



HAMPSHIRE COUNTY SHERIFF'S OFFICE **APPLICATION FOR EMPLOYMENT**

(Please type or neatly print)

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Date: _____

Personal

Name: _____ DOB: _____
Last First Middle

Social Security #: _____ - _____ - _____ Telephone No. _____

Present Address: _____
No. Street City State Zip

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____, if yes describe such condition

Do you have a valid driver's license: _____ Driver's license No./state _____

Position(s) applied for _____ Email Address: _____

Would you work full time _____ part time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us: _____

If your application is considered favorably, on what date will you be available for work? _____ 20__

Are you a legal United States of America citizen? YES NO

Record of Education

School	Name and address of School	Course of Study	List last year completed	Diploma or degree received
Elementary		N/A	N/A	N/A
Middle School		N/A	N/A	N/A
High School		N/A		

EQUAL OPPORTUNITY EMPLOYER

The Sheriff's Office request that all of the information in this application be completed. Failure to complete all of the information will result in the incomplete evaluation of the qualifications of the applicant



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College/ University				
Vocational- Technical				

Law Enforcement Academies attended and other certificates/training earned

Academy	City/State	Hours	Certificate Earned	Expiration of Cert.

Military Service/Experience

Branch	Dates of Service	Location	Grade/Rank	Supervisor

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Work Experience

(Start by listing most recent) (List any volunteer organizations)

Dates Employed	Employer	Position and Job Description	Immediate Supervisor	Phone # and Address	Reason for leaving

May a member of the Hampshire County Sheriff's Office contact your past employer(s) for reference? If you do not want all employers contacted specify which ones. YES NO

Have you ever been dismissed from employment for any reason? YES NO
If YES, Explain (use additional if necessary):

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Have you ever resigned in lieu of dismissal from employment for any reason? YES NO

If yes, explain (use additional sheets if necessary)

Have you ever been charged or convicted of a felony or misdemeanor? YES NO

If YES, explain (use additional sheets if necessary)

Date	Charge	Court	City/State	Circumstances	Disposition
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Have your driving privileges ever been suspended and/or revoked in any state for any reason?

YES NO

If YES give dates of suspension and/or revocation, state of suspension or revocation and reason:

Are you or have you in the past been addicted to any type of intoxicating liquors or drugs? YES NO

If YES, explain:

Have you ever used and/or possessed a controlled substance illegally? YES NO

If YES, explain:

Have you ever been diagnosed with any type of mental disorder? YES NO

If YES, explain:

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RESIDENCE

(Start by listing current)

Dates lived at residence	Address of residence

PERSONAL REFERENCE

(Only list references you want contacted by this agency)

(List a minimum of five)

NAME	OCCUPATION	ADDRESS	PHONE #

I declare, that to the best of my knowledge and belief, the above information is true, correct and complete.

APPLICANT'S 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 Public

Date received at Office: ___/___/___

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