

# JEFFERSON COUNTY SHERIFF'S DEPARTMENT APPLICATION FOR EMPLOYMENT "An Equal Opportunity Employer"



Pos			
Name:			_(Maiden:
Last	First	Middle	
Permanent Mailing Address:			
Social Security Number:		one Number:	
Date of Birth: R	ate of Pay Expected:	Date Available	to begin work:
Are you a citizen of the United S United States permanently?		not a citizen, do you have j	permission to remain in the
Do you read and write English? If so, which?			ther than English?
Are you or have you ever been a	resident of West Virginia?	If not what state	:
Do you have a valid driver's lice Chauffeur's License?	nse? State:	Drivers License Num	ber:
Is there any other name you use t	hat may be pertinent to che	ecking work references?	If yes, list below:
Have you ever taken any examin If yes, for which position?			ssion?
Are you affiliated with any busin Jefferson County Sheriff's Dept.			
Do you have any physical limitat	ions which preclude you fr	om performing certain kin	ds of work?
If yes, describe such limitations:			

#### **EMPLOYMENT HISTORY**

List from current employer and list any periods of unemployment

Name of Company	Employed from		
Address	to Pr		
Type of Business			
Last position held	Starting Salary		
Name of Supervisor			
Describe the work you did	Ending Salary		
	Part time F	ull time	
Reason for leaving			
**************	**********	********	
Name of Company	Employed from _	Employed from	
Address	to		
Type of Business			
Last position held	Starting Salary		
Name of Supervisor			
Describe the work you did Ending Salary			
	Part time F	ull time	
Reason for leaving			
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	Part time F	ull time	
Reason for leaving			
****************	***********	**********	

### **RECORD OF EDUCATION**

Select last grade completed:

SCHOOL	Names and Address of School	Major/Minor	Did you graduate?	Diploma or Degree
Elementary				
High School				
College				
Other (specify)				

## RECORD OF MILITARY SERVICE

Date of Entry (or Entries)	If yes, what branch?
Rank of Discharge	Service Number
List duties in the Service, include special train	ing
-	
	Rights? If yes, what training did you take?

### PERSONAL REFERENCES

(Not former employers or relatives)

NAME	1.	2.				
ADDRESS						
OCCUPATION						
PHONE NO.						
What other statements would you care to make regarding your qualifications for the position you seek, or other training experiences, or abilities you have that you feel would contribute to your working expertise?						
STATEMENT OF APPLICANT  "I hereby affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsifications, I shall be subject to dismissal."  "I hereby authorize the State of West Virginia to make an investigation of my past employments and all of the facts stated on this application for employment. I release from all liability or responsibility all persons, places of business, schools and municipalities supplying such information."						
DATE	SIGNATURE	OF APPLICANT				