



Application for the position of:

**DEPUTY SHERIFF
of
PENDLETON COUNTY, WEST VIRGINIA**

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

TELEPHONE:

ARE YOU A U.S. CITIZEN? __Y__N

AGE:

DATE OF BIRTH: _____

SSN:

PLACE OF BIRTH: _____

EDUCATION

**HIGHEST LEVEL
OF EDUCATION:**

**SCHOOL(S)
ATTENDED:**

**ELEMENTARY
SCHOOL:**

NAME

ADDRESS

**MIDDLE
SCHOOL:**

NAME

ADDRESS

HIGH SCHOOL:

NAME

ADDRESS

**VOCATIONAL
OR TRADE:**

NAME

ADDRESS

COLLEGE:

NAME

ADDRESS

*Pendleton County Sheriff's Department
Deputy Sheriff Application*

WORK HISTORY

Describe only your longest and most important jobs, including military service. Begin with your most recent employer.

1.) **NAME OF EMPLOYER:** _____
JOB TITLE: _____
RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ **TO** _____
REASON FOR LEAVING: _____

2.) **NAME OF EMPLOYER:** _____
JOB TITLE: _____
RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

3.) **NAME OF EMPLOYER:** _____
JOB TITLE: _____
RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ **TO** _____
REASON FOR LEAVING: _____

4.) **NAME OF EMPLOYER:** _____
JOB TITLE: _____
RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ **TO** _____
REASON FOR LEAVING: _____

**SPECIAL SKILLS, LICENSES
AND/OR CERTIFICATIONS:**

**DO YOU HAVE ANY EXISTING HEALTH PROBLEMS THAT MAY AFFECT
YOUR PHYSICAL CAPACITY TO SERVE IN THE POSITION OF DEPUTY
SHERIFF? ___ YES ___ NO**

**IF YOU ANSWERED YES,
PLEASE EXPLAIN:**

DO YOU HAVE ANY CRIMINAL CONVICTIONS? ___ YES ___ NO

**IF YOU ANSWERED YES,
PLEASE EXPLAIN:**

**DO YOU HAVE ANY DRIVING/TRAFFIC CONVICTIONS IN THE LAST TWO
(2) YEARS? ___ YES ___ NO**

**IF YOU ANSWERED YES,
PLEASE EXPLAIN:**

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO

DRIVER'S LICENSE NUMBER:

**STATE OF
DRIVER'S LICENSE:**

HOW MANY POINTS DO YOU HAVE AGAINST YOUR DRIVER'S LICENSE?

REFERENCES (other than relatives)

- 1.) NAME: _____
ADDRESS: _____

TELEPHONE: _____
RELATIONSHIP: _____

- 2.) NAME: _____
ADDRESS: _____

TELEPHONE: _____
RELATIONSHIP: _____

- 3.) NAME: _____
ADDRESS: _____

TELEPHONE: _____
RELATIONSHIP: _____

I declare that the above information provided is true, full and correct to the best of my knowledge and belief. It is understood that false or omitted information on this application may be considered sufficient cause for dismal or rescinding any job offer. I further authorize investigation of all information contained in this application.

APPLICANT'S SIGNATURE *Print name if submitted online