

## FIREFIGHTER/POLICE OFFICER

The Morgantown Fire Civil Service Commission will be administering examinations to establish the list from which future vacancies on the Morgantown Fire Department will be filled.

The Police Civil Service Commission will administer exams for future vacancies on the Morgantown Police Department.

### REQUIREMENTS FOR FIRE APPLICANTS:

- Must pass Agility Testing. Release form signed by physician that applicant is medically fit to participate in testing must be present at Agility testing or candidate will be disqualified. Forms and testing instructions will be mailed to candidates after returning their applications. ***There will be an Open House on Sept 19, 2015 and October 3, 2015 at the North Side Fire Station to help prepare for the agility test that will be on October 17, 2015.*** More information on the Open House will be sent to all interested applicants.
- Must be at least 18 years old.
- Must have a high school diploma or GED.
- Must be a citizen of the United States.
- **Must pay a \$25.00 application fee for testing materials**
- Must establish and maintain a permanent residence within a 15 air
  - o mile radius of 228 South High Street, Morgantown, WV after serving a
  - o one year probationary period, if hired.
- Must successfully complete and pass various mandatory examinations.
- Veteran Preference Points will be awarded per WV Code 6-13-1.
- Will prepare for test with study manual.

### REQUIREMENTS FOR POLICE APPLICANTS:

- Be at least 18 years old and not more than 40 years of age at time of application.
- Have a high school diploma or GED.
- Be a citizen of the U.S.
- **Pay a \$25.00 application fee for testing materials.**
- Establish and maintain a permanent residence within a 15 nautical mile radius of 300 Spruce Street, Morgantown, WV.
- Successfully complete and pass various mandatory examinations.
- Veterans: preference points will be awarded per WV Code 6-13-1.

Applications may be obtained at the City Clerk's Office, 389 Spruce Street, Room 10

**A \$25.00 application fee applies.**

In order to be eligible for the upcoming agility test on October 10, 2015 and the written test on October 17, 2015 applications must be post marked by September 10, 2015 and return to the City Clerk's Office.

***If you have any questions please call Mrs. Tucker or Mrs. Carl at (304) 284-7439***

**THE CITY OF MORGANTOWN IS AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT  
(POLICE OFFICER OR FIREFIGHTER)  
CITY OF MORGANTOWN  
389 SPRUCE STREET  
MORGANTOWN, WV 26505**

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY No. / /  
STREET/MAILING ADDRESS CITY STATE ZIP CODE ( ) TELEPHONE No.

NAME AND TELEPHONE NUMBER OF PERSON WHO WILL KNOW WHERE YOU MAY BE CONTACTED  
EMAIL ADDRESS

POSITION YOU ARE APPLYING FOR

DATE YOU ARE SUBMITTING THIS APPLICATION

ARE YOU A U.S. CITIZEN?  YES  NO

PLEASE LIST THE PLACE OF YOUR BIRTH CITY COUNTY STATE

WHAT IS THE DATE OF YOUR BIRTH? MONTH DAY YEAR

ARE YOU CLAIMING VETERAN'S PREFERENCE POINTS?  YES  NO

IF YES, DATES OF ACTIVE DUTY FROM: To: Mo/DAY/YR Mo/DAY/YR

IF YES, PLEASE PROVIDE A COPY OF YOUR DD-214 WITH THIS APPLICATION.

ARE YOU A MEMBER OF THE RESERVES OR NATIONAL GUARD?  YES  NO

HOW DID YOU LEARN OF THIS VACANCY?

HAVE YOU EVER FILED AN EMPLOYMENT APPLICATION WITH THE CITY OF MORGANTOWN?  YES  NO  
IF YES, WHEN?

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT?  YES  NO  
IF YES, PLEASE STATE PARTICULARS ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?  YES  NO  
IF YES, PLEASE STATE PARTICULARS ON A SEPARATE SHEET AND ATTACH IT TO THIS APPLICATION.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATIONS?     YES     NO

WILL REASONABLE ACCOMMODATIONS BE NEEDED DURING THE TESTING PROCESS FOR THE POSITION FOR WHICH YOU ARE APPLYING?     YES     NO

DO YOU OBJECT TO INQUIRY OF YOUR PRESENT EMPLOYER IN REGARD TO YOUR CHARACTER, WORK RECORD, QUALIFICATIONS, OR ABILITIES?     YES     NO

DO YOU POSSESS A VALID MOTOR VEHICLE OPERATOR'S LICENSE ?     YES     NO

IF YES, WHAT STATE HAS ISSUED THE LICENSE? \_\_\_\_\_

IF YES, WHEN DOES THE LICENSE EXPIRE? \_\_\_\_\_

IF YES, WHAT TYPE OF LICENSE IS IT? \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

**EDUCATION**

	ELEMENTARY/ MIDDLE SCHOOL	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
CIRCLE YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE	X			
DESCRIBE COURSE OF STUDY				
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND/OR EXTRA-CURRICULAR ACTIVITIES				

**PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)**

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT: \_\_\_\_\_

**ADDRESSES FOR PREVIOUS FIVE YEARS:**

**DATES**

STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To

(SHOULD ADDITIONAL SPACE BE REQUIRED LIST INFORMATION ON A SEPARATE SHEET)

**LIST ALL PERIODS OF RESIDENCY AND ADDRESSES IN MONONGALIA COUNTY: DATES**

STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To
STREET ADDRESS	CITY	STATE	To

**EMPLOYMENT HISTORY:**

LIST **ALL** WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB AND WORKING BACK. INCLUDE **ALL** WORK EXPERIENCE - FULL OR PART TIME, PAID OR UNPAID, MILITARY SERVICE, SUMMER JOBS, VOLUNTEER WORK, ETC. IF YOU HAVE HELD MORE THAN ONE POSITION TITLE WITH THE SAME EMPLOYER, LIST EACH POSITION TITLE SEPARATELY.

<p>1. NAME OF COMPANY: _____            ADDRESS: _____            TYPE OF BUSINESS: _____            LAST POSITION HELD: _____            NAME OF SUPERVISOR: _____            DESCRIBE THE WORK YOU DID: _____            REASON FOR LEAVING: _____</p>	<p>EMPLOYED FROM: _____            TO: _____            STARTING SALARY \$ _____            LAST SALARY \$ _____            PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/></p>
<p>2. NAME OF COMPANY: _____            ADDRESS: _____            TYPE OF BUSINESS: _____            LAST POSITION HELD: _____            NAME OF SUPERVISOR: _____            DESCRIBE THE WORK YOU DID: _____            REASON FOR LEAVING: _____</p>	<p>EMPLOYED FROM: _____            TO: _____            STARTING SALARY \$ _____            LAST SALARY \$ _____            PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/></p>
<p>3. NAME OF COMPANY: _____            ADDRESS: _____            TYPE OF BUSINESS: _____            LAST POSITION HELD: _____            NAME OF SUPERVISOR: _____            DESCRIBE THE WORK YOU DID: _____            REASON FOR LEAVING: _____</p>	<p>EMPLOYED FROM: _____            TO: _____            STARTING SALARY \$ _____            LAST SALARY \$ _____            PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/></p>
<p>4. NAME OF COMPANY: _____            ADDRESS: _____            TYPE OF BUSINESS: _____            LAST POSITION HELD: _____            NAME OF SUPERVISOR: _____            DESCRIBE THE WORK YOU DID: _____            REASON FOR LEAVING: _____</p>	<p>EMPLOYED FROM: _____            TO: _____            STARTING SALARY \$ _____            LAST SALARY \$ _____            PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/></p>
<p>5. NAME OF COMPANY: _____            ADDRESS: _____            TYPE OF BUSINESS: _____            LAST POSITION HELD: _____            NAME OF SUPERVISOR: _____            DESCRIBE THE WORK YOU DID: _____            REASON FOR LEAVING: _____</p>	<p>EMPLOYED FROM: _____            TO: _____            STARTING SALARY \$ _____            LAST SALARY \$ _____            PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/></p>

IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS

**PRIVACY ACT STATEMENT - DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**PLEASE READ CAREFULLY**

(AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN) IS CONTAINED IN 5 USC 3331, 32 USC 708, 44 USC 3101, 32 USC 708, AND SECTIONS 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 THROUGH 1087, 1168, 1169, 1475 THROUGH 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496, AND 9411 OF 10 USC AND IN EXECUTIVE ORDERS 9397, 10450 AND 11652.

THIS AUTHORITY FOR COLLECTION OF INFORMATION MUST BE SIGNED BY YOU GIVING THE POLICE DEPARTMENT OF THE CITY OF MORGANTOWN PERMISSION TO DO A THOROUGH BACKGROUND INVESTIGATION WITH AGENCIES SUCH AS THE: CREDIT BUREAU, AND OTHER AGENCIES WHICH MIGHT BE OF CONCERN FOR THE COMPLETION OF SUCH INVESTIGATION. THIS VOLUNTARY RELEASE FORM ALLOWS THE POLICE DEPARTMENT TO CONTACT AGENCIES FOR RELEASE OF INFORMATION AND ACCURATE DOCUMENTATION CONCERNING YOUR PAST FINANCIAL STATUS.

PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION IS INTENDED TO BE USED:

TO OBTAIN BACKGROUND INFORMATION FOR PERSONNEL INVESTIGATIVE AND EVALUATIVE PURPOSES IN CONNECTION WITH THE MAKING OF SECURITY DETERMINATIONS WITH RESPECT TO: (1) EMPLOYMENT WITH THE CITY OF MORGANTOWN, PARTICULARLY IN SENSITIVE CIVILIAN POSITIONS OR FOR OTHER POSITIONS THAT HAVE BEEN DESIGNATED AS REQUIRING A DETERMINATION AS TO WHETHER EMPLOYMENT IN OR ASSIGNMENT TO SUCH POSITIONS IS CLEARLY CONSISTENT WITH THE INTERESTS OF PUBLIC WELFARE, (2) POSITIONS OF POLICE OFFICER OR FIREFIGHTER OR OTHER SWORN POSITION, OR (3) A POSITION WHICH HAS ACCESS TO CLASSIFIED OR PROTECTED INFORMATION.

THE INFORMATION WILL BE USED TO DETERMINE YOUR ACCEPTABILITY FOR EMPLOYMENT WITH THE CITY OF MORGANTOWN. THE INFORMATION WILL BE PRINCIPALLY USED TO DETERMINE YOUR MENTAL, MEDICAL AND MORAL QUALIFICATIONS FOR EMPLOYMENT WITH THE CITY OF MORGANTOWN. IF YOU ARE ACCEPTED AND SUBSEQUENTLY HIRED BY A COMPONENT OF THE CITY OF MORGANTOWN, THIS INFORMATION WILL THEN BECOME A PART OF YOUR PERSONNEL RECORD.

YOUR SOCIAL SECURITY NUMBER(SSN) IS NECESSARY TO IDENTIFY YOU AND YOUR RECORDS AND TO PROPERLY REPORT YOUR EARNINGS AS AN EMPLOYEE OF THE CITY OF MORGANTOWN TO THE SOCIAL SECURITY ADMINISTRATION, SHOULD YOU BE HIRED. THE DATA IS **FOR OFFICIAL USE ONLY** AND WILL BE MAINTAINED IN STRICT CONFIDENCE IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS.

DISCLOSURE OF THIS INFORMATION AND SIGNING OF THIS FORM IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH INFORMATION OR THE FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT CAN AND WILL RESULT IN THE DISMISSAL OF THE APPLICATION.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_





**MORGANTOWN POLICE DEPARTMENT**

300 SPRUCE STREET  
MORGANTOWN, WEST VIRGINIA 26505-5500  
TELEPHONE NUMBER (304) 284-7496



**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**WAIVER OF PRIVACY ACT**

To Whom It May Concern:

I hereby authorize the City of Morgantown, WV, its police officers or any of its agents bearing this document, to obtain information pertaining to my personal background. Background information includes, but is not limited to, the histories and/or records information concerning past and present employment, including attendance and disciplinary actions, criminal history records, driving records, financial and/or credit records, academic records and personal history.

I hereby authorize you to release such information upon request of the bearer of this document. This authorization is executed with full knowledge and understanding that the information is for official use by the City of Morgantown, WV.

I hereby release the City of Morgantown, WV, its police officers or any of its agents, both individually and collectively, from any and all liability connected with the investigation of my personal background. I further acknowledge that I can take no legal action against the City of Morgantown, WV, its police officers or any of its agents, regardless of the results of such background investigations or how the results are used.

Full Name: (Please Print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issuing: \_\_\_\_\_

I have read and understand the above release and **WAIVER OF PRIVACY ACT** and give my permission for the background investigation to begin.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*Signature must be notarized:

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on the \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_