



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					Yes No
Graduate School					Yes No
Other					Yes 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)*

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):

FOREIGN LANGUAGES

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

	Fluent	Proficient	Basic
Speak			
Read			
Write			

<u>Q & A</u>	
Are you legally authorized to work in the United States?	Yes 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 No
Do you drink alcoholic beverages?	Yes No
Have you applied for the position of Police Officer at another municipality or department? <i>If yes, where:</i>	Yes No
Have you been employed as a Police Officer at another municipality or department?	Yes 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.

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?	Yes No
Will reasonable accommodations be needed during the testing process for this position?	Yes No
Do you object to inquiry of your present employer regarding your character, work record, qualifications, or abilities?	Yes 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.

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 _____

Bridgeport Police Department Physical Ability Standards

PUSH-UPS – Designed to measure upper body muscular endurance and absolute strength. Applicants must be able to complete 18 properly executed push-ups within one minute.

The hands are placed about shoulder width apart. The administrator places a fist on the floor below the applicant's chest.

Starting from the up position (elbows fully extended), the applicant must keep the back straight at all times and lower the body to the floor until the chest touches the administrator's fist. Applicant then returns to the up position.

SIT-UPS – Designed to measure abdominal muscular endurance. Applicants must be able to complete 28 properly executed sit-ups within one minute.

The applicant starts in the up position, knees bent, heels flat on the floor, hands folded across the chest touching the shoulders.

A partner holds the feet down firmly.

In the up position, the applicant should pass the elbows over the knees then return until the shoulder blades touch the floor. Any resting must be done in the up position.

1.5 MILE RUN – Designed to measure cardiovascular capacity. Applicants must be able to complete the 1.5 mile run within 14 minutes, 36 seconds.

Equipment: A stopwatch; an indoor or outdoor track or another suitable running area measured to 1.5 miles; testing forms to record data.

The applicant should refrain from smoking or eating for two hours preceding the test.

Allow adequate time prior to the test for stretching and warm-up exercises.

During the administration of the test, the applicants can be informed of their lap times. If several applicants run at once, their individual times at the finish can be called out and recorded later.

An important consideration at the end of the run is the "cool down" period. The applicants should be cautioned about sitting or standing around immediately after the run to prevent venous pooling. They should be instructed to walk an additional five minutes or so in order to enhance venous return and aid in recovery.

HOW TO PREPARE FOR THE TESTS

Consult your physician prior to starting this exercise program. The following guidelines are presented based on a twelve (12) week period preceding screening.

Preparing for the PUSH-UPS (upper body strength):

Determine how many push-ups you can do in one (1) minute. At least three (3) times per week do three (3) sets of the amount you can do in one (1) minute.

Preparing for the SIT-UPS (muscular endurance).

The progressive routine is to do as many bent-leg sit-ups (hands folded across the chest with someone holding your feet) as possible in one minute. At least three (3) times per week do three (3) sets (three (3) groups of the number of repetitions you did in one (1) minute).

Preparing for 1.5 MILE RUN (cardiovascular capacity):

Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then that is encouraged.

WEEK ACTIVITY DISTANCE,

(Week) (Miles) TIME (Minutes) (FREQUENCY)

- 1) Walk, (1), (17-20), (5)
- 2) Walk, (1.5), (25-29), (5)
- 3) Walk, (2), (32-35), (5)
- 4) Walk, (2), (28-30), (5)
- 5) Walk/Jog, (2), (27), (5)
- 6) Walk/Jog, (2), (26), (5)
- 7) Walk/Jog, (2), (25), (5)
- 8) Walk/Jog, (2), (24), (4)
- 9) Jog, (2), (23), (4)
- 10) Jog, (2), (22), (4)
- 11) Jog, (2), (21), (4)
- 12) Jog, (2), (20), (4)

Applicants must successfully pass this pre-employment physical ability examination. These tests have been validated and demonstrate the ability to perform job-related tasks necessary to carry out the essential functions of the position of state police officer. The tests described are graded as pass or fail; acceptance is based upon successfully passing all four measures.

Satisfactory completion of the three tests must be met to advance in the hiring process as well as for admittance to the WV State Police Academy