



MONONGALIA COUNTY

PERRY M. PALMER



Sheriff and Treasurer

116 WALNUT STREET
MORGANTOWN, WV 26505

NOTICE TO APPLICANT

**WHEN FILLING OUT THIS APPLICATION, THE
LAST PAGE MUST BE SIGNED IN FRONT OF A
NOTARY PUBLIC.**

NO EXCEPTIONS!

THANK YOU!

APPLICATION FOR EMPLOYMENT

MONONGALIA COUNTY SHERIFF DEPARTMENT
116 Walnut Street
Morgantown WV 26505

DATE OF APPLICATION: _____ *(Applications will be kept on file for 90 days)*

State EXACT title of position from the job announcement		Date available for work	
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Home Phone (Area Code)	Business Phone (Area Code)	E-Mail Address	
Do you have a valid driver's license? Yes _____ No _____	Driver's License No.	Class/Type	
Expiration date		Issued by the State of:	
Dates of U.S. Military Service	Branch of Service	Type of Discharge	

CHECK BOX FOR EACH QUESTION	YES	NO	CHECK BOX FOR EACH QUESTION	YES	NO
Are you a United States Citizen?			If not, are you legally authorized to work in the United States?		
Have you ever been convicted of a crime?			If yes, was it a felony? Explain:		
			If yes, was it a misdemeanor? Explain:		
Have you ever been discharged or asked to resign from a position? If yes, explain fully (an affirmative answer does not automatically disqualify you from employment).			Are there any felony charges currently pending against you? If yes, explain:		
			Are you at least 18 years old?		

EDUCATION

	Name / Location	# of years Completed	Diploma/Degree	Courses of Study
High School				
College				
College				
Graduate				
Vocational Training				

Do you have other special qualifications? Yes No If Yes, please explain: _____

What office machines can you operate? _____

If you have any experience for which you were NOT PAID, but relates to your qualifications for the position being applied for, please include details and references:

REFERENCES

(List four responsible adults who have knowledge of your work ethic, experience and ability – DO NOT include relatives, former or present employers or fellow employees.)

Name	Address & Phone	Years Acquainted	Occupation
	() _____		
	() _____		
	() _____		
	() _____		

Have you ever worked for Monongalia County under a different name? Yes No
If you answer yes to this question, please provide the name that you used. _____

What days of the week and hours would you be available to work? _____

WORK EXPERIENCE

*Begin with your PRESENT employer or your last job. List a promotion as a new job.
List all employers. Attach extra pages if needed.*

Employer Name:	Telephone: (including area code)
Address:	<div style="text-align: center;"><u>Dates of Employment</u></div> From: _____ To: _____
Your job title:	<div style="text-align: center;"><u>Wages</u></div> From: _____ To: _____
Name & Title of Supervisor:	Reason for leaving:
May we contact your present employer for a reference? Yes _____ No _____ If no, please state why?	

Employer Name:	Telephone: (including area code)
Address:	<div style="text-align: center;"><u>Dates of Employment</u></div> From: _____ To: _____
Your job title:	<div style="text-align: center;"><u>Wages</u></div> From: _____ To: _____
Name & Title of Supervisor:	Reason for leaving:
May we contact your present employer for a reference? Yes _____ No _____ If no, please state why?	

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If no, please state why?	

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Address:	<u>Dates of Employment</u> From: _____ To: _____
Your job title:	<u>Wages</u> From: _____ To: _____
Name & Title of Supervisor:	Reason for leaving:
May we contact your present employer for a reference? Yes _____ No _____	
If no, please state why?	

I authorize a full investigation of the statements contained in this application.

_____ Date

_____ Signature of Applicant

Authorization to Release Information

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a position with the Monongalia County Sheriff's Department I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Monongalia County Sheriff's Department any and all information they may have concerning me.

I hereby release you, your organizations, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of
_____, 20__.

Notary Public in and for said County of _____

State of _____

Notary Public