



Fire Civil Service Commission

# The City of Morgantown

389 Spruce Street, Room 10  
Morgantown, West Virginia 26505  
(304) 284-7477 Fax: (304) 225-3590  
www.morgantownwv.gov



\$25.00 Application Fee

\_\_\_\_\_  
Name (Last) (First) (Middle) SS No.

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Telephone No. Name & Number of person who has contact with applicant

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Position you are applying for:

\_\_\_\_\_  
Date you are submitting this application:

Are you a U.S. Citizen? Yes No  
*If yes, please list how many years:* \_\_\_\_\_

\_\_\_\_\_  
Place of Birth: City County State

\_\_\_\_\_  
Date of Birth: Month Day Year

Are you claiming Veteran's Preference Points? Yes No (Please provide copy of DD-214)  
*If yes, dates of active duty* From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/Day/Year Mo/Day/Year

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 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 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 regards 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 or University	Graduate/Professional
School Name				
(Years completed)	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of study				
Describe any specialized training, apprenticeship, skills, and/or extra curricular activities				

**Personal References: (Please no former employers or relatives)**

Name and Occupation	Address	Phone Number

Please list below any additional information you consider pertinent to your application for employment:

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**Addresses for previous five years:**

**Dates**

Address	City	State	Zip Code	to
Address	City	State	Zip Code	to
Address	City	State	Zip Code	to
Address	City	State	Zip Code	to
Address	City	State	Zip Code	to

*(Should additional space be required, list information on a separate sheet)*

**List all residency and addresses in Monongalia County**

**Dates**

Address	City	State	Zip Code	to
Address	City	State	Zip Code	to
Address	City	State	Zip Code	to

*(Should additional space be required, list information on a separate sheet)*

**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.

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____	Last salary \$	_____
Name of supervisor:	_____		
Describe the work you did:	_____		
Reason for leaving:	_____	Part Time	Full Time

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____		_____
Name of supervisor:	_____	Last salary \$	_____
Describe the work you did:	_____		_____
Reason for leaving:	_____	Part Time	Full Time

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____		_____
Name of supervisor:	_____	Last salary \$	_____
Describe the work you did:	_____		_____
Reason for leaving:	_____	Part Time	Full Time

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____		_____
Name of supervisor:	_____	Last salary \$	_____
Describe the work you did:	_____		_____
Reason for leaving:	_____	Part Time	Full Time

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____		_____
Name of supervisor:	_____	Last salary \$	_____
Describe the work you did:	_____		_____
Reason for leaving:	_____	Part Time	Full Time

Name of Company:	_____	Employed from:	_____
Address:	_____	to:	_____
Type of Business:	_____	Starting Salary \$	_____
Last position held:	_____		_____
Name of supervisor:	_____	Last salary \$	_____
Describe the work you did:	_____		_____
Reason for leaving:	_____	Part Time	Full Time

**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, 3102, 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 status.

Principal purpose(s) for which information is intended to be used:

To obtain background information for personnel investigation and evaluate purposed in connection with the making of security determinations with respect to: (1) Employment with the City of Morgantown, particularly in sensitive civilian positions that have been designated as requiring a determination as to whether employment is 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 as 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.

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

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**PRIVACY ACT STATEMENT - Data required by the privacy act of 1974**

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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: **Medical and/or Mental Institutions, Law Enforcement Agencies**, 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 last personal history, employment history, and criminal history status.

Principal purpose(s) for which information is intended to be used:

To obtain background information for personnel investigation and evaluate purposed in connection with the making of security determinations with respect to: (1) Employment with the City of Morgantown, particularly in sensitive civilian positions that have been designated as requiring a determination as to whether employment is 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 as access to classified or protected information.

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

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**RELEASE FORM**  
**AGILITY TESTING**  
**MORGANTOWN FIRE DEPARTMENT**

**Explanation:**

When a person applies to become a Morgantown Fire Department member, he or she must first complete a variety of tests. The first test in the process is the physical fitness and agility test. To be eligible to participate, each applicant has been given a copy of the testing procedure and is required to have their physician review this procedure and certify that the applicant is capable of participating. This release form must be signed and dated by a physician and presented to the tester on the date of the physical fitness and agility test. Failure to present this form will disqualify any applicant from being tested.

**PHYSICIAN'S STATEMENT**

On \_\_\_\_\_, I reviewed the description of the Morgantown Fire Department physical fitness and agility testing procedure.

I also examined \_\_\_\_\_ and found him/her to be medically fit to participate in the physical fitness and agility test described.

\_\_\_\_\_  
Signature of the examining doctor

\_\_\_\_\_  
Date of the examination

**APPLICANT'S VERIFICATION**

The information and signatures contained in this document are true and accurate.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of verification