

# Application For Employment

Corporation of Shepherdstown  
104 North King Street  
Post Office Box 248  
Shepherdstown, WV 25443-0248

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.*

Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:     Yes     No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_



# Applicant's Statement

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of 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 this 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 rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

## NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



## Shepherdstown Police Department

David Ransom, Jr., Chief of Police

Post Office Box 237 – 104 North King Street Suite 100  
Shepherdstown, West Virginia 25443  
Office (304) 876-6036 Fax (304) 876-7198

### **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize full release and disclosure of any and all records concerning myself to the SHEPHERDSTOWN POLICE DEPARTMENT, and its appointed agent(s), whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institutions, financial or credit institutions (including records of deposits, withdrawals, and balances of checking and savings accounts and loans); records of commercial or retail credit agencies (including credit ratings); medical and psychiatric treatments and consultations; hospitals; clinics; private practitioners; U.S. Armed Forces clinics and hospitals; U.S. Veterans Administration; public utility companies; employment and pre-employment records (including any and all background investigations, efficiency ratings, complaints or grievances against me, and salary records); any other financial statements and records, wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law (including criminal and traffic records, complaints of a civil nature made by or against me and to include records and recollections of attorney or other counsel, whether representing me or others, in any case I presently have, or had an interest).

The total intent of this authorization is to provide full and free access to my background history for the specific purpose of pursuing a background investigation which may provide pertinent data for the SHEPHERDSTOWN POLICE DEPARTMENT, to consider in determining my suitability for employment and the sources of information enumerated above is not intended to deny access records not specifically identified.

I understand that any information obtained during this investigation may be released by the SHEPHERDSTOWN POLICE DEPARTMENT to professional offices/individuals outside of the department, who are involved in the hiring process (i.e.: Polygraph Operators, Psychological Evaluators, Medical Professionals). All such information shall be held in the strictest confidence and will not be released to other parties, without the expressed approval of the Police Chief or his/her designee.

I understand that information obtained by this investigation, developed directly or indirectly, in whole or in part, from this release will be considered in determining my suitability for employment by the SHEPHERDSTOWN POLICE DEPARTMENT. A copy of this release form will be considered valid, even though the copy does not contain an original of my signature.

Notary Public Seal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
WITNESS