WEBSTER COUNTY SHERIFF'S DEPARTMENT

2 Court Square Room G-3 Webster Springs, WV 26288 Phone (304) 847-2006 Fax (304) 847-2647

EMPLOYMENT APPLICATON



PLEASE READ CAREFULLY!

As part of this application package, you should have received a position description for the position of Deputy. It is very important to read and understand this description before completing this application.

The selection process consists of the following items:

- Delivery of position description and application for prospective employees.
- Application is completed and returned to the Webster County Sheriff's Department.
- Criminal background checks are performed on all applicants.
- Reference checks and employment background checks are completed.
- Final interviews conducted.
- Medical tests may be given to all applicants.
- Final job offer extended.

Agreement

I certify that all answers and information submitted by me are true and complete to the best of my knowledge. I certify that I have received a copy of the Webster County Sheriff's Department job requirements. I authorize the Webster County Sheriff's Department to perform a criminal background check on me, and to make inquiries into my employment history. In the event of my employment, I understand that false or misleading information given in my application or interviews may result in dismissal. I also understand that I am required to abide by all rules and regulations of the Webster County Commission.

Applicant's signature	Date

Name:				
Address:	Last	First	Middle	
	Street			
	City, State, Z.	IP		
Telephone:	: Home	Work	Other	
Social Seco	urity Number: _	Email:		
If less than fi lived there:	ve years at the pre	sent address, please list all addresses from the last five year	rs and dates	
Address Fron	n-To			
I am availabl	e to work [] full ti	me [] part time. Date available to work:		
Yes []	No []	Are you a citizen of the United States?		
Yes []	No []	Are you a U. S. Veteran?		
Yes []	No []	Are you a member of the National Guard or Reserves?		
Yes []	No []	Have you ever filed an application for employment with the Webster County Commission? If so, date?		
Yes []	No []	Have you ever been employed by the Webster County Commission? If so, dates?		
Yes []	No []	Are you able to perform the tasks associated with this position with or without accommodation(s) (job description attached)? If yes, how would you perform the tasks, and with what accommodation		
Yes []	No []	If a conditional job offer is extended, do you object to to present or past employers in regard to your character, viqualifications or abilities?		
Yes []	No []	Are you laid off from a previous job, subject to recall?		

Education

Circle highest grade completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 above

High School:			
College:	School name	address	certification/degree
	School name	address	certification/degree
Vocational:	School name	address	certification/degree
Business:		uutess	
	School name	address	certification/degree
		Other skills, licenses and/or certifications:	

Work History

Begin with your current or most recent employer

# l	
Employer:	
Address:	
Type of Business:	
Dates employed:	
Supervisor:	_
Reason for Leaving:	
Job title, responsibilities, tasks performed and equipment operated	
#2	
Employer:	
Address:	
Type of Business:	
Dates employed:	
Supervisor:	_
Reason for Leaving:	
Job title, responsibilities, tasks performed and equipment operated	

#3	
Employer:	
Address:	
Type of Business:	
Dates employed:	
Supervisor:	
Reason for Leaving:	
Job title, responsibilities, tasks performed and equipment operated	
# 4 Employer:	
Address:	
Type of Business:	
Dates employed:	
Supervisor:	
Reason for Leaving:	
Job title, responsibilities, tasks performed and equipment operated	

Character References

Please provide four character references (other than family)

Name:			
Address:			
radicss.	Street Address		
	City, State, ZIP		
Telephone:			
	Ноте	Work	Other
Name:			
Address:			
	Street Address		
	City, State, ZIP		
Telephone:	Home		Other
Name:			
Address:			
	Street Address		
	City, State, ZIP		
Telephone:	 Ноте		Other
	110me	WOTK	Omer
Name:			
Address:			
	Street Address		
	City, State, ZIP		
Telephone:	 Ноте	Work	Other
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