

EDUCATION/TRAINING

SECTION 4: EDUCATION

• **NOTE:** Later in the hiring process you will be required to furnish transcripts or other proof to support all your educational claims in Section 4.

| | | | | | |
|---|--------------|--|--------------|---|--------------|
| 16. CHECK APPLICABLE <input type="checkbox"/> HIGH SCHOOL DIPLOMA: | MM/YYYY / | <input type="checkbox"/> HIGH SCHOOL GED TEST: | MM/YYYY / | <input type="checkbox"/> WEST VIRGINIA HIGH SCHOOL PROFICIENCY CERTIFICATE: | MM/YYYY / |
|---|--------------|--|--------------|---|--------------|

| 17. LIST HIGH SCHOOL(S) ATTENDED | | | |
|----------------------------------|------------------------------------|---------------------|-------------------|
| 17.1 | NAME OF HIGH SCHOOL GRADUATED FROM | FROM (MM/YYYY) / | TO (MM/YYYY) / |
| | CITY | STATE | |

| 18. COLLEGE OR UNIVERSITY ATTENDED | | | | |
|------------------------------------|----------------------------|---|-------------------|-----------------------|
| 18.1 | NAME OF COLLEGE/UNIVERSITY | FROM (MM/YYYY) / | TO (MM/YYYY) / | TOTAL CREDITS EARNED |
| | ADDRESS (NUMBER / STREET) | DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: | | |
| | CITY | STATE | ZIP | MAJOR / AREA OF STUDY |

| 19. TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED | | | | |
|---|---|---------------------|----------------------------|--|
| 19.1 | NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE | FROM (MM/YYYY) / | TO (MM/YYYY) / | DID YOU COMPLETE THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> No |
| | CITY | STATE | TYPE OF SCHOOL OR TRAINING | |

SECTION 5: LAW ENFORCEMENT

20. Do you currently possess a West Virginia Law Enforcement Training Certificate or a law enforcement certification from another state? Yes No

IF YES, provide the following information:

| | | | | |
|------|---------------------------|--|-------------------|--|
| 20.1 | NAME OF AGENCY OR ACADEMY | FROM (MM/YYYY) / | TO (MM/YYYY) / | DID YOU PASS/GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> No |
| | LOCATION (CITY, STATE) | NAME OF TRAINING OFFICER / ACADEMY COORDINATOR | | CONTACT NUMBER () |

The Parkersburg Police Department is currently offering a \$10,000 sign on bonus for qualifying currently certified law enforcement officers.

EMPLOYMENT HISTORY

SECTION 6: EXPERIENCE AND EMPLOYMENT

21. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your current or most recent.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.

| | | | | | |
|--|---|----------------|------|---|--------------|
| 21.1 | NAME OF CURRENT EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | | | | / | / |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | CONTACT NUMBER | EXT |
| | | | | () | |
| | CITY | STATE | ZIP | EMAIL | |
| | | | | | |
| | JOB TITLE / RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | |
| | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer | |
| | DUTIES / ASSIGNMENTS | | | REASON FOR WANTING TO LEAVE | |
| | | | | | |
| SUPERVISOR | | CONTACT NUMBER | EXT. | EMAIL | |
| | | () | | | |
| NAMES OF CO-WORKERS | | CONTACT NUMBER | EXT. | EMAIL | |
| 1) | | () | | | |
| 2) | | () | | | |
| Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| IF YES, explain: _____ _____ _____ | | | | | |

| | | | | | |
|-------------|--|--|--|----------------|--------------|
| 21.2 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ | | | / | / |

| | | | | | |
|---------------------|---|----------------|------|---|--------------|
| 21.3 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | | | | / | / |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | CONTACT NUMBER | EXT |
| | | | | () | |
| | CITY | STATE | ZIP | EMAIL | |
| | | | | | |
| | JOB TITLE / RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) | |
| | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer | |
| | DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | |
| | | | | | |
| SUPERVISOR | | CONTACT NUMBER | EXT. | EMAIL | |
| | | () | | | |
| NAMES OF CO-WORKERS | | CONTACT NUMBER | EXT. | EMAIL | |
| 1) | | () | | | |
| 2) | | () | | | |

| | | | | | |
|-------------|--|--|--|----------------|--------------|
| 21.4 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ | | | / | / |

SECTION 7: EXPERIENCE AND EMPLOYMENT *continued*

| | | | | | |
|---------------------|---|-----------------------|----------------|--|--------------|
| 21.5 | NAME OF EMPLOYER OR MILITARY UNIT | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | ADDRESS (NUMBER / STREET / SUITE / OR BASE) | | | CONTACT NUMBER () | EXT |
| | CITY | STATE | ZIP | EMAIL | |
| | JOB TITLE / RANK | | | TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> Volunteer | |
| | DUTIES / ASSIGNMENTS | | | REASON FOR LEAVING | |
| | SUPERVISOR | CONTACT NUMBER () | EXT. | EMAIL | |
| NAMES OF CO-WORKERS | | | CONTACT NUMBER | EXT. | EMAIL |
| 1) | | | () | | |
| 2) | | | () | | |

| | | | | | |
|------|---|---------------------------------------|---|---------------------------------|---------------------------------------|
| 21.6 | PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) | | | FROM (MM/YYYY) | TO (MM/YYYY) |
| | <input type="checkbox"/> Student | <input type="checkbox"/> Between jobs | <input type="checkbox"/> Leave of absence | <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____ |

MILITARY HISTORY

SECTION 8: MILITARY EXPERIENCE

22. Are you required to register for the Selective Service?..... Yes No

IF YES, have you registered? Yes No

IF NO, explain:

23. Have you ever served in the military? Yes No

24. If you answered "YES" to Question 47, include the following service information:

| | | |
|--|----------------|--------------|
| BRANCH OF SERVICE | FROM (MM/YYYY) | TO (MM/YYYY) |
| | / | / |
| TYPE OF DISCHARGE <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTH (OTHER THAN HONORABLE) <input type="checkbox"/> BAD CONDUCT DISHONORABLE | | |
| RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214: | | |

25. Are you currently participating in one of the following?

Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

26. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

(If you feel that you are eligible to receive Veteran's preference points in accordance with 6-13-1, it is your responsibility to submit your DD-214 with this application.)

PERSONAL REFERENCES & ACQUAINTANCES

SECTION 2: REFERENCES

27. IMMEDIATE FAMILY

- Mark "N/A" if a category is not applicable
- Provide all applicable information in the spaces below.

27.1 LIST OF REFERENCES

- List **3** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

| | | | | | |
|-------------|------------------------------|--|-------|--------------------------------------|-----|
| 27.2 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE () | CELL PHONE () | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |

| | | | | | |
|-------------|------------------------------|--|-------|--------------------------------------|-----|
| 27.3 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE () | CELL PHONE () | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |

| | | | | | |
|-------------|------------------------------|--|-------|--------------------------------------|-----|
| 27.4 | NAME OF REFERENCE | HOME ADDRESS (NUMBER / STREET / APT) | CITY | STATE | ZIP |
| | HOME PHONE () | WORK ADDRESS (NUMBER / STREET / SUITE) | CITY | STATE | ZIP |
| | WORK PHONE () | CELL PHONE () | EMAIL | | |
| | HOW DO YOU KNOW THIS PERSON? | | | HOW LONG HAVE YOU KNOWN THIS PERSON? | |

APPLICANT ACKNOWLEDGEMENT & RELEASE

I certify that the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the City of Parkersburg may investigate the information I have furnished, and I realize that any misrepresentation or false information in this application may lead to withdrawal of any employment offer or termination after employment.

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Parkersburg with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations and medical examinations. I hereby understand that I would not be required to actually participate in a psychological evaluation or medical examination until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Parkersburg, are a prerequisite to my appointment to a position with the City of Parkersburg.

In addition, I also hereby understand that the City of Parkersburg cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the WV Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Parkersburg I, being at least 18 years of age, and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Parkersburg and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release the results there from.

Signature

Date

The City of Parkersburg is an equal opportunity employer. If you feel you have been discriminated against based on race, color, national origin, sex, religion, or Veteran's status, please report it to the Office of Personnel in the City of Parkersburg Municipal Building.

Return in person or by mail to:

Parkersburg Police Department
One Government Square
P.O. Box 1167
Parkersburg, WV 26101

Office Use Only

Accepted by the Parkersburg Police Department

By: _____ (Name/Title)

Date: _____