

18. Please indicate full name and address for any former spouse _____

19. EDUCATION:

A. TYPE	NAME AND LOCATION FOR EACH	DATE FROM	TO	DATE OF GRADUATION	
High School					
College					
Post-Graduate Education					
Professional/ Other					

B. List any additional training you may have received in a correspondence, night, summer, or other special school, or apprenticeship training for a particular trade or profession. Give the name of the school or firm, its location, the course or courses taken, and the length of time spent:

20. List scholastic honors, affiliations and professional societies:

21. State any special qualifications (knowledge of law, mechanical arts, reading, writing, or speaking knowledge of foreign languages, etc.) not covered by the preceding questions:

22. EMPLOYMENT: List all Employers, starting with information from your Current or Most Recent Employer:
 (Attach additional pages, if necessary)

DATE From	To	NAME OF EMPLOYER	ADDRESS	POSITION/DUTIES	REASON FOR LEAVING

23. May your current employer be contacted? _____ If "no", indicate why. _____

24. Please list for References, who are not family, familiar with your Qualifications and Reputation:

	NAME	ADDRESS	TELEPHONE NUMBER
a.			
b.			
c.			
d.			

25. MILITARY SERVICE: If you have served in the Military, please indicate:

- a. Branch _____
- b. Highest Rank Obtained _____
- c. Rank at Discharge _____
- d. Date of Discharge _____
- e. Type of Discharge _____

26. Have you every filed an application with this office? _____

If so, indicate the position applied for and the date of the application: _____

27. Have you applied for the position of police officer at any other agency? If yes, where? _____

28. If appointed for a position with the Sheriff's Office, how soon could you report to work? _____

29. Would you accept temporary work? _____

30. Have you ever been convicted of, or pled guilty to, criminal charges, other than minor traffic regulations?

31. If your response to the preceding question is "yes", for each incident, please state the date, allegation or charge, jurisdiction where it took place and the final determination:

Allegation/Charge	Date	Jurisdiction	Final Determination/Result
a.			
b.			
c.			

32. Upon completion of this application, please read the following and sign your name:

Verification and Certification

I hereby certify that there are no willful misrepresentations or falsifications contained in the above statements and answers to the questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying for any position under the jurisdiction of the Civil Service Commission for Cabell County. I understand that consideration for employment is conditioned upon a reference check, and that the Cabell County Sheriff's Office is authorized to investigate all statements made by me on the application, to contact former employers and references and to advise contacted persons that they may respond to questions. I hereby release all such persons from liability for any such disclosures.

I understand that nothing contained in this application, or the granting of an interview creates any type of employment contract. No promises concerning employment have been made to me, and I understand that no offer of employment is binding on the Cabell County Sheriff's Office, unless made in writing.

I further understand that prior to being offered employment, I will be requested to take an employment physical examination.

(Signature of Applicant) _____

(Date) _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To:

I hereby authorize any representative of the Cabell County Sheriff's Office bearing this Release to obtain any and all information and/or records from my files or other sources pertaining to my personal background including, but not limited to, academic, athletic achievement, attendance, disciplinary action, employment, medical, credit, personal history, or any other records you may have regarding me. This Release is executed with the full knowledge and understanding that the information is for the official use of the Cabell County Sheriff's Office. Consent is granted for the Cabell County Sheriff's Office to furnish such information as is described above, to third parties in the course of the Sheriff's Office fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees and related personnel, both individual and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authorization shall be as valid as the original thereof.

Should there be any questions as to the validity of this Release, you can contact me as indicated below:

Full Name: _____

Current Address: _____

Telephone #: _____

SSN: _____

DOB: _____

Signature: _____

Taken, Subscribed, and Sworn to before

Me this _____ day of _____.

Notary Public

My Commission Expires _____, 20_____.

AUTHORIZATION TO RELEASE MEDICAL RECORDS AND INFORMATION

TO: MY MEDICAL PROVIDERS, PHARMACIES, AND HEALTH INSURANCE COMPANIES:

In accordance with 45 CFR 164.508, you are permitted to give the Cabell County Sheriff's Office, and any and all of its employees, copies of all of my medical records and information. Specifically, this means all of my medical forms, records, reports, summaries, notes, tests, laboratory results, MRI films, CT scans, x-ray films, radiologic films and accompanying written reports, pharmacy records, bills and charges, and any other information regarding the examination, evaluation, care, and treatment rendered to me. You should give this information regardless of whether it is written or in the form of electronic data, microfiche, microfilm, radiologic film, or any other form. This authorization does not permit you to confer with any employee of the Cabell County Sheriff's Office about any substantive matters unless I am present.

I am signing this authorization so the Cabell County Sherriff's Office can obtain my medical records for purposes of my application for employment. This release is valid and does not expire until one (1) year from date of this release. Consent is granted for the Cabell County Sheriff's Office to furnish such information as is described above, to third parties in the course of the Cabell County Sheriff's Office fulfilling its official responsibilities with regard to my application for employment, and I understand that those disclosures are not governed by the Health Insurance Portability and Accountability Act or any other regulations passed under that Act.

I understand that I have the right to revoke this authorization by sending a letter to Cabell County Sheriff's Office, Post Office Box 2114, Huntington, West Virginia, 25721, requesting that this authorization no longer be used. In the event that I choose to change my mind and revoke this authorization, I understand that my letter will stop the Cabell County Sheriff's Office from requesting additional records with this release and sharing records with other third parties connected to my application for employment only after it has received my letter.

Finally, I understand that my treatment, payment, enrollment in any health plan, or eligibility for benefits may not be and are not conditioned upon my agreeing to sign this authorization.

A copy of this authorization shall be as valid as the original thereof.

Should there be any questions as to the validity of this Release, you can contact me as indicated below:

Full Name: _____
Current Address: _____

Telephone #: _____
SSN: _____
DOB: _____
Signature: _____

Dated this _____ day of _____, 20 _____.