

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