



The Berkeley Springs Police Department is an equal opportunity employer and considers all applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation or any other legally protected status.

How did you hear about us? advertisement? employment agency? friend or relative?

web inquiry? Other? _____

Date of Application: _____ Position: _____

Date of Birth: _____

Last Name First Name Middle Name

Physical Address:

Mailing Address (if different)

Home number _____ Cell number _____

Email address: _____

Driver's License Number: _____

Have you applied with us before? If yes, give date. _____

Have you been employed with us before? If yes, give dates and position. _____

Reason for leaving? _____

Do any of your friends or relatives work for the Town? _____ If so, what department? _____

Are you currently employed? _____ If yes, may we contact your employer? _____

Are you prevented from lawfully becoming employed in this country for any reason? _____

Proof of citizenship will be required upon employment. On what date will you be available for work?

Subject to any lay-off recall? _____ Desired salary range? _____

Can you travel if the position requires it? _____

Have you ever been convicted of a felony, or misdemeanor? _____

Beginning with your current or most recent employment, please complete the following. Be sure to list any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status if you wish.

Employment:

Employer: _____ Dates employed: _____ to _____

Work performed _____

Address: _____

Phone: _____ Rate of pay, starting: _____ final _____

Job Title _____ Supervisor _____

Reason for leaving _____

Employer: _____ Dates employed: _____ to _____

Work performed _____

Address: _____

Phone: _____ Rate of pay, starting : _____ final _____

Job Title _____ Supervisor _____

Reason for leaving _____

Employer: _____ Dates employed: _____ to _____

Work performed _____

Address: _____

Phone: _____ Rate of pay, starting : _____ final _____

Job Title _____ Supervisor _____

Reason for leaving _____

Please list additional experience on separate page, such as Military Experience (I.E. Branch of Service, dates served, Rank at discharge, training)

Institution	Name/Address of School	Years Attended	Field of Study	Degree/Award
High School				
College				
Other				

In applying here for employment, it is understood that the Town of Bath reserves the privilege of contacting past employees regarding references.

May we also contact your present employer at this time? _____ YES _____ NO

Are there any additional comments you would like to make regarding your experience or special skills?

References:

Name	Address	Phone	Relationship

Why are you interested in employment with the Town of Bath?

Applicant Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered for a period of time not to exceed 2 years. Any applicant wishing to be reconsidered for employment after this time should file a new application.
- I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
 - If you are considered for employment with the Berkeley Springs Police Department, you may be required for drug testing.

Signature:

Date:

Berkeley Springs Police Department Requirements

Police Officer/Patrolman

- 40 plus hours a week *Immediate Supervisors: Chief of Police
- Enforce Town and State Ordinances
- Enforces Parking Regulations
- Investigates traffic and criminal incidents
- Assist Town, County, and State agencies in execution of regular duties and extra duties such as traffic control, etc.
- Responsible for care and upkeep of assigned vehicle and equipment
- Ensures security of citizens and properties via foot patrol
- Responsible for the preservation of accident and/or crime scene evidence
- Responsible for the accurate preparation and filing of required paperwork.
- Other duties that are assigned by Chief of Police
- On call 24 hours a day

**West Virginia State Police
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 or clock with a sweep second hand; 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	(Miles)	DISTANCETIME	FREQUENCY
			(Minutes)	(Week)
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.