



# FOLLANSBEE POLICE DEPARTMENT

872 MAIN ST. FOLLANSBEE, WV 26037

PHONE: 304-527-1211

FAX: 304-527-3341

## APPLICATION FOR POLICE OFFICER

This application form is an important part of the employment process. Consideration for any position is initially based on an evaluation of the application. False, incomplete, or inaccurate information is cause for disqualification or termination. Any and all information may be verified. Please TYPE or Print CLEARLY AND NEATLY as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding additional pages of information or a resume. The City of Follansbee is an Equal Opportunity Employer and will consider Applicants without regard to race, color, religion, gender, or national origin. The City of Follansbee is a drug and smoke free workplace. All employment offers are subject to successful completion of substance screening.

NAME:

SOCIAL SECURITY #

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MI

\_\_\_\_-\_\_\_\_-\_\_\_\_

PRESENT MAILING Address & street (P. O. Box not accepted)

City

State

Zip

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH:

PLACE OF BIRTH:

DRIVER'S LICENSE NUMBER:

STATE:

EXPIRES:

PLEASE LIST ALL OTHER STATES IN WHICH YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE

STATE      YEAR(S) ISSUE      NAME UNDER WHICH LICENSE WAS GRANTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Personal History cont.

Education:    Name            location            date            graduated            degree

High School:

College:

Technical school:

Military Service:

Have you ever been a member of the armed forces of the United States?

Y/N

Branch of service:

Date of service: from \_\_\_\_\_

to \_\_\_\_\_.

Discharge type:

\*Attach a copy of your DD214 \*

Law enforcement:

Do you currently hold a state Law enforcement training and standard certification in the state of WV? Y/N

Do you currently hold an out of state Law enforcement training certification? Y / N

If yes List which state:

Are you currently or have you ever worked as a sworn law enforcement officer? Y / N

If yes list the name of all departments, addresses, phone numbers and Name of supervisors?

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\*Attach copy of law enforcement certification or training documentation \*

Name of Applicant

References: List three references not to include family members.

Name	address	phone number	how long known.
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1.

2.

3.

Residences: List the complete address of place you have lived in the last 5 years. Street, City, State, and zip code.

1.

2.

3.

4.

5.

Have you ever lived or worked in another state Y/N .

If yes list all locations and states, you have worked in.

Print

Personal History:

Name of Applicant

Have you ever been convicted of a Felony? Y/ N

Have you ever been convicted of a misdemeanor? Y/N

Have you ever been involved in domestic violence or had a petition filed against you? Y /N

IF Yes, please provide complete details of each offense, Dates and Location, state the incident occurred in, investigating Law Enforcement agency, disposition (BE SPECIFIC.) use a separate sheet of paper if more space is required.

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Has your Driver's license or privileges to drive ever been suspended or revoked in the state of West Virginia or any other state. Y/ N ?

IF YES, please provide reason and date of suspension:

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Please list all traffic citations (excluding parking violations) You have received in the last five years.

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Name of Applicant

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: \*Attach a photocopy of current driver's license \*

Name of Applicant



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**3. DESCRIBE YOUR EXPERIENCES IN WORKING WITH, AND RELATING TO EACH OF THE FOLLOWING GROUPS: PEOPLE OF DIFFERENT ETHNIC BACKGROUNDS, CULTURES, SOCIO-ECONOMIC GROUPS, PEOPLE OF DIVERSE EDUCATIONAL BACKGROUNDS, GENDER AND LIFESTYLE GROUPS.**

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**4. HOW WOULD YOU APPLY YOUR JOB EXPERIENCES AND EDUCATIONAL BACKGROUND TO THE POSITION OF FOLLANSBEE POLICE OFFICER?**

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The signatory being warned that willful false statements and the like are punishable by fine or imprisonment\* or under 18 USECO 1001 I and that such willful false. statements and the like may jeopardize the validity of the application or submission or any registration resulting therefrom\ declares that all statements made of his/her own knowledge are true and all statements made on information and belief are believed to be true.

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(Signature)

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(Print or Type Name and Position)

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(Date)