



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, can you legally work within the United States? _____ 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:

*Required fields for Deputy, Bailiff, and Trip Guard Applicants

EMPLOYMENT HISTORY

Name of Company: _____ Employed from _____
To Present
Address: _____ Starting Salary _____
Type of Business: _____ Ending Salary _____
Last Position Held: _____ Part Time _____ Full Time _____
Name of Supervisor: _____
Duties Performed: _____

Reason for Leaving: _____

Name of Company: _____ Employed from _____
To _____
Address: _____ Starting Salary _____
Type of Business: _____ Ending Salary _____
Last Position Held: _____ Part Time _____ Full Time _____
Name of Supervisor: _____
Duties Performed: _____

Reason for Leaving: _____

Name of Company: _____ Employed from _____
To _____
Address: _____ Starting Salary _____
Type of Business: _____ Ending Salary _____
Last Position Held: _____ Part Time _____ Full Time _____
Name of Supervisor: _____
Duties Performed: _____

Reason for Leaving: _____

If more space is needed use additional sheets

EDUCATION

Highest Level of Education: _____ Name of School: _____

Degree or Diploma Obtained: _____

Additional Schooling or Certifications: _____

RECORD OF MILITARY SERVICE

Were you in the US Armed Forces? _____ If yes, what branch: _____

Date of Entry: _____ Date of Separation: _____ Rank at Discharge: _____

Service Number: _____

Duties/Special Training: _____

ADDITIONAL REMARKS

Date

Signature of Applicant



AUTHORIZATION FOR BACKGROUND CHECK

Applicants for Bailiff and Trip Guard must complete this form

I, _____, do hereby authorize full release and disclosure of any and all records concerning myself to the **JEFFERSON COUNTY SHERIFF'S OFFICE**, and its appointed agent(s), whether said records are public, private or confidential in nature.

The total intent of this authorization is to provide full and free access to my background history for the specific purpose of pursuing a background investigation which may provide pertinent data for the **JEFFERSON COUNTY SHERIFF'S OFFICE**, to consider in determining my suitability for employment.

I understand that any information obtained during this investigation may be released by the **JEFFERSON COUNTY SHERIFF'S OFFICE** to professional offices/individuals outside of the department, who are involved in the hiring process. All such information shall be held in the strictest confidence and will not be released to any other parties, without the expressed approval of the Sheriff or his/her designee.

I understand that information obtained by this investigation, developed directly or indirectly, in whole or in part, from this release will be considered in determining my suitability for employment by the **JEFFERSON COUNTY SHERIFF'S OFFICE**. A copy of this release form will be considered valid, even though the copy does not contain an original of my signature.

Signature

Date