

**POLICE CIVIL SERVICE COMMISSION
NEW MARTINSVILLE, WEST VIRGINIA
APPLICATION FOR ADMISSION TO EXAMINATION**

TO APPLICANT – WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN PLACING YOU IN THE POSTION THAT BEST MEETS YOUR QUALIFICATIONS AND MAY ASSIST US IN POSSIBLE FUTURE UPGRADING. READ THE FOLLOWING CAREFULLY BEFORE ANSWERING ANY QUESTIONS BELOW. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICE BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. THE LAWS OF SOME STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION, AS WELL AS SOME ADDITIONAL TYPES, SUCH AS DISCRIMINATION AGAINST THE PHYSICALLY HANDICAPPED.

APPLICANT – DO NOT WRITE IN THIS SPACE
DATE RECEIVED _____

POSITION APPLYING FOR _____

1. NAME _____
(FIRST) (MIDDLE) (LAST)

2. RESIDENCE – STREET _____ CITY _____
 COUNTY _____ STATE _____ TELEPHONE NO. _____

3. PERSONAL DATA – HEIGHT _____ WEIGHT _____ SEX _____
 COLOR HAIR _____ COLOR EYES _____ MARITAL STATUS _____

4. AGE- YEARS _____ DATE OF BIRTH _____ (BIRTH CERTIFICATE TO BE ATTACHED)

5. SOCIAL SECURITY NUMBER _____

6. CITIZENSHIP – COUNTRY _____
 (A) PLACE OF BIRTH _____
(CITY) (COUNTY) (STATE)
 (B) IF NATURALIZED, _____
(DATE) (STATE)

(CITY) (COUNTY)

7. EDUCATION
 (A) HIGH SCHOOL GRADUATE ___ YES ___ NO (CIRCLE YEAR COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12

(B) IF YES, NAME AND LOCATION OF HIGH SCHOOL _____

(C) COLLEGE (CIRCLE YEAR COMPLETED) 1 2 3 4 5
NAME AND LOCATION OF COLLEGE ATTENDED _____

COLLEGE DEGREES OR CERTIFICATIONS _____

8. PRIOR SERVICE AS LAW ENFORCEMENT OFFICER

POSITION	LOCATION	INCLUSIVE DATES

9. MILITARY SERVICE (CERTIFICATE OF DISCHARGE TO BE ATTACHED)

BRANCH	YEARS	RANK	TYPE OF DISCHARGE

DECORATIONS FOR VALOR OR BRAVERY _____

10. PLACES OF RESIDENCE DURING THE LAST THREE YEARS

STREET	CITY	COUNTY	STATE	FROM MO.&YR	TO MO.& YR

11. BUSINESSES AND EMPLOYMENTS DURING THE LAST THREE YEARS

BUSINESS OR EMPLOYMENT	FROM MO. & YR	TO MO.& YR

12. STATEMENT OF PRESENT CONDITION OF HEALTH _____

13. IS YOUR PHYSICAL CAPACITY FOR SERVICE AS A POLICE OFFICER LIMITED IN ANY WAY _____

14. HAVE YOU EVER BEEN CONVICTED OF EITHER A FELONY OR A MISDEMEANOR INCLUDING TRAFFIC VIOLATIONS? ____ YES ____ NO IF YES GIVE FULL PARTICULARS _____

15. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION WHICH ADVOCATES THE OVER THROW BY FORCE OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA? _____

16. LIST ALL CLUBS, ORGANIZATIONS, ETC. OF WHICH YOU ARE A MEMBER _____

17. LIST THREE (3) REFERENCES (DO NOT NAME RELATIVES)

NAME _____ ADDRESS _____
NAME _____ ADDRESS _____
NAME _____ ADDRESS _____

18. CAN YOU DRIVE AN AUTOMOBILE _____ YES _____ NO
CAN YOU SWIM _____ YES _____ NO
DO YOU HAVE A WORKABLE KNOWLEDGE OF FIRST AID? _____ YES _____ NO

19. REMARKS:

STATE OF WEST VIRGINIA
COUNTY OF WETZEL,
CITY OF NEW MARTINSVILLE, TO-WIT:

I, _____, THE APPLICANT NAMED IN THE FOREGOING AND HERETO ANNEXED APPLICATION, BEING FIRST DUELY SWORN, SAYS THAT ALL OF THE ANSWERS CONTAIN THEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORD THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE.

(APPLICANTS SIGNATURE)

ADDENDUM TO POLICE CIVIL SERVICE APPLICATION

IF HIRED, I HEREBY CERTIFY THAT I WILL ATTEND AND SUCCESSFULLY COMPLETE THE STATE POLICE ACADEMY TRAINING COURSE IN CHARLESTON WITHIN A PERIOD OF ONE YEAR, IF SAME IS AVAILABLE

(APPLICANTS SIGNATURE)

AUTHORIZATION AND RELEASE

I AUTHORIZE THE CITY OF NEW MARTINSVILLE AND THE POLICE CIVIL SERVICE COMMISSION TO PROCESS SAID APPLICATION. THE UNDERSIGNED HEREBY REQUESTS AND AUTHORIZES ANY LAW ENFORCEMENT AGENCY TO FURNISH TO THE CITY OF NEW MARTINSVILLE AND THE POLICE CIVIL SERVICE COMMISSION ANY INFORMATION CONCERNING THE UNDERSIGNED ON RECORD WITH SAID AGENCY, AND THE UNDERSIGNED HEREBY RELEASES AND FOREVER DISCHARGES SAID AGENCY, THE CITY OF NEW MARTINSVILLE, AND ITS AGENCIES, THE POLICE CIVIL SERVICE COMMISSION FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE USE OF SAID INFORMATION. THE UNDERSIGNED ALSO UNDERSTANDS THAT HE/SHE MAY BE REQUIRED TO UNDERGO A POLYGRAPH EXAMINATION.

APPLICANT SIGNATURE

DATE

TAKEN, SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
20____

NOTARY PUBLIC IN AND FOR WETZEL COUNTY, WEST VIRGINIA

MY COMMISSION EXPIRES
