

APPLICANT:

**TO BE ELIGIBLE TO BE EXAMINED THE
FOLLOWING MUST BE SUBMITTED:**

THE COMPLETED APPLICATION

APPLICANTS SIGNATURE

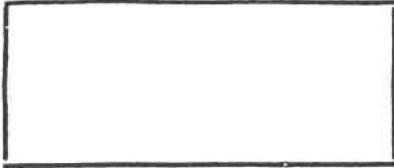
**A CERTIFIED COPY OF YOUR BIRTH
CERTIFICATE**

A RECENT PHOTO OF YOURSELF

**AN INCOMPLETE APPLICATION WILL
DISQUALIFY YOU FROM EXAMINATION. YOU
WILL BE NOTIFIED BY MAIL OF THE NEXT
TEST DATE.**

INSTRUCTIONS:

1. Fill in the form
2. Print out the form
3. Sign the form
4. Mail to: Wayne Co. Sheriff's Dept.
P. O. Box 218
Wayne WV 25570
4. OR Fax to: 304-272-5200
4. OR Scan signed form and email to: rthompson@waynewvsheriff.org with the Subject "Job Application".
4. OR Deliver in person to the Wayne Co. Sheriff's Dept. located in the Wayne Courthouse.



(Leave This Space Blank)

**DEPUTY SHERIFFS
CIVIL SERVICE COMMISSION
OF WAYNE COUNTY**
Wayne County Courthouse
Wayne, WV 25570

Accepted
Rejected
Examiner
Date Notice Sent
Grade
Rank

APPLICATION FOR EXAMINATION

S.S. Number _____

Use typewriter or ink. Applications not properly filled out will not be accepted; they may be rejected, or they may be returned for correction.

1. Title of Position: Deputy Sheriff (See Notice of Examination)
2. Name (print) _____ 3. Sex _____
First Middle Initial Last
4. Present Address _____
Street and Number Phone Number

City County State
5. Permanent Address and Legal Residence _____
(If different from above) Street and Number

City County State
6. Date of Birth _____ 7. Age _____ 8. Height _____ 9. Weight _____
10. Place of Birth _____ 11. Are you a citizen? _____
12. If naturalized, give the date and place _____
13. If a citizen through naturalization of your father, give the date and place at which he received his naturalization papers _____
14. Length of residence in West Virginia immediately prior to the date of filing this application _____
15. Married _____ or Single _____ 16. Give the sex (M or F) age, and relationships of persons wholly dependent upon you for support _____
17. Indicate clearly any physical defects, chronic diseases, or serious illnesses _____
18. Would you be willing to submit to a physical examination? _____

19. EDUCATION: (Check the number indicating the length of time spent in each school)

A. TYPE	YEARS IN SCHOOL	NAME AND LOCATION	DATE		DATE OF GRADUATION	DEGREE
			From	To		
Elementary School	5 6 7 8					
	1 2 3 4					
High School	1 2 3 4					
	1 2 3 4					
	1 2 3 4					
College	1 2 3 4					
	1 2 3 4					
	1 2 3 4					
Post-Graduate Course	1 2 3 4					
	1 2 3 4					
	1 2 3 4					
Professional	1 2 3 4					
	1 2 3 4					
Business or Vocational	1 2 3 4					
	1 2 3 4					

B. Outline additional training you may have received in a correspondence, night, summer, or other special school or apprenticeship training for a particular trade or profession. Give the name of the school or firm, its location, the course or courses taken, and the length of time spent:

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20. Give the names of courses in your educational training which pertain to the position for which you are applying:

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21. Mention scholastic honors; affiliations with professional societies:

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22. State any special qualifications (knowledge of law, mechanical arts, reading, writing, or speaking knowledge foreign languages, etc.) not brought out by the preceding questions:

.....

27. Have you ever filed an application with this department?

If so, indicate the last position, and the date:

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28. Are you now employed by the state? If so, indicate your title, department, salary and, if temporary, the date your appointment expires:

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29. If appointed, how soon could you report for work?

30. Would you accept temporary work?

31. Have you ever been arrested, indicted, or convicted for violation of any law other than minor traffic regulations?

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32. If so, state the particulars in detail:

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33. All applicants must sign the following certificate:

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected and I will be disqualified from applying in the future for any position under the jurisdiction of the Civil Service Commission for Wayne County.

(Signature of Applicant).....

(Date).....

PLEASE ATTACH A RECENT PHOTO AND A COPY OF YOUR BIRTH CERTIFICATE.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any representative of the Wayne County Sheriff's Department bearing this Release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. This Release is executed with the full knowledge and understanding that the information is for the official use of the Wayne County Sheriff's Department. Consent is granted for the Wayne County Sheriff's Department to furnish such information as is described above, to third parties in the course of the Sheriff's Department fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this Release, you can contact me as indicated below:

Full Name _____

Current Address _____

Telephone # _____

SS # _____

Signature

Taken, Subscribed, and Sworn to before
me this _____ day of _____.

My Commission Expires _____, 20_____