



Granville Police Department

**1245 Main Street, Granville, WV 26534
304-598-0035**

Application for Employment

(Please print in black ink)

Application for Employment

(Pre-Employment Questionnaire - An Equal opportunity Employer)

Personal Information

Name: _____
Last First Middle Maiden

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____ Alternate Phone Number: _____

SS#: - - Place of Birth: _____ DOB: / /

Age: _____ Ht. _____ Wt. _____ Marital Status: _____

Are you 18 years old? Yes No Are you a U.S. Citizen? Yes No

Are you an alien authorized to work in the United States? Yes No

Are you a certified Law Enforcement officer? Yes No If yes, what state? _____

Have you ever been convicted of a Misdemeanor? Yes No

If yes, explain: _____

Have you ever been convicted of a Felony? Yes No

If yes, explain: _____

Service Record

Branch of Service: _____ Discharge Date/ Rank: _____

Present Membership in National Guard/Reserves? Yes No

Obligation Date Ends: / / Type of discharge: _____

Prior Courts Marshall? Yes No

Education

School Level	Name and Location	# Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade/Business or Correspondence				

Work Experience (Past 10 years. More than two - please attach)

Name of Employer: _____

Address: _____

Street

City

State

Zip

Starting Date: _____ / _____ (mm/yyyy) Leaving Date: _____ / _____ (mm/yyyy)

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your supervisor? Yes No

Name/Title of Supervisor: _____ Phone No.: _____

Description of Work: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

Street

City

State

Zip

Starting Date: _____ / _____ (mm/yyyy) Leaving Date: _____ / _____ (mm/yyyy)

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your supervisor? Yes No

Name/Title of Supervisor: _____ Phone No.: _____

Description of Work: _____

Reason for Leaving: _____

References (Provide 2 each of Personal and Professional of persons not related to you.)

Personal

Name	Address	Phone Number	Business	Years Known

Professional

Name	Address	Phone Number	Business	Years Known

Authorizations

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.”

Applicant Signature

Date

I do hereby authorize and give my permission to the Veterans Administration, all US Military Services, R.O.T.C. and Reserve doctors, insurance companies, state and federal income tax bureaus past and present employers, any criminal justice agency, credit bureau, any person or persons named in this application, and any other agency, corporation or organization to furnish to the Town of Granville representative with any and all available information regarding me in order that they may determine my suitability for police services. I release them from any and all liability whatsoever for furnishing the aforementioned information.

Applicant Signature

Date

I understand to assure that an adequate number of personnel are available at all times and that all off duty police officers will be available for call back within a reasonable response time in emergency situations, the Town finds it necessary to require that its police officers reside

no further than a specified distance from their work place. The following residency requirements shall apply.

Any police officer employed by the Town of Granville shall maintain a permanent physical residence within 25 air miles of the Town Hall located at 233 Dents Run Blvd. Granville, WV. This officer agrees to maintain this residency while under the employment of the Town of Granville.

Any police officer that does not reside within this area at the time of his/her appointment shall establish his/her physical residence as soon as physically possible.

Any and all disputes involving the enforcement of this rule shall be decided by the Granville Police Dept. hearing board.

Applicant Signature

Date

Waiver of Privacy Act - Release of Information

I, _____, give the Town of Granville, its police detectives, or any of its agents the right and permission to check any and all of credit records. The permission to check shall include contact with any credit bureau, bank, loan institution and anyone with knowledge of my financial status.

I, _____, give the Town of Granville, its police detectives, or any of its agents the right and permission to check any and all agencies, medical and/or mental health facilities, law enforcement agencies and any agency which might be of concern for the completion of such investigation. The voluntary release form allows the police dept. to contact agencies for release of information and accurate documentation concerning my past personal history, employment history, criminal history, and financial history.

I, _____, give the Town of Granville, its police detectives, or any of its agents free from any liability connected with the investigation of my credit records or financial status. This release of liability means I can take no legal action against the Town of Granville, its detectives, or its agents regardless of the results of the investigation or how the investigation results are used.

I, _____, have read and understand the above release and give my permission for the background investigation if considered for employments.



I, _____, for and consideration of being considered for employment by the Granville Police Department, do hereby make the following representation and acknowledgements:

1. As part of the application process, I will have to take a physical agility test. The process will consist of: 1. Upper body strength - complete eighteen (18) properly executed push-ups within (1) minute. 2. Muscular endurance - complete twenty-eight (28) properly executed sit-ups within (1) minute. 3. Aerobic power - complete a one and a half (1.5) mile run with fourteen minutes and thirty-six seconds (14:36). Regardless of physical condition, I recognize that there are risks of injury involved in taking this physical agility test. I further understand that if I am not in appropriate physical condition, I may be placing myself at risk. Any pre-existing injuries, diseases, or physical conditions that may be aggravated by this test I have noted here:
_____. I hereby stated that I accept all risks and responsibilities associated by this test.
2. I realize and agree that while taking this agility test, I am not an employee, agent or servant of the Town of Granville or the Granville Police Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the Town of Granville.

By signing this waiver, I do hereby release and forever discharge the Town of Granville and/or the Granville Police Department and its officials, officers and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action that may arise from taking the agility test. This waiver is intended to cover all acts or omissions of the Town of Granville and the Granville Police Department, officials, officers and

employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns. I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Printed Name:

Signature:

Date:

Address:

Phone Number:

In case of emergency, notify:

Name:

Address:

Phone Number:

After filling out the entire application:

- Save the file to your computer as "YourNameApplication.pdf"
- Create a new email to Brian Hill at:
 bhill@townofgranvillewv.gov
- Please use "Application - Granville Police Department" as the subject line
- Attach "YourNameApplication.pdf" to the email
- Please attach all other work experience if you have had more than 2 jobs in the past 10 years