



JEFFERSON COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Date Received by JCSO: _____
Received by: _____

Position Applying For: _____

Name: _____ (Maiden: _____)
Last First Middle

Mailing Address: _____

Physical Address (if different): _____

Email Address: _____

SSN: _____ Telephone Number: _____ Date of Birth: _____

Place of Birth: _____ Are you a US Citizen? _____ If not, do you have
permission to remain in the US Permanently? _____ Do you read and write English? _____ Do
you speak, read, or write any other languages? _____ If so, which? _____

Driver's License Number: _____ State: _____ Have you ever had a Driver's License in any
other state? _____ If so, please list the states: _____

Are there any other names or aliases you have ever used? _____ Please List: _____

Have you ever taken any examinations under the West Virginia Civil Service Commission? _____

If yes, for which positions? _____

Are you affiliated with any business or agency which may result in a conflict of interest in working for the
Jefferson County Sheriff's Office? _____

Do you have any physical limitations which preclude you from performing certain kinds of work? _____

If yes, describe limitations:

EMPLOYMENT HISTORY

List from current employer and list any periods of unemployment

Name of Company _____	Employed from _____
Address _____	to Present
Type of Business _____	
Last position held _____	Starting Salary _____
Name of Supervisor _____	Ending Salary _____
Describe the work you did _____	Part time _____ Full time _____
Reason for leaving _____	

Name of Company _____	Employed from _____
Address _____	to _____
Type of Business _____	
Last position held _____	Starting Salary _____
Name of Supervisor _____	Ending Salary _____
Describe the work you did _____	Part time _____ Full time _____
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Reason for leaving _____	

If more space is needed use additional sheets

RECORD OF EDUCATION

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

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

RECORD OF MILITARY SERVICE

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Date of Entry (or Entries) _____

Date of Last Separation _____

Rank of Discharge _____ Service Number _____

List duties in the Service, include special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take?

PERSONAL REFERENCES

(Not former employees or relatives)

NAME	1.	2.
ADDRESS		
OCCUPATION		
PHONE NO.		
SIGNATURE		

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