Middle Last

3. **Sex:** Circle One: Male Female

4. **Address:** _____
 Street and Number Phone Number

 City County State

5. **Date of Birth:** _____ 6. **Age:** _____ 7. **Height:** _____ 8. **Weight:** _____

9. **Place of Birth:** _____ 10. **Are you a US citizen?** _____

11. **If naturalized, give the date and place:** _____

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

13. **Married:** _____ **OR** **Single:** _____

14. **Give the sex (M or F), age, and relationships of persons wholly dependent upon you for support:** _____

15. **Indicate clearly any physical defects, chronic diseases or serious illnesses:** _____

16. **Would you be willing to submit to a physical examination?** _____

17. **EDUCATION:** (Circle the number indicating the length of time spent in each school)

(A) TYPE	YEARS IN SCHOOL	NAME AND LOCATION	DATE: FROM TO	DATE OF GRADUATION	DEGREE
Elementary School	5 6 7 8				
High School	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
College	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Post-Graduate Course	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Professional	1 2 3 4				
	1 2 3 4				
	1 2 3 4				
Business or Vocational	1 2 3 4				
	1 2 3 4				
	1 2 3 4				

(B) **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 courses taken, and the length of time spent.**

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

19. **Mention scholastic honors and affiliations with professional societies:** _____

20. **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:**

21. **EMPLOYMENT:** (Show present or last position first, and work backward.)

DATE: FROM TO	NAME OF EMPLOYER	ADDRESS	JOB DUTIES	REASON FOR LEAVING

22. Are you willing to have your present employer contacted regarding your qualifications? _____

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

NAME	PHONE NUMBER	ADDRESS	VOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Outline additional specialized experience or skill you possess:

25. Have you ever filed an application with this department? _____

If so, indicate the last position and the date: _____

26. Are you now employed by the State? _____

If so, indicate your title, department, salary, and if temporary, the date your appointment expires:

27. If appointed, how soon could you report for work? _____

28. Would you accept temporary work? _____

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

30. If so, state the particulars in detail: _____

31. 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 for Wood County.

Signature of Applicant

Date

Wood County Sheriff's Department

Basic Law Enforcement
Investigation Waiver

To: The Wood County Sheriff's Department

I, _____, do hereby authorize the release of any information regarding a criminal history record with any law enforcement agency on file in my name as shown on my application for employment with the Wood County Sheriff's Department.

I also understand and hereby give my authorization to the Wood County Sheriff's Department to perform a credit check as well as a personnel check through previous employers.

I understand that the above information shall be held strictly confidential but will be used in the evaluation of whether I will be accepted for employment.

Signature of Applicant

Date: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Operator's License Number: _____

Wood County



Sheriff's Office

(304) 424-1834
(304) 424-1832 fax

401 Second Street Suite# 11
Parkersburg, W.Va. 26101

Steve Stephens, Sheriff Robert G. Sims, Chief Deputy

RELEASE OF LIABILITY

APPLICANT NAME: _____

DATE OF BIRTH: _____

LAST 4 SSN: _____

I the undersigned hereby release the Wood County Sheriff's Office and its members from any and all liability, claims or demands which I may hereafter have on account of any and all injuries to me arising out of or related to the Physical Agility Test.

These terms shall be in full force and effect on the date below and on any other occasion when I may hereafter be requested to take said Physical Agility Test.

I hereby state I am of sound mind and body, that I am physically able to apply myself to the Physical Agility Test and do so willingly.

Dated this _____ day of _____, 20____ in the County of Wood, within the State of West Virginia.

Applicant Signature

Witness Signature

"Serving Wood County with Honor, Integrity, and Pride Since 1799"