HARRISON COUNTY CIVIL SERVICE APPLICATION FOR DEPUTY SHERIFF

Harrison County Sheriff's Office • 609 W. Main Street • Clarksburg, WV 26301 • Phone 304-423-7700

Accessible fillable form — press Tab to move between fields. All fields carry a screen-reader label.

APPLICANT INFORMATION

Last Name | First Name | M.I.

Street Address (Number, Apt #, Street Name) | City | State | ZIP

Phone | E-Mail

Social Security # (format: 000-00-0000) | Date of Birth (MM/DD/YYYY) | Place of Birth | Date of Application

Are you a citizen of the United States? Yes ☐ No ☐

Are you a Certified Police Officer? Yes ☐ No ☐

Are you a veteran of the Armed Services? Yes ☐ No ☐

Physically capable for the position outlined on the cover sheet? Yes ☐ No ☐

EMPLOYERS FOR THE PAST 3 YEARS

Company 1 | Phone

Company 2 | Phone

Company 3 | Phone

RESIDENCES FOR THE PAST 3 YEARS

Address 1 | Phone

Address 2 | Phone

Address 3 | Phone

I understand and agree that this application is not an offer of employment.

Affirmation: In signing this application you are certifying all statements are true and complete. The Harrison County Civil Service Commission reserves the right to verify information given in this application. Misrepresentation is grounds for disqualification and punishable by fine and/or imprisonment.

Signature (type full name — or print this form and sign by hand) | Date (MM/DD/YYYY)

Email completed application to hburnside@harrisoncountywv.gov

HEALTH ASSESSMENT FORM

This form is to be completed and returned by applicant on testing date.

Name

Phone

Address

City

State

ZIP

1. Age

2. Sex

3. Race

4. Height

5. Weight

6. Medical History Concerns (headaches, heart trouble, etc.)

7. Current Level of Activity

8. Physical History Concerns (recent injuries, limitations)

Signature

Date (MM/DD/YYYY)

HARRISON COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT DIVISION

RELEASE FROM LIABILITY (PLEASE READ CAREFULLY)
WHEN YOU SIGN THIS YOU WILL BE GIVING UP IMPORTANT LEGAL RIGHTS

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, assume all responsibility for injuries I may incur as a direct or indirect result of my participation in this physical assessment and waive and release any and all rights and claims for losses and damages I may have against the Harrison County Sheriff's Office, the Harrison County Commission, their employees and/or agents for any and all injuries suffered by me in this physical fitness testing. I further attest that I am physically capable of performing the exercises outlined.

I agree to pay attorney fees and litigation expenses incurred by any person, real or corporate, whom I sue in an effort to challenge this release from liability. I understand that my agreement to pay attorney fees and litigation expenses is prior to my participation in the testing.

I have read this form and understand that there are inherent risks associated with any physical activity, and recognize it is my duty to inform the physical fitness examiner of any physical problems which would hinder my performance in an exercise.

NAME (PLEASE PRINT OR TYPE)

DATE (MM/DD/YYYY)

SIGNATURE

(This form is to be completed by applicant and returned on date of physical agility testing.)