

CLENDENIN POLICE DEPARTMENT

Clendenin, West Virginia

EMPLOYMENT APPLICATION



HONOR...PRIDE...DUTY

Since 1904

*The Town of Clendenin is an equal opportunity employer

(Revised 10/2019) Page 1

**CLENDENIN POLICE DEPARTMENT
POLICE OFFICER
CIVIL SERVICE APPLICATION**

The Clendenin Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

POSITION APPLYING FOR:

- Entry Level Patrolman

BASIC QUALIFICATIONS:

- Citizen of the United States
- Between the ages of 18 and 40 at the time of application
- High School diploma or equivalent - Valid driver's license

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

PERSONAL

SECTION 1: PERSONAL					
1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET			APT / UNIT		
CITY		STATE		ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX	
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		

(Revised 8/2020)

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

8. CITIZENSHIP

Are you a U.S. citizen? Yes No

IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes No

9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)

10. BIRTHDATE (MM/DD/YYYY)	11. SOCIAL SECURITY NUMBER - - -	12. DRIVER'S LICENSE NUMBER:	STATE:	EXPIRES:
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13. PHYSICAL DESCRIPTION

HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
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SECTION 2: LEGAL

Disclosure of Arrests and Convictions

• This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law.

14. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)? Yes No

IF YES, explain each incident:

14.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
14.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		
14.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	DISPOSITION OR PENALTY		

DISPOSITION OR PENALTY

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SECTION 3: RESIDENCE HISTORY

15. LIST OF RESIDENCES

- List all residences during the last 10 years or since age 15.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt/dormitory). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.

15.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) PRESENT
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
	CITY	STATE	ZIP	EMAIL	

15.2	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
	CITY	STATE	ZIP	EMAIL	

15.3	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()
	CITY	STATE	ZIP	EMAIL	

15.4	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		

EDUCATION/TRAINING

SECTION 4: EDUCATION

• NOTE: Later in the hiring process you will be required to furnish transcripts or other proof to support all your educational claims in Section 4.

16. CHECK APPLICABLE <input type="checkbox"/> HIGH SCHOOL DIPLOMA:	MM/YYYY /	<input type="checkbox"/> HIGH SCHOOL GED TEST:	MM/YYYY /	<input type="checkbox"/> WEST VIRGINIA HIGH SCHOOL PROFICIENCY CERTIFICATE:	MM/YYYY /
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17. LIST HIGH SCHOOL(S) ATTENDED			
17.1	NAME OF HIGH SCHOOL GRADUATED FROM	FROM (MM/YYYY) /	TO (MM/YYYY) /
	CITY	STATE	

18. COLLEGE OR UNIVERSITY ATTENDED				
18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY) /	TO (MM/YYYY) /	TOTAL CREDITS EARNED
	ADDRESS (NUMBER / STREET)			DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

19. TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED				
19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

SECTION 5: LAW ENFORCEMENT

20. Do you currently possess a West Virginia Law Enforcement Training Certificate or a law enforcement certification from another state? Yes No

IF YES, provide the following information:

20.1	NAME OF AGENCY OR ACADEMY	FROM (MM/YYYY) /	TO (MM/YYYY) /	DID YOU PASS/GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER ()

EMPLOYMENT HISTORY

SECTION 6: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE

- List ALL jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ALL periods of unemployment in *excess of 30 days*.

21.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY) /	TO (MM/YYYY) /
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				CONTACT NUMBER ()
CITY			STATE	ZIP	EMAIL
JOB TITLE / RANK				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED Volunteer	
DUTIES / ASSIGNMENTS				REASON FOR WANTING TO LEAVE	
SUPERVISOR		CONTACT NUMBER ()	EXT.	EMAIL	
NAMES OF CO-WORKERS 1)		CONTACT NUMBER ()	EXT.	EMAIL	
2)		()			
Would there be a problem if we contact your current employer?					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, explain:					

21.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY) /	TO (MM/YYYY) /
	<input type="checkbox"/> Student	<input type="checkbox"/> Between jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other: _____	

21.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR			CONTACT NUMBER	EXT.	EMAIL
			()		
NAMES OF CO-WORKERS			CONTACT NUMBER	EXT.	EMAIL
1)			()		
2)			()		

21.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

SECTION 6: EXPERIENCE AND EMPLOYMENT *continued*

21.5	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			CONTACT NUMBER	EXT
				()	
	CITY	STATE	ZIP	EMAIL	
	JOB TITLE / RANK			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer	
DUTIES / ASSIGNMENTS			REASON FOR LEAVING		
SUPERVISOR			CONTACT NUMBER	EXT.	EMAIL
			()		
NAMES OF CO-WORKERS			CONTACT NUMBER	EXT.	EMAIL
1)			()		
2)			()		

21.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

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MILITARY HISTORY

SECTION 7: MILITARY EXPERIENCE

22. Are you required to register for the Selective Service? Yes No

IF YES, have you registered? Yes No

IF NO, explain:

23. Have you ever served in the military? Yes No

24. If you answered "YES" to Question 47, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY) /	TO (MM/YYYY) /
TYPE OF DISCHARGE <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTH (OTHER THAN HONORABLE) <input type="checkbox"/> BAD CONDUCT DISHONORABLE		
RE-ENTRY CODE (1-4) IF APPLICABLE - REFER TO YOUR DD-214		

25. Are you currently participating in one of the following?

Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):

26. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

(If you feel that you are eligible to receive Veteran's preference points in accordance with 6-13-1, it is your responsibility to submit your DD-214 with this application.)

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PERSONAL REFERENCES & ACQUAINTANCES

SECTION 8: REFERENCES

27. IMMEDIATE FAMILY

- Mark "N/A" if a category is not applicable
- Provide all applicable information in the spaces below.

27.1 LIST OF REFERENCES

- List 3 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates, or any individuals listed elsewhere.

27.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	

27.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	

27.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
	HOW DO YOU KNOW THIS PERSON?			HOW LONG HAVE YOU KNOWN THIS PERSON?	

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APPLICANT ACKNOWLEDGEMENT & RELEASE

I certify that the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the Town of Clendenin may investigate the information I have furnished, and I realize that any misrepresentation or false information in this application may lead to withdrawal of any employment offer or termination after employment.

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the Town of Clendenin with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations and medical examinations. I hereby understand that I would not be required to actually participate in a psychological evaluation or medical examination until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the Town of Clendenin, are a prerequisite to my appointment to a position with the Town of Clendenin.

In addition, I also hereby understand that the Town of Clendenin cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the WV Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the Town of Clendenin I, being at least 18 years of age, and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the Town of Clendenin and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release the results there from.

Signature

Date

The Town of Clendenin is an equal opportunity employer. If you feel you have been discriminated against based on race, color, national origin, sex, religion, or Veteran's status, please report it to the Office of Personnel in the Town of Clendenin Municipal Building.

Return in person or by mail to:

Clendenin Police Department
P.O. Box 694
Clendenin, WV 25045

Office Use Only

Accepted by the Clendenin Police Department

By: _____ (Name/Title)

Date: _____