

**APPLICATION
FOR EMPLOYMENT**

Grafton Police Department

1 W. Main Street
Grafton, WV 26354

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

(Please print or type)

Last Name	First Name	Middle Name
Address	Number	Street
City		State
Zip Code		
Telephone Number(s)		Social Security Number
Date of Birth	Driver's License Number	Issuing State
Previously used names (Examples: Marital, Maiden, etc.)		

Have you previously filed an application with us before?

Yes	No
-----	----

If yes, give date

Have you been previously employed with us?

Yes	No
-----	----

If yes, give date

Are you currently employed?

Yes	No
-----	----

On what date would you be available to start work?

--

Have you ever been convicted of a felony?

Yes	No
-----	----

If yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

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

Describe any job-related training received in The United States Military.

Employment Experience

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

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

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ Yes _____ NO

References

1. Name

Phone #

Address

2. Name

Phone #

Address

3. Name

Phone #

Address

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

Employed Yes No

Job Title _____

Hourly/Salary Rate _____

By _____

Name and Title

Date

NOTES



CITY OF GRAFTON POLICE DEPARTMENT

1 West Main Street - Grafton, West Virginia 26354

(304) 265-0101 Fax: (304) 265-2199

Coleman Y. Durrett, Chief of Police

Possible candidates must pass the Grafton Police Department agility standards test which include: 18 properly executed push-ups within one minute, 28 properly executed sit-ups within one minute, and the 1.5 mile run within 14 minutes, 36 seconds.

Upon passing the Grafton Police Department agility standards test, possible candidates must pass the police civil service exam.

Upon passing both the agility standards test and the civil service exam, possible candidates must pass a thorough background investigation.

****Please Note**** Any person hired whom is not a certified police officer in West Virginia must attend a 16 week training program at the WV State Police Academy.

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____
(Please Print)

The City of Grafton has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but his/her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release the City of Grafton and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kinds and nature arising out of the pre-employment drug screening and any decision concerning employment made by the City of Grafton, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH the City of Grafton. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with the City of Grafton at some future when the applicant will agree to conform to our policies.

I understand that my offer of employment with the City of Grafton is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from the City of Grafton should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal durgs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to the City of Grafton. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant: _____

Date: _____

(To be maintained on file with Employment Application)