



# Milton Police Department Application for Employment



**1139 Smith Street Milton, WV 25541**

**Telephone: (304)743-9211**

**Fax: (304)743-1872**

**Section 1. Personal Information** (Employees must complete Section 1 and sign the Application no later than the first day of employment, but not before accepting a job offer.)

Last Name		First Name		Middle Initial	Other Names Used (if any)		
Address				City or Town		State	Zip Code
Date of Birth: ____/____/____		U.S. Social Security Number ____-____-____			Phone Numbers Home: _____ Cell: _____		
E-mail Address:							
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							

**Section 2. Driver's License Information**

Do you have a valid license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate the following: Type: Number: _____ Exp. Date: _____ State(s) Issued: _____	
Are there any current restrictions on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.	

**Section 3. Position Information**

Position(s) Applied for:			Expected Pay:	
Are You Applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Date available for employment:	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when and in which department?		
Supervisor:		Reason for leaving:		
Will you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If explained, are you able to meet attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to this organization?				

**Section 4. Education**

Education Level	School	City/State	Years Completed	Degree / Major
High School/GED				
Community/Junior College				
Business/Trade School				
College/University				
Other				

### Section 5. General Information

Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which branch did you serve?	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you graduated from the West Virginia State Police Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your graduation date?	Troop/Class Number:
Are your certifications active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently certified as a police officer in West Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed as a police officer in West Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 6. Medical History

What is your height?	What is your weight?	
Do you wear corrective lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are your eyes corrected to 20/20 vision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Uncorrected, are they worse than 20/40? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 7. Criminal History

Have you ever had a disciplinary action taken against your license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	Date of Occurrence:
Have you ever been convicted of a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what violation?	Date of Occurrence:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what violation?	Date of Occurrence:

### Section 8. Special Skills, Training or Knowledge

Please list any special skills, training, or knowledge relevant to the position for which you are applying.

### Section 9. References (do not list relatives)

Name	Phone	Relationship

**Section 10. Employment History** (Starting with your most recent employer, provide the following information)

Employer	Telephone	Dates Employed: _____ To: _____
Street Address	City	State
Starting job title / Final job title	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
Immediate supervisor and title	<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.	
	Why did you leave?	
Employer	Telephone	Dates Employed: _____ To: _____
Street Address	City	State
Starting job title / Final job title	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
Immediate supervisor and title	<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.	
	Why did you leave?	
Employer	Telephone	Dates Employed: _____ To: _____
Street Address	City	State
Starting job title / Final job title	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
Immediate supervisor and title	<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.	
	Why did you leave?	
Employer	Telephone	Dates Employed: _____ To: _____
Street Address	City	State
Starting job title / Final job title	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
Immediate supervisor and title	<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.	
	Why did you leave?	

I hereby certify that there are no willful misrepresentations or falsifications in my answers on this application. I am aware and understand that should an investigation disclose any such misrepresentations or falsifications, my application will be rejected.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Release Authorization Form

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, I have completed the foregoing personal history statement. I understand that it will be considered part of my original application. I also certify that the foregoing information is correct, and I have not made any material misrepresentations of fact. I also understand that any misrepresentations of facts given by me will be cause for rejection before my appointment or dismissal from the Department after my appointment. Misrepresentation will include (but is not limited to) failure to list information.

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Milton Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed for or against me, and the records and recollection of attorneys at law, or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or had interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Milton Police Department. I also certify that any person(s) who may furnish such information concerning me will not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Address City State Zip code

/ /

\_\_\_\_\_  
Phone (include area code) Date of Birth Social Security Number

Subscribed and sworn to before me, by the said \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ to certify which witness my hand and seal of office.

My commission expires on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Notary Public Signature

