

DIVISION OF PROTECTIVE SERVICES CAPITOL POLICE  
EMPLOYMENT APPLICATION  
- EQUAL OPPORTUNITY EMPLOYER –

Kevin J. Foreman  
Director  
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.**