

DIVISION OF PROTECTIVE SERVICES CAPITOL POLICE EMPLOYMENT APPLICATION

Kevin J. Foreman
Director

Jack C. Chambers
Deputy Director

- EQUAL OPPORTUNITY EMPLOYER -

Building 1, Room 152-A, State Capitol Complex
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
(304) 558-9911

INSTRUCTIONS: TYPE or PRINT LEGIBLY IN INK to complete application. Be certain to fill in all spaces on this application form, specify not applicable (n/a) if necessary. IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE REJECTED. All information will be treated confidentially. USE ATTACHMENTS WHERE NECESSARY.

NAME: _____
LAST
JR/SR
FIRST
MIDDLE

List other name(s) that may be pertinent to checking previous employment and educational records.

SOCIAL SECURITY # _____ / _____ / _____ **DRIVER'S LICENSE #** _____ / _____
STATE
NUMBER

CURRENT ADDRESS: _____
STREET
CITY
COUNTY
STATE
ZIP CODE

HOME TELEPHONE # (____) _____ - _____ **OTHER PHONE #** (____) _____ - _____

List ALL previous home addresses (attach additional sheets if necessary):

EDUCATION

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

MILITARY

Have you ever served in any branch of the armed forces? YES] NO]

Have you ever been discharged from the armed forces under conditions
other than honorable? (Excluding a medical discharge) YES] NO]

If yes, explain _____
 If applicable, list any military information below (include military reserve) and attach MILITARY FORM DD-214 (MUST include CHARACTER OF SERVICE):

BRANCH OF ARMED SERVICES	RANK OR GRADE	LENGTH OF SERVICE (YEARS/MONTHS)

EMPLOYMENT HISTORY

List ALL areas of employment (could result in ELIMINATION if not inclusive). List present employment first. List all periods of unemployment. **DO NOT** list military service as employment. Attach additional sheets if necessary.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		TYPE OF BUSINESS	
SALARY _____ REASON FOR LEAVING _____		SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		TYPE OF BUSINESS	
SALARY _____ REASON FOR LEAVING _____		SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES	

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates you possess which you believe will be beneficial to you in this position.

REFERENCES

Give the NAME, ADDRESS, TELEPHONE NUMBER, AND OCCUPATION of five (5) reliable persons who have known you a greater part of your life. DO NOT list relatives, fellow employees, former or present employers.

NAME AND HOME ADDRESS				YEARS KNOWN	TELEPHONE NO.
Name _____		Occupation _____			(____) ____ - _____
Street	City	State	Zip Code		
Name _____		Occupation _____			(____) ____ - _____
Street	City	State	Zip Code		
Name _____		Occupation _____			(____) ____ - _____
Street	City	State	Zip Code		
Name _____		Occupation _____			(____) ____ - _____
Street	City	State	Zip Code		
Name _____		Occupation _____			(____) ____ - _____
Street	City	State	Zip Code		

PLEASE “CHECK” THE APPROPRIATE RESPONSE

- Are you legally authorized to work in the United States? YES () NO ()
- Have you ever held a position of trust, such as handling money or confidential material? YES () NO ()
- Have you had a valid driver’s license for two (2) years prior to the date of this application? YES () NO ()
- Has your driver’s license ever been revoked or suspended? YES () NO ()
- If yes, explain: _____
- Have you ever been convicted of a misdemeanor crime? YES () NO ()
- If yes, explain: _____
- Have you ever been convicted for domestic violence? YES () NO ()
- Have you ever been convicted of a felony crime? YES () NO ()
- Have you ever been convicted of a traffic violation? (Include moving and nonmoving offenses.) YES () NO ()
- If yes, explain: _____
- Are you currently using illegal drugs? YES () NO ()
- Have you applied for a *similar* position at another agency? YES () NO ()
- If yes, where: _____

Before a person is selected for employment, entries made on his or her application are verified and a careful and complete character investigation is conducted. You may use this space to explain any irregularities which may be disclosed by our investigation.

CERTIFICATION

I attest to the accuracy and truthfulness of the information provided and that any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or, if hired, grounds for discharge. I understand that consideration for employment is conditional upon the results of a reference check. I further understand that the Division of Protective Services is authorized to investigate all statements made by me on the application by contacting former employers and references and to advise contacted persons that they may respond to questions. I hereby release all persons from any liability of damage resulting from such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the Division of Protective Services and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Division of Protective Services unless made in writing. If an employment relationship is established, I understand I have the right to terminate my employment at any time and the Division of Protective Services retains the same right.

I understand that if employed, procedures and rules which are issued are not conditions of employment and that the employer may revise rules or procedures, in whole, or in part, at any time.

I understand that this application will be retained for one year upon receipt, or after taking action on the application, whichever is later, after which time I would be required to re-apply in accordance with established Division of Protective Services’ procedures.

_____/_____/_____
 Applicant’s Signature (Sign in Ink) Date

DOCUMENTS REQUIRED FOR PROOF OF QUALIFICATIONS

Submit copies only of the following:

BIRTH CERTIFICATE - Hospital certificate UNACCEPTABLE. Court House or Vital Statistics certificate ONLY.

Applicants must be 18 years of age.

HIGH SCHOOL DIPLOMA or G.E.D. - Transcripts UNACCEPTABLE. However, an original letter signed by the High School principal or counselor, on school letterhead, certifying graduation IS acceptable.

ANY OTHER DIPLOMA/CERTIFICATE/LICENSE.

**DIVISION OF PROTECTIVE SERVICES CAPITOL POLICE
RELEASE OF INFORMATION / RELEASE OF LIABILITY**

To Whom It May Concern:

I hereby authorize any representative of the Division of Protective Services Capitol Police 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. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for official use of the Division of Protective Services Capitol Police. Consent is granted for the Division of Protective Services Capitol Police to furnish such information, as is described above, to third parties in the course of the Division 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 for damages of any type, which may at any time result to me, my heirs, family, or associates, due to compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name:

(Type or Print) _____

Current Address: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

(Signature of Applicant)

STATE OF WEST VIRGINIA, COUNTY OF _____

Taken, subscribed and sworn to before me this _____ day of _____,

My Commission expires: _____

SEAL

Notary Public Signature

DIVISION OF PROTECTIVE SERVICES - CAPITOL POLICE
A DIVISION OF THE
DEPARTMENT OF MILITARY AFFAIRS AND PUBLIC SAFETY

EQUAL OPPORTUNITY EMPLOYER

The Division of Protective Services is required by federal law to collect information (for statistical purposes only) on the sex, race, and ethnic background of individuals applying for positions of employment. The information will be kept on file to evaluate the Division of Protective Services recruitment and examination methods. This form will be kept separate from your application and will not be shared with persons involved in the hiring process. Nothing you write on this form will affect the score of any test you may take or your chances for employment with the Division of Protective Services.

Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

Please mark the appropriate response.

Sex: MALE FEMALE

I am applying for the position of: **SWORN POLICE OFFICER**
 NON-SWORN CIVILIAN EMPLOYEE

Please check the box below which best describes your primary racial/ethnic background. **Check one box only.**

- 1. BLACK** - A person having origins in one of the Black racial groups of Africa
- 2. HISPANIC** - A person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race
- 3. WHITE** - A person having origins in any of the original people of Europe, North Africa, or the Middle East
- 4. AMERICAN INDIAN or ALASKAN NATIVE** - A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition
- 5. ASIAN OR PACIFIC ISLANDER** - A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or any of the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, and Samoa

Please check the sources of information prompting you to apply for employment with the Division of Protective Services.

Check all sources that apply.

- | | |
|--|--|
| <input type="checkbox"/> Division of Protective Services | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Division of Protective Services' Employee | <input type="checkbox"/> Friend or Neighbor |
| <input type="checkbox"/> Employment Security/Job Service Office | <input type="checkbox"/> State Employee |
| <input type="checkbox"/> College/Career Placement Office | <input type="checkbox"/> State Agency Referral |
| <input type="checkbox"/> Poster/Brochure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio Announcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Television Ad | <input type="checkbox"/> Other _____ |

If you reside in West Virginia, what County? _____

Have you applied for this position previously? YES NO

**DO NOT MAIL THIS FORM IN THE ENVELOPE WITH YOUR
APPLICATION FOR EMPLOYMENT**
Mail this form to the address on the reverse side.
Tri fold, tape, and apply proper postage.

FOLD ON LINE

Place Stamp Here

**DIVISION OF PROTECTIVE SERVICES
CAPITOL POLICE
State Capitol Complex
Building 1, Room 152-A
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305**

FOLD ON LINE