

~♦~ CITY OF KINGWOOD ~♦~

313 Tunnelton Street
KINGWOOD, WV 26537
Phone # (304) 329-1225
Fax# (304) 329-1229

Application for Employment

Date of application _____

Name (Last, First, Middle) _____

Address _____

Phone Number _____ Social Security Number _____

Referred by _____

Position applied for _____

Date you can start _____ Salary desired _____

Are you employed now? _____ If yes, where? _____

May we contact your employer? _____

Have you submitted an application here before? _____ When _____

Education - List name and address.

Elementary School _____

High School _____

College/University _____

Other _____

Additional Information - List any degree or license you may have or any additional information you would like us to consider.

Employment History - List the last three employers, starting with present or the most recent

Employer _____ Phone # _____

Address _____

Dates Employed _____ Job title _____

Salary \$ _____ per _____ Reason for leaving _____

Employer _____ Phone # _____

Address _____

Dates Employed _____ Job title _____

Salary \$ _____ per _____ Reason for leaving _____

Employer _____ Phone # _____

Address _____

Dates Employed _____ Job title _____

Salary \$ _____ per _____ Reason for leaving _____

References - List name and telephone number of three business/work references who are *not* related to you.

Name _____ Phone Number _____ Years Acquainted _____

1. _____

2. _____

3. _____

In case of **EMERGENCY**, Notify _____

Address _____ Phone # _____

◆ **An Equal Opportunity Employer** ◆

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

Signature _____ Date _____



**KINGWOOD POLICE DEPARTMENT
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APPLICANT GENERAL INFORMATION SHEET

FULL NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER/STATE: _____

Have you ever been convicted of a misdemeanor or felony? _____

If so, what? _____

Have you ever had a Family Violence Protective Order filed against you in the past two (2) years?
_____ **If yes, give date, county and State of the Protective Order**

Have you been convicted of any driving offenses? _____

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY

<u>CRIMINAL HISTORY CHECK</u>		<u>DRIVERS LICENSE CHECK</u>		<u>AREA POLICE AGENCIES</u>	
<u>AGENCY</u>	<u>DATE</u>	<u>DATE</u>		<u>AGENCY</u>	<u>DATE</u>

CHECKS

CONDUCTED BY: _____



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RELEASE OF INFORMATION

To Whom It May Concern:

I authorize any representative of the Kingwood Police Department, bearing this release to obtain information from my files or other sources. Sources are to include but are not limited to: academic, athletic, achievement, attendance, arrest and criminal history, personal history, disciplinary action, medical, credit or any other records. I direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Kingwood Police Department. The Kingwood Police Department is granted permission to furnish information as described above, to third parties in the course of fulfilling its official responsibilities with regard for employment. I release you and the institution that you represent, both individually and collectively, from any and all liability for damages that may result because of compliance with this authorization to release information. Should there be any question as to the validity of this release, you may contact me as shown below.

STATE OF WEST VIRGINIA

FULL NAME _____ (PRINT)

County of _____

CURRENT ADDRESS _____

DATE OF BIRTH _____

Taken, Subscribed and Sworn To

Before Me, This _____ Day of
_____ 20____.

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____

My commission expires _____
_____ 20____.

DRIVERS LICENSE NUMBER _____

STATE OF ISSUE _____

Notary

SIGNATURE OF APPLICANT

DATE



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PRIVACY ACT STATEMENT

Data Required by the Privacy Act of 1974

Please read carefully!!!

Authority for collection of information including Social Security Number is contained in 5USC 3331, 32USC 708, 44USC 708, DDUSC3101, 32USC 708, and sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475, through 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496, and 9411 of 10USC and Executive Orders 9397, 10450, and 11652.

This authority for collection of information must be signed by you giving the Kingwood Police Department and/or their duly authorized agents permission to conduct a thorough background investigation with agencies such as credit bureaus, medical or dental institutions, law enforcement agencies, and other agencies which may be of concern for the completion of the investigation. This voluntary release allows the Kingwood Police Department and/or their duly authorized agents to contact agencies for release of information and accurate documentation concerning your past personal history, your employment history, and financial status.

AGREEMENT

_____ I certify that all answers and information submitted by me are true and complete to the best of my knowledge.

_____ I authorize you to make such investigations and inquiries of my personal, employment, financial, and medical history and other related matters as may be necessary in arriving at an employment decision.

_____ I hereby release employers, schools, and other persons from liabilities in responding to inquiries in connection with my application.

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am require to abide by all rules and regulations of the employment position for which I am applying.

APPLICANT SIGNATURE

DATE



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WORKING CONDITIONS STATEMENT

The Kingwood Police Department and the City of Kingwood understand that the position of Police Officer requires great sacrifice of the person assigned to that position. It is this understanding which results in their joint effort to make working conditions within the Kingwood Police Department and the City of Kingwood as pleasant as humanly possible, while still achieving the goals of the Kingwood Police Department, given the stress of the job.

The work of a Police Officer is considered extremely dangerous as well as very stressful. The nature of the work in combination with working conditions has the potential to be somewhat disruptive of the home environment. Applicants must understand and be willing and able to work under the following conditions as well as other conditions related to police work:

- _____ Must be willing to work any schedule which has been deemed advantageous to the Kingwood Police Department.
- _____ Must be willing to rotate days off if deemed advantageous to the Kingwood Police Department.
- _____ Must be willing to work overtime, on short notice, and on regularly scheduled days off as deemed advantageous to the Kingwood Police Department.
- _____ Must understand that the scheduling requirement of the position of Police Officer take priority over controllable personal commitments.
- _____ Must comply fully with all written and verbal instructions.

Once again, every effort will be made to insure that an employee of the Kingwood Police Department and City of Kingwood is treated with dignity, respect, and understanding. The purpose of this form is to insure you, the applicant, understand the inherent problems associated with working for the Kingwood Police Department and City of Kingwood. You are urged to carefully consider your willingness to work under the aforementioned conditions, as well as other conditions which may occur while working as a Police Officer for the City of Kingwood and Kingwood Police Department.

I, THE UNDERSIGNED, UNDERSTAND THE WORKING CONDITIONS WITHIN THE KINGWOOD POLICE DEPARTMENT AND CITY OF KINGWOOD, AS OUTLINED ABOVE AND WISH TO BE CONSIDERED FOR THE POSITION.

SIGNATURE OF APPLICANT

DATE