



**CITY OF KEYSER
POLICE DEPARTMENT**

111 North Davis Street
KEYSER, WEST VIRGINIA 26726
304-788-1311

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

(USE TYPEWRITER OR INK. APPLICATIONS NOT PROPERLY AND COMPLETELY FILLED OUT WILL NOT BE ACCEPTED.)

DATE: _____

POSITION APPLIED FOR: _____ SOC: _____

Name (*print*) _____ Phone Number _____
FIRST MIDDLE LAST

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Place of Birth: _____

Single _____ Married _____ Divorced _____

Number of children: _____ Ages: _____ Other Dependents: _____

Are you a citizen of the U.S. _____ If Naturalized, give date: _____

PRESENT ADDRESS: _____
NUMBER STREET
CITY COUNTY STATE ZIP CODE

Give home address for past ten years, including dates of residence at each place:

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR	DID YOU GRADUATE	DIPLOMA OR DEGREE
ELEMENTARY	_____			

HIGH	_____			

COLLEGE	_____			

OTHER (SPECIFY)	_____			

Did you participate in athletics? _____ What Sport? _____

List below your complete employment history, starting with your present position and working backward through your experience. List unemployment periods, DO NOT LIST MILITARY SERVICE HERE.

PRESENT EMPLOYER ADDRESS & PHONE NUMBER TYPE OF BUSINESS

EMPLOYMENT POSITION DATE EMPLOYED YOUR PRESENT SALARY

PAST EMPLOYER ADDRESS & PHONE NUMBER TYPE OF BUSINESS

EMPLOYMENT POSITION DATE EMPLOYED DATE LEFT REASON FOR LEAVING SALARY

PAST EMPLOYER ADDRESS & PHONE NUMBER TYPE OF BUSINESS

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EMPLOYMENT POSITION DATE EMPLOYED DATE LEFT REASON FOR LEAVING SALARY

(SPACE BELOW MAY BE USED TO LIST ADDITIONAL EMPLOYMENT OR EXPLAIN ANY REMARKS ABOVE)

State the approximate amount of your present indebtedness, and for what: _____

Name three firms with whom you have charge accounts: _____

Have you ever been declared bankrupt? _____ If YES, give particulars: _____

Have you ever been arrested or charged (including citation) with a crime? _____ If YES, give particulars: _____

Have you ever been issued a traffic citation? _____ If YES, where: _____ when: _____

Do you possess a valid driver's license? _____ Which State: _____ Operator's License Number: _____

Has your driver's license ever been revoked or suspended? _____ If YES, explain: _____

Have you ever been involved in a motor vehicle accident, as an operator, which resulted in personal injury or property damage? _____. If YES, explain: _____

Give account of any military service:

BRANCH OF ARMED FORCES	FROM	TO	RANK OR GRADE REACHED

Have you ever been discharged under conditions other than honorable from any branch of the Armed Forces? _____
If YES, give details: _____

Have you ever been discharged from the Armed Forces for medical reasons? _____
If YES, give details: _____

Are you now drawing benefits from the U.S. Government for disability incurred in the Armed Forces? _____
If YES, give details: _____

Are you drawing benefits from any other source for physical disability? _____
If YES, give details: _____

Were you ever rejected upon examination for enlistment in the Armed Forces? _____
If YES, give details: _____

Father and Mother's full name: _____

Do you drink intoxicating liquors? _____ How often? _____

Can you operate a computer? _____

List occupations in which you are skilled or for which you are trained: _____

What are your hobbies? _____

What serious illness or injuries have you had: _____

Give name, address, and phone number of any relatives now employed with the City of Keyser: _____

Give the name and address of five (5) reliable persons who have known you a greater part of your life. DO NOT LIST RELATIVES, YOUR PRESENT EMPLOYER, FORMER EMPLOYER, OR FELLOW EMPLOYEES.

PERSONAL REFERENCES			
NAME AND ADDRESS	OCCUPATION	HOW LONG KNOWN	TELEPHONE NUMBER
1.			
2.			
3.			
4.			
5.			

List any training or experience that you have had which, in your opinion, will give you special qualifications for employment with the Keyser Police Department: _____

Before any person is selected for employment with the Keyser Police Department, entries made in his/her application are verified and a careful and complete character investigation is conducted. You may use this space to explain further any irregularities that may be disclosed by our investigation: _____

SUBMIT ALONG WITH THIS APPLICATION COPIES OF:

- Birth Certificate
- High School Diploma or GED
- Military Form DD214

Signature of Applicant



AUTHORIZATION FOR RELEASE OF INFORMATION

Any law enforcement agency, court or other government body;

Any Doctor, Hospital, Medical Association; U.S. Armed Forces, Maritime Service Veterans Administration; the U.S. Selective Service System; or

Any Academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at any college, business, trade or high school; or

Any past or present Employer, Credit Bureau or Retail Merchants Association; Bank financial institution, or any other credit extending agency.

FROM:

Name (Type or Print)

Address

Date of Birth

SOC Number

Operators License Number and State

I have applied for employment with the Keyser City Police Department and I am aware that my entire background is to be investigated. Upon presentation of this release or copy hereof, I hereby respectfully request and authorize you to furnish the Keyser City Police Department any and all information you have concerning me, my work performance, school record and conduct, my reputation, and my financial and credit status. Please include any and all medical and physical, and mental records or reports, including information of a confidential or privileged nature, and photocopies of the same if required. This information is to be used to assist the Keyser City Police Department in determining my qualifications and fitness for the position I am seeking.

I hereby waive all rights to view or have access to any information given to the Keyser City Police Department as part of the employment investigation. I hereby release you, your organization or others from any liability or damage which results from furnishing the information requested to be released above.

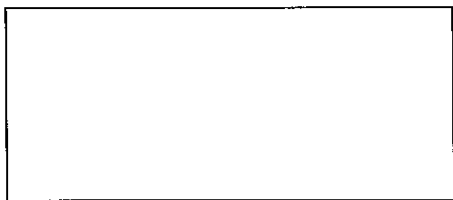
Given under my hand this _____ day of _____, 20_____.

Signature

STATE OF WEST VIRGINIA
COUNTY OF _____

On this _____ day of _____, 20_____, _____

Personally appeared before me and acknowledged his signature to the above statement



Notary Stamp

Notary Public