



## Application for Employment

Return to:  
City of Bridgeport  
Attn: City Clerk  
515 West Main Street  
Bridgeport, WV 26330  
-or-  
lrogers@bridgeportwv.gov  
304-842-8235

Date of Application: \_\_\_\_\_

*The City of Bridgeport is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, national origin, sex, age, marital status, or disability status of otherwise qualified individuals. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel/HR Department.*

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Class \_\_\_\_\_ State of Issue \_\_\_\_\_

Email address \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

### **PERSONAL HISTORY**

Are you currently older than 18 years of age?  Yes  No

Did you serve in the U.S. Armed Forces?  Yes  No (DD-214 is required for veteran's preference)

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Rank: \_\_\_\_\_

Did you receive any discharge other than an honorable discharge?  Yes  No

Have you ever been employed by the City of Bridgeport?  Yes  No

Have you ever applied to the City of Bridgeport before?  Yes  No

Referred by:  Applied on my own  Current/Former Employee  Employment Ad

College  Career Fair  Website

Other (Explain) \_\_\_\_\_

If offered a position, when could you start? \_\_\_\_\_

**ADDRESSES FOR PREVIOUS 5 YEARS**

\_\_\_\_\_  
Address City State Zip Code Dates: Beg – End

\_\_\_\_\_  
Address City State Zip Code Dates: Beg – End

\_\_\_\_\_  
Address City State Zip Code Dates: Beg – End

\_\_\_\_\_  
Address City State Zip Code Dates: Beg – End

\_\_\_\_\_  
Address City State Zip Code Dates: Beg – End

(Should additional space be required, list information on a separate sheet)

**REFERENCES**

*(List name, address, occupation, telephone number and length of relationship for 3 business/work references who are not related to you and are not previous supervisors/employers. If not applicable, list three school or personal references who are not related to you.)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Time Known: \_\_\_\_\_

Do you authorize the City of Bridgeport to contact the references listed above?      \_\_\_ Yes \_\_\_ No

**EDUCATIONAL HISTORY**

<u>Type of School</u>	<u>Name and Location</u>	<u>Degree/ Area of Study</u>	<u>Dates Attended From-To</u>	<u>GPA</u>	<u>Graduate?</u>
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/ Trade School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Skills and Qualifications:** *(Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying)*

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**List professional, trade, business, or civic organizations and/or any special accomplishments, publications, awards, etc. (Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status):**

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**FOREIGN LANGUAGES**

**(List below each language you know and your proficiency level)**

	<b>Fluent</b>	<b>Proficient</b>	<b>Basic</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

<b><u>Q &amp; A</u></b>	
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held a position of trust, such as handling money or confidential material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a valid driver's license for at least two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been revoked or suspended? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted for domestic violence? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a traffic violation (moving or non-moving offenses)? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for the position of Police Officer at another municipality or department? <i>If yes, where:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed as a Police Officer at another municipality or department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for employment with the West Virginia State Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed by the West Virginia State Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously tested for the position of West Virginia State Police Trooper?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked Yes to any of the questions pertaining to a previous application or employment as a Police Officer with another municipality or department or the West Virginia State Police, please give details.

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What is your state of health and physical capacity for this position? \_\_\_\_\_

Are you able to perform the essential functions of this position with/without accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will reasonable accommodations be needed during the testing process for this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you object to inquiry of your present employer regarding your character, work record, qualifications, or abilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Before a person is selected for enlistment, entries made in his/her application are verified and a careful and complete character investigation is conducted. You may use this space to explain any irregularities that may be disclosed by our investigations.

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May we contact your past employer(s)?      \_\_\_ Yes \_\_\_ No

May we contact you at work?      \_\_\_ Yes \_\_\_ No

Will you work overtime if required?      \_\_\_ Yes \_\_\_ No

Are you able to meet attendance Requirements of the position?      \_\_\_ Yes \_\_\_ No

Have you ever been bonded?      \_\_\_ Yes \_\_\_ No

**EMPLOYMENT HISTORY**

*Begin with your present or most recent employer. List **ALL** work experience including Full or Part-Time, Military Service, Summer Jobs, Volunteer Work, etc. If you have held more than one position/title with the same employer, list each position/title separately.*

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Last Pay: \_\_\_\_\_  
Last position held: \_\_\_\_\_ Full-Time -or- Part-Time (*circle one*)  
Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact:  YES  NO

**APPLICANT STATEMENT**

- I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any falsification or misrepresentation in this application may disqualify me from consideration for employment or may result in discipline or discharge from employment.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that, under certain circumstances, I may be entitled under federal law to request in writing and receive from the City disclosure of the nature and scope of certain aspects of the City's investigation.
- I understand that the result of any pre-employment investigation, *i.e.*, criminal background check, polygraph, credit report, DMV, etc. including any information or report received in connection with the investigation, may be made known to other City personnel involved in the hiring process. I consent to the conducting and receiving of any such reports and consent to the dissemination of the results to the City's investigation personnel.
- If hired, I agree to conform to the rules and regulations of the City which will include a prescreening drug/alcohol screening/test. I understand that, if hired, I may be required to furnish proof of age and will be required to furnish proof that I am legally entitled to work in the United States and that my age meets the Civil Service requirement of at least 18 years of age and not more than 40 years of age.
- This application for employment shall be considered for a period not to exceed three (3) years. Any applicant wishing to be reconsidered for employment after this time should file a new application.

\_\_\_\_\_  
Applicant Name (*print*)

\_\_\_\_\_  
Applicant Name (*sign*)

\_\_\_\_\_  
Date



# Bridgeport Police Civil Service Commission

## Physician's Certification of Fitness to Perform Physical Testing

I have reviewed all aspects of the attached description of the Bridgeport Police Department Physical Ability Standards test and find that the candidate listed below can perform the test safely.

Candidate's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Physical Agility Examination Waiver Request

**\*\*\*For Currently Certified Law Enforcement Officers Only\*\*\***

### 3.10 Special Rules Applicable to Eligible List for Probationary Police Officer

- (a) Unless exempted by the Commission pursuant to the provisions of Section 3.06 (Reinstatement) or Part IV, below, (Emergency Provisional Appointments), every applicant for the position of probationary police officer who meets the age requirement specified in Section 3.05 shall be required to submit to the following testing and evaluating procedures:
- (1) Fitness Testing: Applicants for appointment shall pass to the satisfaction of the Commission a fitness test designed to evaluate the applicant's ability to perform the physical demands of the police service. All such testing will be in accordance with applicable State and Federal guidelines and applicants shall be evaluated on a pass/fail basis. Applicants failing the fitness test will not be permitted to continue in the evaluation process.
- (1.1) Notwithstanding the foregoing, the Commission may, at its discretion, waive the physical agility testing requirement for applicants seeking original appointment with the Bridgeport Police Department who are currently certified law enforcement officers and actively employed as police officers with another law enforcement agency, provided the applicant is in good standing with their employing agency. "Good standing" is defined as not being under investigation, and not currently subject to discipline.
- (1.2) Notwithstanding the foregoing, the Commission may, at its discretion, waive the physical agility testing requirement for applicants seeking original appointment or reappointment with the Bridgeport Police Department who hold a WV certification as a law enforcement officer and/or its equivalent from another state.

Certified Officer Name \_\_\_\_\_

WV LEPS # or Other State Cert/POST # \_\_\_\_\_