



WOOD COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

The Wood County Sheriff's Office considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

PLEASE PRINT

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source: \_\_\_\_\_ Walk-in \_\_\_\_\_ Advertisement \_\_\_\_\_ Employee  
\_\_\_\_\_ Relative \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other

Name of source \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email Address \_\_\_\_\_

If you are under the age of 18 and it is required can you furnish a work permit? \_\_\_ Yes \_\_\_ No

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No  
(If yes, please provide: Position \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_ Yes \_\_\_ No

Date available for work \_\_\_\_\_

What type of work are you looking for? \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Seasonal (Crossing Guards)

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No



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If yes, please explain \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment)

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No

Please provide: License # \_\_\_\_\_ State \_\_\_ Expiration Date \_\_\_\_\_

Is it commercial driver's license? \_\_\_ No \_\_\_ Yes If-yes -- Class \_\_\_\_\_

EDUCATION BACKGROUND

School	Years Completed	Degree/ Diploma	Course of Study Major

Describe any specialized training, apprenticeship, technical skills, etc. \_\_\_\_\_

\_\_\_\_\_

Equipment or machinery you can operate \_\_\_\_\_

\_\_\_\_\_

Clerical positions: Typing speed \_\_\_\_\_ wpm



EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer: \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Supervisor and title: \_\_\_\_\_ Hourly rate/salary: Start \$ \_\_\_\_ Final \_\_\_\_  
 Duties \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Address: \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
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 Duties \_\_\_\_\_



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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position or which you are applying,

Five horizontal lines for writing skills and qualifications.

ADDITIONAL INFORMATION

List professional, trade, business, or civil associations and any offices held. (Exclude memberships which would reveal

Sex, race, religion, national origin, age, color, disability or any other similarly protected status.)

Organization

Offices Held

Years Affiliated With

Five horizontal lines for writing additional information.

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

Name

Telephone No.

Years Known

Three sets of horizontal lines for writing references.



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APPLICANT'S STATEMENT

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to update this application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand it is the Wood County Sheriff's Office policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

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: \_\_\_\_\_

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STATEMENT OF DRUG-FREE WORKPLACE

The Wood County Sheriff's Office, West Virginia, as a federal agency contractor, is mandated by the Drug-Free Workplace Act of 1988 to provide a drug-free work environment. This act does not mandate drug testing.

The Wood County Sheriff's Office Drug-Free workplace policy is as follows:

- 1) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on the premises of any County facility or project. Any employee found to be in violation of these prohibited activities will be subject to termination.
- 2) Employees must report to the Wood County Sheriff's Supervisor or Personnel Director) any Drug-related criminal conviction within five (5) days of the conviction.

**REMEMBER, MAINTAINING A DRUG-FREE WORKPLACE IS THE LAW.**

\*If Submit Button doesn't work, email form to [tgiffin@woodcountywv.com](mailto:tgiffin@woodcountywv.com)