



Milton Police Department

1139 Smith Street
Milton, WV 25541
(304)743-9211

An Equal Opportunity Employer

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Phone: _____
Home Cell

Date of Birth: ____/____/____

SSN ____-____-____

General Information

Are you a citizen of the United States? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____
Driver's license number _____ State _____

Do you have a high school diploma? Yes _____ No _____
IF NO, what is the highest grade you completed? _____ GED? Yes _____ No _____

Do you have a college degree? Yes _____ No _____
Where did you attend? _____
Course of Study? _____

Have you served in the armed forces? Yes _____ No _____
What branch did you serve in? _____
Honorable discharge? Yes _____ No _____

Have you graduated from the West Virginia State Police Academy? Yes _____ No _____

Are you currently certified as a police officer in the state of West Virginia? Yes _____ No _____

Medical History

Have you ever had any serious injury or illness which is disabling to normal activities or body movement? Yes_____ No_____

Have you ever received compensation for disability? Yes_____ No_____

If yes, why? _____

Do you wear glasses? Yes_____ No_____

If yes, are your eyes corrected to 20/20? Yes_____ No_____

Uncorrected, are they worse than 20/40? Yes_____ No_____

What is your height? _____ Weight _____

Do you smoke? Yes_____ No_____

Criminal History

Have you ever been convicted of a traffic violation? Yes_____ No_____

If yes, what and when? _____

Have you ever been convicted of a crime? Yes_____ No_____

If yes, what and when? _____

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 such misrepresentations or falsifications, that my application will be rejected.

Signature _____

Date ____/____/____

Employment History and Background

List any skills, training, or related _____

Start with your most recent employer and give a complete record of all employment for the last five employers. Include service in the armed forces if applicable. Show all periods of unemployment. If former employers are out of business, state as such. If you were in business for yourself, give the nature of your business and location. If you do not have sufficient space to give a complete employment record, attach additional sheets as needed.

Current Employer _____
Address _____

Start Date: ___/___/_____ End Date: ___/___/_____
Salary: _____
Position: _____
Nature of duties: _____

Reason for Leaving: _____

Employer _____
Address _____

Start Date ___/___/_____ End Date ___/___/_____
Salary: _____
Position: _____
Nature of duties: _____

Reason for Leaving: _____

Employer _____
Address _____

Start Date ___/___/_____ End Date ___/___/_____
Salary: _____
Position: _____
Nature of duties: _____

Reason for Leaving: _____

References

Please give the names of three persons not related to you, whom you have known at least one year.

Name _____
Address _____

Phone (_____) _____ - _____
Business _____
Years Known _____

Name _____
Address _____

Phone (_____) _____ - _____
Business _____
Years Known _____

Name _____
Address _____

Phone (_____) _____ - _____
Business _____
Years Known _____