

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

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 _____

Do any of your friends or relatives, other than spouse, work here? Yes No

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

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho 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.



Town of Moorefield

206 WINCHESTER AVENUE • MOOREFIELD, WEST VIRGINIA 26836

PHONE & TDD: 304-530-6142 FAX: 304-530-6933

E-MAIL: townofmfld@hardynet.com (City Hall)

mfldwwtp@hardynet.com (Wastewater Department)

mfldwater@hardynet.com (Water Department)

OPTIONAL APPLICATION QUESTIONS

NAME _____

DATE ____/____/____

1. Give home addresses for the past ten years, including dates of residence at each location:

2. Date of Birth: ____/____/____ Age: _____ Height: _____

Weight: _____ Number of dependants: _____

3. Are you a citizen of the United States? Yes / No

4. _____ Single _____ Married _____ Divorced _____ Separated

5. Have you ever been arrested or charged with a crime? Yes / No

If, yes, explain _____

6. Have you ever been issued a traffic citation? Yes / No

If yes, Where _____ Date _____

7. Do you possess a valid driver's license? Yes / No

Issuing state & DL number: _____

8. Are you a veteran? Yes / No If yes, branch of Armed Forces: _____

Service dates: from ____/____/____ to ____/____/____; Highest rank achieved: _____

9. Have you ever been discharged under conditions other than honorable from any branch of the Armed Forces? Yes / No If yes, give details: _____

10. Have you ever been discharged from the Armed Forces for medical reasons? Yes / No

If yes, give details: _____

(Questions continued on other side)

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Optional Questions

11. Are you now drawing benefits from the U.S. Government for disability incurred while in the Armed Forces? Yes / No If yes, give details: _____

11. Are you drawing benefits from any other source for physical disability? Yes / No If yes, give details: _____
12. Were you ever rejected upon examination for enlistment in the Armed Forces? Yes / No If yes, give details _____
13. Are you a member of the National Guard or Reserves? Yes / No
14. What serious illnesses or injuries have you had? _____

15. Give names of any relatives employed by the Town of Moorefield _____

Signature of Applicant

SUBMIT ALONG WITH THIS APPLICATION, COPIES OF:
Military Form D.D. 214
Birth Certificate
High School Diploma or G.E.D. certificate

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY. VARIOUS APPLICABLE LAWS PROHIBIT DISCRIMINATION BASED ON AGE, GENDER, RACE OR PHYSICAL DISABILITY. THE ABOVE INQUIRIES AS TO AGE, DATE OF BIRTH, AND SEX ARE MADE IN GOOD FAITH FOR NONDISCRIMINATORY PURPOSES.

**AUTHORIZATION
FOR RELEASE OF ANY INFORMATION IN CONNECTION WITH
EMPLOYMENT APPLICATION AND OTHER 'EMPLOYMENT PURPOSES'
INCLUDING REFERENCE CHECKS AND VERIFICATION**

To assist in the evaluation of an employment application and/or for 'Employment Purposes', I authorize the Town of Moorefield Police Department to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government sub-divisions, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to, authorization for the Moorefield Police Department to check and verify any information contained in my employment application.

I hereby authorize any and all of the aforesaid enumerated parties to furnish the Moorefield Police Department any and all information concerning me.

I further release all parties referred to herein and the Moorefield Police Department, its divisions, subsidiaries, affiliates, agents, and/or employees from any and all liability and responsibility arising out of the release of any information concerning me.

Signed: _____

Date: _____

(You must sign this form before a Notary Public)

COUNTY OF _____

STATE OF _____

Acknowledged before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

West Virginia State Police
Physical Ability Standards

PUSH-UPS – Designed to measure upper body muscular endurance and absolute strength. Applicants must be able to complete 18 properly executed push-ups within one minute.

The hands are placed about shoulder width apart. The administrator places a fist on the floor below the applicant’s chest.

Starting from the up position (elbows fully extended), the applicant must keep the back straight at all times and lower the body to the floor until the chest touches the administrator’s fist. Applicant then returns to the up position.

SIT-UPS – Designed to measure abdominal muscular endurance. Applicants must be able to complete 28 properly executed sit-ups within one minute.

The applicant starts in the up position, knees bent, heels flat on the floor, hands folded across the chest touching the shoulders.

A partner holds the feet down firmly.

In the up position, the applicant should pass the elbows over the knees then return until the shoulder blades touch the floor. Any resting must be done in the up position.

1.5 MILE RUN – Designed to measure cardiovascular capacity. Applicants must be able to complete the 1.5 mile run within 14 minutes, 36 seconds.

Equipment: A stopwatch or clock with a sweep second hand; an indoor or outdoor track or another suitable running area measured to 1.5 miles; testing forms to record data.

The applicant should refrain from smoking or eating for two hours preceding the test.

Allow adequate time prior to the test for stretching and warm-up exercises.

During the administration of the test, the applicants can be informed of their lap times. If several applicants run at once, their individual times at the finish can be called out and recorded later.

An important consideration at the end of the run is the "cool down" period. The applicants should be cautioned about sitting or standing around immediately after the run to prevent venous pooling. They should be instructed to walk an additional five minutes or so in order to enhance venous return and aid in recovery.

HOW TO PREPARE FOR THE TESTS

Consult your physician prior to starting this exercise program. The following guidelines are presented based on a twelve (12) week period preceding screening.

Preparing for the PUSH-UPS (upper body strength):

Determine how many push-ups you can do in one (1) minute. At least three (3) times per week do three (3) sets of the amount you can do in one (1) minute.

Preparing for the SIT-UPS (muscular endurance).

The progressive routine is to do as many bent-leg sit-ups (hands folded across the chest with someone holding your feet) as possible in one minute. At least three (3) times per week do three (3) sets (three (3) groups of the number of repetitions you did in one (1) minute).

Preparing for 1.5 MILE RUN (cardiovascular capacity):

Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then that is encouraged.

WEEK	ACTIVITY	DISTANCETIME (Miles)	(Minutes)	FREQUENCY (Week)
1	Walk	1	17-20	5
2	Walk	1.5	25-29	5
3	Walk	2	32-35	5
4	Walk	2	28-30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	4
9	Jog	2	23	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4

Applicants must successfully pass this pre-employment physical ability examination. These tests have been validated and demonstrate the ability to perform job-related tasks necessary to carry out the essential functions of the position of state police officer.

The tests described are graded as pass or fail; acceptance is based upon successfully passing all four measures.