

WIRT COUNTY SHERIFF DEPARTMENT

D.L. Null, SHERIFF

PO BOX 669 ELIZABETH, WV 26143

PHONE: 304-275-4222 FAX: 304-275-3500

APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
Application Number:	Examiner:
Position(s) Applied For:	Accepted () Rejected ()
Full time () Part time ()	Date Notice Sent

APPLICANT – Please complete the following by printing in ink or type.

Name _____
(Last) (First) (Middle)

Present Address _____
(Street Address) (City, State, Zip Code)

Length of time at present address: _____ Phone _____

List two previous addresses, listing most recent first and work back:

	Street Number	City	State	Zip Code	How Long
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

Are you a citizen of the U. S.? _____ Yes _____ No If not a citizen, do you have permission to remain permanently in U. S.? _____

Date of Birth: _____ Birth place: _____

Social Security Number: _____

Do you have any limiting physical handicaps? _____ Yes _____ No If yes, describe:

Have you any serious illness or injury within the past five years? _____ Yes _____ No If yes, describe _____

Have you ever been addicted to alcohol or a controlled substance? ____ Yes ____ No

Have you ever pleaded or been found guilty of a crime? ____ Yes ____ No

If yes, describe: _____

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

If yes, Driver's license number: _____ State: _____ Type: _____

EDUCATION

Highest grade completed: _____

Name and address of high school _____

General Equivalency Diploma (G. E. D.): _____ Yes _____ No

College Credits received:

Name of School/Address	Major/Minor	# of Credits and Degree Received

List of other special skills, training or knowledge:

MILITARY SERVICE

Were you in the U. S. Armed Forces? ____ Yes ____ No If yes, give branch, dates of enlistment and discharge, and duties performed.

Branch Enlistment Date Discharge Date Duties

REFERENCES

(Do not use relatives):

Name	Occupation/Title	Address	Telephone
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EMPLOYMENT

Start with your present or most recent employer and give the company's name and address. Include service in the armed forces if applicable. You must also show all periods of unemployment during the last ten years. If former employers are out of business, state so. If in business for yourself, give nature of business and location. Be accurate. You must account for all of your time for the last ten years. If you do not have sufficient space to give a complete employment record for the last ten years, attach an additional sheet, but do not attach a resume.

Name of business _____ Address _____ Type of Business _____ Last Position Held _____ Name of Supervisor _____ Describe the work you did _____ Reason for Leaving _____	Employed From _____ to _____ Starting Salary _____ Last Salary _____ Part time _____ Full time _____
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Describe the work you did _____ _____ _____ Reason for Leaving _____	Part time _____ Full time _____
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PHYSICAL ABILITY STANDARDS

#1 Upper Body Strength

PASS

FAIL

Applicants must be able to complete 18 properly executed push-ups within one minute.

The hands are placed about shoulder width apart. The administrator places a fist on the floor below the student's chest.

Starting from the up position (elbows fully extended), the student must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. Student then returns to the up position.

#2 Muscular Endurance

PASS

FAIL

Applicants must be able to complete 28 properly executed sit-ups within one minute.

The student starts by lying on the back, knees bent, heels flat on the floor, hands folded across the chest touching the shoulders.

A partner holds the feet down firmly.

In the up position, the student should touch the elbows to the knees and then return until the shoulder blades touch the floor. Any resting should be done in the up position.

#3 Aerobic Power

PASS

FAIL

Applicants must be able to complete the 1.5 mile run within 14 minutes, 36 seconds. Equipment: A stopwatch or clock with a sweep second hand; an indoor or outdoor track or another suitable running area measured to 1.5 miles; testing forms to record data.

The student should refrain from smoking or eating for two hours preceding the test.

Allow adequate time prior to the test for stretching and warm-up exercises.

During the administration of the test, the students can be informed of their lap times. If several students run at once, their individual times at the finish can be called out and recorded later.

An important consideration at the end of the run is the "cool down" period.

The students should be cautioned about sitting or standing around immediately after the run to prevent venous pooling. They should be instructed to walk an additional five minutes or so in order to enhance venous return and aid in recovery.

APPLICANT

_____/_____/_____
DATE



WIRT COUNTY SHERIFF DEPARTMENT
Darrell L. Null, Sheriff
P.O. Box 669 / 15 Court Street
Elizabeth, WV 26143

Tax Department
Phone: (304) 275-4222
Fax: (304) 275-3303

Law Enforcement
Phone: (304) 275-4222
Fax: (304) 275-3500

RELEASE OF LIABILITY

APPLICANT NAME: _____

DATE OF BIRTH: _____

LAST 4 SSN: _____

I the undersigned hereby release the Wirt County Sheriff Department 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 Wirt, within the State of West Virginia.

Applicant Signature

Witness Signature

Wirt County Sheriff Department

Basic Law Enforcement
Investigation Waiver

To: The Wirt County Sheriff 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 Wirt County Sheriff Department.

I also understand and hereby give my authorization to the Wirt County Sheriff 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: _____