



CITY OF SAINT ALBANS
POLICE DEPARTMENT
PROBATIONARY POLICE OFFICERS



The City of Saint Albans Police Department will be conducting competitive examinations for the purpose of hiring and maintaining a current list of applicants for the position of Probationary Police Officer.

The qualifying **physical fitness examination** will be conducted on **Saturday, August 20, 2016 at 8:00 am**, at the Saint Albans Police Department, located at 51 Sixth Avenue, Saint Albans, Kanawha County, WV.

The competitive **written examination** will be conducted on **Wednesday, August 31, 2016 at 6:00 pm** at the Hansford Center, 500 Washington Street, Saint Albans, Kanawha County, WV.

Applications may be obtained at the City Clerk's Office, 1499 MacCorkle Avenue, Saint Albans, WV, or the Saint Albans Police Department, 51 Sixth Avenue, Saint Albans, WV, and must be returned to the City Clerk's Office no later than 4:30 pm on Thursday, August 18, 2016.

When an applicant submits an application, copies of the following items MUST be attached:

- 1) A valid driver's license
- 2) High school diploma or GED
- 3) Birth certificate
- 4) Military form DD214 (If applicable)

The City of Saint Albans is an equal opportunity employer.

Police Civil Service Commission
Steven Zubrzycki, President



CITY OF SAINT ALBANS POLICE DEPARTMENT PROBATIONARY POLICE OFFICER



The City of Saint Albans will be conducting a physical agility examination and competitive written examination for the purpose of hiring and maintaining a current list of applicants for the position of Probationary Police Officer.

The physical agility examination will be conducted on Saturday, August 20, 2016 at 8:00 am, at the Saint Albans Police Department, 51 Sixth Avenue, Saint Albans, WV. The examination will be conducted according to the Rules and Regulations of the Civil Service Commission of the City of Saint Albans.

Those applicants who successfully complete the physical agility examination will be eligible to take the competitive written examination, which will be conducted on Wednesday, August 31, 2016 at 6:00 pm at the Hansford Center, 500 Washington Street, Saint Albans, WV.

Applications may be obtained at the City Clerk's Office, 1499 MacCorkle Avenue or the Saint Albans Police Department, 51 Sixth Avenue, Saint Albans, WV, and must be returned to the City Clerk's Office no later than 4:30 pm on Thursday, August 18, 2016.

The following will be required of all prospective applicants:

- Be no less than eighteen (18) nor more than forty (40) years of age at the date of their application;
- Complete and pass a physical fitness test under the direction of the Civil Service Commission;
- Obtain a passing score on the written competitive examination;
- Undergo a background investigation conducted by officers of the Saint Albans Police Department;
- Pass medical examinations, as required by the Civil Service Commission Rules at the West Virginia State Police Academy, and be required to be in physically fit condition, as required by the State Police Academy, to attend the training course;
- Complete and obtain passing grades on all phases of training at the State Police Academy;
- Complete and obtain passing grades on all phases of training at the Saint Albans Police Academy;
- Qualify as an eligible appointee, according to Police Civil Service Commission Rules and Regulations; and
- All OFFICERS, as well as PROBATIONARY OFFICERS, may be required to work rotating shifts. These shifts would require working during the day and night hours.

When an applicant submits an application, copies of the following items MUST be attached:

- 1) A valid driver's license
- 2) High school diploma or GED
- 3) Birth certificate, and
- 4) Military form DD214 (if applicable.)

The City of Saint Albans is an equal opportunity employer

POLICE CIVIL SERVICE COMMISSION
Steven Zubrzycki, President



CITY OF SAINT ALBANS, WEST VIRGINIA
(An Equal Opportunity Employer)

POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Please return completed application to:

City of Saint Albans
1499 MacCorkle Avenue
Saint Albans, WV 25177

or

City of Saint Albans
PO Box 1488
Saint Albans, WV 25177

POSITION(S) FOR WHICH YOU ARE APPLYING:

An application without position(s) listed cannot be processed

Applications will be kept on file for a
period of six (6) months

Please type or print plainly:

PERSONAL:

Name: _____
Last First Middle

Current Address: _____
Street Address City State Zip

Phone Number: _____
Home Business

Do you have a valid WV driver's license? Yes _____ License # _____ No _____

Do you have any relatives working for the City of Saint Albans at this time? _____

When will you be available for work? _____

What type of employment will you accept?

Full time: _____ Part-time: _____ Permanent: _____ Temporary: _____

It is City policy that all appointments be filled at the entry level. If you will accept only a higher salary, you may not be considered for the position. Will you accept this salary? Yes _____ No _____

Military Service:

Were you in the US Armed Forces? Yes _____ No _____

If so, what branch? _____

Dates of active military service: From _____ To: _____
Month/Day/Year Month/Day/Year

Rank at discharge: _____

List duties in the service, including special training: _____

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.

1. Name and Address of Employer: _____

Name of immediate supervisor _____

Did you supervise employees? Yes _____ No _____ How Many? _____

Dates of Employment: _____
From To

Part Time? Yes _____ No _____ Volunteer? _____

Starting Salary: \$ _____ Last Salary: _____

Describe your duties, responsibilities and your accomplishment for this job, in detail:

2. Name and Address of Employer: _____

Name of immediate supervisor _____

Did you supervise employees? Yes _____ No _____ How Many? _____

Dates of Employment: _____
From _____ To _____

Part Time? Yes _____ No _____ Volunteer? _____

Starting Salary: \$ _____ Last Salary: _____

Describe your duties, responsibilities and your accomplishment for this job, in detail:

3. Name and Address of Employer: _____

Name of immediate supervisor _____

Did you supervise employees? Yes _____ No _____ How Many? _____

Dates of Employment: _____
From _____ To _____

Part Time? Yes _____ No _____ Volunteer? _____

Starting Salary: \$ _____ Last Salary: _____

Describe your duties, responsibilities and your accomplishment for this job, in detail:

Education:

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you receive a high school diploma or high school equivalence diploma (GED)?

Yes _____ No _____

Please list ALL training beyond high school:

Additional Education:

Name and Address of School: _____

Course of Study: _____

Number of Years Completed: _____

Degree, Diploma, Certificates: _____

College (Undergraduate)

College (Graduate)

Business, Vocational or Technical School

Additional Training – Seminars, Workshops, etc.

Special Skills or Training: List the experiences, skills, or qualifications which you feel would especially fit you for the job for which you have applied:

Personal References: (Not former employers or relatives)

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Affirmation:

In signing this application, you are certifying that all statements are true and complete. **BE SURE TO SIGN THIS APPLICATION.** The City of Saint Albans reserves the right to verify information given in this application. Misrepresentation is grounds for disqualification.

Signature _____
Date

RELEASE

I, _____, authorize and request all my former employers, schools, and any other persons to furnish the City of Saint Albans all information they may have concerning my credit worthiness, character, ability, business activities, general reputation, mode of living, together with; in case of former employers, a history of my employment with them and reasons for the termination thereof. Moreover, I hereby release each such employer and each such person from any and all liability of whatsoever nature by reason of furnishing such information to the City of Saint Albans. I also authorize the City of Saint Albans to conduct a driver's license check, and am aware that I may be subject to background check, and drug and alcohol testing and agree to same.

Signature _____
Date

Witness



**SAINT ALBANS POLICE DEPARTMENT
PHYSICAL ABILITY TESTING FORM**



Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Date of Test: _____

I, the below signed applicant, am aware that failure of any part of this physical ability test will constitute failure in the testing process for possible consideration for appointment to the Saint Albans Police Department.

Applicant Signature: _____

Note: Applicant may either sign the release on the left **OR have a physician sign on the right.*

I, for myself, my executors, heirs and assigns, do hereby release and discharge the City of Saint Albans, all its agencies, agents, employees and Commissioners in the event of injury, illness or other catastrophe arising or growing out of participation in this test. I attest and verify that I am physically fit and sufficiently trained to participate in this test.

This is to certify that

is physically fit to take the
below physical fitness test

Physician

Date

Candidate _____ Date _____

	<u>ABILITY TEST</u>	<u>SCORE TOTAL</u>
1)	1.5 Mile Run _____ (14.36)	_____
2)	Push Ups in 1 Minute _____ (18)	_____
3)	Sit Ups in 1 Minute _____ (28)	_____

Date: _____

PASS/FAIL: _____

ADMINISTRATOR: _____