



Kanawha County Sheriff's Office

301 Virginia Street, East
Charleston, WV 25301
Phone: (304) 357-0216



APPLICATION FOR CIVILIAN EMPLOYMENT Equal Opportunity Employer

Applying for Position of:

Date: _____

- Tax Deputy
 Process Server
 Home Confinement Officer
 Day Report Officer
 LED-Staff/Communications
 Other: _____

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name:

(Last)

(First)

(M.I.)

List any nickname or alias:

Social Security No.:

County of Residence: _____

Current Address:

Street/Apt. No.

City

State

If mailing address is different from your physical address:

Mailing Address:

Street/Apt. No.

City

State

Home Phone:

Mobile Phone:

Have you ever been employed with the Kanawha County Sheriff's Office? No Yes

If "Yes" give dates and Division within which you worked:

Are you currently employed? Yes No May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?
(Proof of citizenship or immigration will be required) Yes No

Type of work you seek (Check all that apply):

Fulltime

Part-time

Shift work

Temporary

On what date would you be available for work:

Are you currently on "lay-off" status and subject to recall?: Yes No

Have you been convicted of a felony? (If yes, please explain): Yes No



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EDUCATION

Are you a High School graduate? Yes No

Name of High School and location:

If not a High School graduate, did you complete GED? Yes No

If no to both of the above, circle highest grade completed: 5 6 7 8 9 10 11

Check all that apply:

- I have a two-year college degree. NOT in Criminal Justice. I have a Masters. Not in Criminal Justice.
 I have a two-year college degree in Criminal Justice. I have a Masters in Criminal Justice.
 I have a four-year college degree. NOT in Criminal Justice. Other
 I have a four-year college degree in Criminal Justice.

College:	Location:	Major:	Degree:

Have you ever attended a Trade or Vocational school or received other specialized training? Yes No

School/Course/Certification:	Type of training:	Did you pass course?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List professional, trade, business or civic activities and offices held (*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*):

Have you ever had any job-related training in the U. S. Military? If yes, please describe:

REFERENCES

Provide NAME, ADDRESS, and PHONE NUMBER of three references who are not related to you, and are not previous employers

1.
2.
3.



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EMPLOYMENT HISTORY

Chronologically list your three previous employers BEGINNING WITH YOUR MOST RECENT EMPLOYER. List any period of unemployment in sequence with your work experience. Include reason for unemployment. Job experience includes self-employment, part-time, temporary, voluntary or internship. Include military service if applicable.

Dates of employment: From to	
Name and address of employer:	
Supervisor's Name:	Phone No.:
Job Title:	Salary/Wage:
Describe your duties/reason for unemployment:	
Reason for leaving:	

Dates of employment: From to	
Name and address of employer:	
Supervisor's Name:	Phone No.:
Job Title:	Salary/Wage:
Describe your duties/reason for unemployment:	
Reason for leaving:	

Dates of employment: From to	
Name and address of employer:	
Supervisor's Name:	Phone No.:
Job Title:	Salary/Wage:
Describe your duties/reason for unemployment:	
Reason for leaving:	



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RELEASE OF INFORMATION

Kanawha County Sheriff's Office

Applicant's Full Name:		
Address:		
Driver's License/ID No.:	State Issued:	SSN:

I respectfully request and authorize you to furnish the Kanawha County Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photostats of same, if requested. This information will be used to assist the Kanawha County Sheriff's Office in determining my qualifications and fitness for the position that I am seeking with this organization.

I hereby release you, your organization or others from any liability or damages which may result from furnishing the information requested above.

Applicant's Signautre: _____

Date: _____

The Kanawha County Sheriff's Office considers all applicants for all positions without regard to race, religion, sex, national origin, age, marital status, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Upon completing and signing this application, the applicant acknowledges that he/she will serve a one-year probationary period if employed. During the probationary period, employment may be terminated at the discretion of the Sheirff. All employees are "at-will" employees and serve at the will and pleasure of the Sheriff.

AFFIDAVIT

STATE OF WEST VIRGINIA
COUNTY OF KANAWHA

Before me personally appeared the above named individual who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefor.

Sworn to and subscribed in my presence this _____ day of _____

(Seal)

Notary Public: _____

My Commission Expires: _____



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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand that if employed, I will serve a one-year probationary period during which employment may be terminated at the discretion of the Sheriff.

I hereby understand and acknowledge that , unless otherwise defined by applicable law, any employment relationship with this organization is an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

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 required to abide by all of the rules and regulations of the employer.

Furthermore, I understand that this is a drug free work place and all prospective employees must submit to and pass a drug test prior to employment.

Applicant's Signature: _____

Date: _____

HUMAN RESOURCE INFORMATION

Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer(s):
Assigned Division:	Job Title:
Approved by:	Date:

Notes: