

When returning application, include the following:

1. Copy of high school diploma or transcript
2. Copy of valid Driver's License
3. If applicable, copy of military DD214

APPLICATION FOR EMPLOYMENT

City of Summersville
 PO Box 525
 400 North Broad Street
 Summersville, WV 26651
 304-872-1211(ph) 304-872-2236 (fax)

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
-------------------------	---------------------

How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	Number	Street	City	State	Zip Code
---------	--------	--------	------	-------	----------

Telephone Number(s)	Social Security Number (Voluntary)
---------------------	------------------------------------

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before?..... Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize 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 45 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 may discharge Employee at any time with or without cause.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

SUMMERSVILLE POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting personnel department for the purpose of making a determination of suitability or eligibility for employment.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the authorized agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for employment. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the agency only for the purpose of employment and that it may be redisclosed by the agency only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the agency, whichever is sooner.

Signature (<i>Sign in Ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used		Social Security Number	
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>)

MEDICAL RELEASE FORM

Before being permitted to take the police officer agility test, candidates must have this medical release form signed by a certified licensed medical physician.

On this _____ day of _____, 20____, the applicant, _____, presented this document for my inspection and signature. It is my opinion that the applicant is physically fit to perform the police officer agility examination.

Signature of Examining Physician

Physician's Address

Telephone Number

POLICE CIVIL SERVICE COMMISSION FOR THE CITY OF SUMMERSVILLE, WV

APPLICATION FOR THE POLICE DEPARTMENT

(Use typewriter or print in ink)

PCSCForm (10/97)

1. Full Name _____

(a) What nicknames or other names are you known by or have used in the past?

2. Present Address: _____

How long at this address: _____

3. Telephone: (Home) _____ (Work) _____

4. Give all residence addresses for the previous 10
years: _____

5. Are you a United States citizen? Yes _____ No _____

6. Age: _____

7. Date of Birth: _____

8. Place of Birth: _____

9. Social Security Number: _____

10. To the best of your knowledge, are you in good health and physically capable of performing the duties of a police officer? Yes _____ No _____

11. Beginning with your present or most recent employer, please use the chart on the next page to provide us a complete record of all employment for the previous ten years. (Include service in the Armed Services if applicable.) Show all periods of unemployment. If former employers are out of business, so state. If you were in business for yourself, give nature of business and location. Be accurate showing all of your time. If you do not have sufficient space to give a complete employment record, attach an additional sheet and continue.

12. If you intend to rely on the veteran's preference points, attach proof that (a) you have been honorably discharged from the Armed Forces of the United States or (b) that you are a bona fide member of the United States Military Reserves or National Guard and have completed Military Basic Training prior to the date of the test.

13. Do you have a valid driver's license? Yes _____ No _____
(a) If so, what is your driver's license number? _____

NOTICE: (1) You will be required to present positive proof of identification at the time the test is given; (2) Additional information and testing will be required if you advance to later stages of the selection process

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE:

I certify that all of the foregoing information is true and accurate. I am aware that should investigation disclose misrepresentations or falsifications, the Commission may refuse to examine me or to certify me as eligible, I may be rejected by the Appointing Officer, I may be terminated if I have already been hired, and I will be disqualified from applying in the future for any position with the City of Summersville.

Date: _____ Signature of Applicant: _____

STATE OF WEST VIRGINIA
COUNTY OF _____, TO WIT:

_____, the applicant in the foregoing application, being duly sworn by me, affirms that the statements and facts contained in the foregoing application are true and to the best of his/her knowledge.

Given under my hand and official seal this _____ day of _____, _____.

My commission expires: _____

NOTARY PUBLIC

IF YOUR ADDRESS OR PHONE NUMBER CHANGES AFTER FILING THIS APPLICATION, PLEASE TIMELY NOTIFY THE POLICE DEPARTMENT OFFICE OF SUCH CHANGE.

ADDITIONAL INFORMATION

Other Qualifications

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

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS 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 a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO

USE THIS SPACE IF
NEEDED FOR ADDITIONAL
REFERENCES

REFERENCES

1. _____ () _____
(NAME) PHONE #

(ADDRESS)

2. _____ () _____
(NAME) PHONE #

(ADDRESS)

3. _____ () _____
(NAME) PHONE #

(ADDRESS)

**USE THIS SHEET IF NEEDED FOR
ADDITIONAL
EMPLOYMENT EXPERIENCES**

COMPANY NAME AND ADDRESS (if self-employed, include type of business)	FROM Month Year	TO Month Year	POSITION & NATURE OF DUTIES	REASON FOR LEAVING
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		
Name _____ Address: _____	Month _____ Year _____	Month _____ Year _____		