

DEPUTY SHERIFF CIVIL SERVICE COMMISSION COUNTY OF KANAWHA CHARLESTON, WEST VIRGINIA



<u>APPLICATION FOR EXAMINATION ~ Probationary Deputy Sheriff</u>

Please print in ink. Applications not properly filled out will not be accepted.

Name: (Print)	F: /	Middle Initial	T /	Se	x:
SSN:		Middle Initial	Last		
Date of Birth:		Age:		-	
Place of Birth:			_ Are you a citize	n?	
If naturalized, g	give the date	e and place:			
Length of reside	ence in Wes	st Virginia immediate	ly prior to the date of	f filing this ap	plication:
Present Address	s:				
		Street and Number			
City Phone Number	:	County	State	Zip Code	
Permanent add	ress and leg	al residence (if differen	ent from above):		
Street and Numb	er City		County	State	Zip Code
List address of	all residenc	es for the previous 3	years:		
Indicate clearly	all Crimna	l Arrests or drug use	for the past two years	S:	
		tations/tickets/domes out of state licenses.	tic relations petitions	received for	the

Are you a Military s	high school grervice:	raduate:			
			et position first, and work backwart-time work as such).	ard. List all of your	
DATE FROM/TO	NAME OF EMPLOYER		YOUR DUTIES & NO. OF EMPLOYEES SUPERVISED	REASON FOR LEAVING	
+					
Are you w	villing to have	your present er	nployer contacted regarding you	r qualifications?	
•		an three emplo	yers, indicate below the names of	of additional persons	
NAME ADD		ADDRES	SS VO	CATION	
All applicar	nts must sign tl	he following ce	ertificate:		
of the abov disclose su will be disc	re statements a ch misrepreser qualified from	nd answers to ontations and fal	willful misrepresentations in and questions. I am aware that should sifications, my application will be future for any position under the nawha County.	d an investigation be rejected and I	
	npleted applic		1		
Kanawha County Clerk's Office P. O. Box 3226			Signature of Applicant Date		

Charleston, West Virginia 25332