



# SHERIFF, OHIO COUNTY

51 Sixteenth Street, Wheeling, West Virginia 26003

Law Enforcement 304-234-3680

Records 304-234-3792

**To:** Sheriff's Office Applicants  
**From:** Chief Deputy Drage Flick  
**Re:** Special Information

- The hiring eligibility list generated by this Civil Service Examination is effective for 24 months from the date the test scores are received, or until the list is exhausted.
- Applicants who have served in any branch of the United States Armed Forces, active or reserve, will receive 5 preference points. To receive 5 Military Preference points, a copy of your DD214 must be attached to this application. If you are still on active duty or serving in the Guard or Reserve, a photocopy of your military ID should be attached.
- Applicants who are West Virginia Certified Law Enforcement Officers, will receive 5 preference points. Provided a photocopy of your Law Enforcement Officer Training Certificate issued by the Governor's Committee on Crime Delinquency and Correction MUST be on file with your application, BEFORE the results of this test are received.
- The results of this test will be emailed to you, if you have provided an E-Mail address. If you DO NOT receive a passing score, your name and score WILL NOT appear on the list. You may contact the Chief Deputy to inquire about your score and ranking. Results normally take 14 - 18 days from the test date.
- The top 10 – 15 applicants, ranked by final score, will receive a letter containing information about the next phase of testing, Physical Fitness. Fitness requirements can be found at [www.ohcoso.com/files/2014testinfo.pdf](http://www.ohcoso.com/files/2014testinfo.pdf) If there is more than 6 months between your physical fitness test and a possible hiring date, you will have to pass this portion of the testing
- Any applicant who changes his/her address, phone number, or other contact information has the responsibility of notifying this office. If we attempt to contact you and are unsuccessful due to your failure to update, you will be removed from the eligibility list.
- This year, the Civil Service Examination will be given at 2 different times to accommodate the needs of candidates. Please make sure that you indicate your day/time preference in the appropriate section on the application. Applications without a selection will be discarded. **Both examinations will be held at the West Liberty University - Highlands Campus.**
- All members hired after January 1, 2010 must pass an annual Physical Fitness Test or be subject to termination.
- Please use the information, listed below, to contact the Chief Deputy with questions or information about the test or testing process. DD-214's or WV Law Enforcement Certificates should be dropped off or mailed directly to me. Address, phone number, or other changes should be directed to the Chief Deputy as well.

**Chief Deputy Drage Flick**  
**Phone (304)-234-3881**  
**Fax (304)-234-3650**  
**dflick@ohcoso.com**



# OHIO COUNTY COMMISSION

Deputy Sheriff Examination  
1500 Chapline Street, Room 215  
Wheeling, West Virginia 26003



## APPLICATION FOR EXAMINATION - DEPUTY SHERIFF

**INSTRUCTIONS:** Read application thoroughly before providing the requested information. TYPE OR PRINT IN BLACK INK all information required. Fill out this application completely and accurately. All statements in your application are subject to verification. **False, inaccurate or incomplete information may subject you to disqualification.** If the writing space provided is inadequate, use the continuation sheet at the end of this application and identify the additional information by the question number. You may attach additional pages if needed. For any question that does not apply, use "N/A" as your answer. DO NOT leave blanks.

1. Name \_\_\_\_\_  
Last
First
Middle
Suffix

2. List any other names, aliases you have used, including maiden name if applicable  
 \_\_\_\_\_  
Last
First
Middle
Suffix

3. Home address \_\_\_\_\_  
*No PO boxes*
Number, Street
City, State
Zip

4. Home phone (include area code) \_\_\_\_\_

5. Work phone (include area code) \_\_\_\_\_ (optional)

6. Cellular phone (include area code) \_\_\_\_\_

7. E-mail address \_\_\_\_\_

8. Date of Birth \_\_\_\_\_  
Month
Day
Year  
*Applicants must be between the ages of 18 - 45 on the day of the test.*

9. Place of Birth \_\_\_\_\_  
City
State
Zip

10. Social security number: \_\_\_\_\_ 11. Sex: \_\_\_ Male \_\_\_ Female

12. Color of eyes \_\_\_\_\_ Color of hair \_\_\_\_\_

13. Distinguishing marks or scars \_\_\_\_\_

14. Are you a United States Citizen? \_\_\_ yes \_\_\_ no If yes, \_\_\_ Native born \_\_\_ Naturalized

Are you prevented from lawfully becoming employed in the country because of visa or immigration status? \_\_\_ Yes \_\_\_ No

15. \_\_\_\_\_  
Drivers license number
State issued by
Expiration date
Class

Date rcvd:	By:	Sheriff's Office use ONLY	Copy:	Mil	WVLE	Exam 1	Exam 2
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**16. EDUCATION**

	Name of School City, State	Dates attended		Graduate?		Academic Responsibility
		FROM	TO	#	Credit hours	
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
College				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Vocational / Business				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Other / Higher Education				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**17.** List any professional licenses or certificates you currently hold, including certification as a law enforcement officer, paramedic, emt, etc.

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**18.** Have you ever served in any branch of the United States Military,  Yes  
including Guard or Reserve?  No  
If you answered yes, please list the branch, unit, dates of service, highest rank obtained,  
rank at discharge and type of discharge.

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*\* To receive 5 Military Preference points, a copy of your DD214 must be attached to this application. If you are still on active duty or serving in the Guard or Reserve, a photocopy of your military ID should be attached.*

**19. REFERENCES** Please list 5 references, not related to you.

NAME	ADDRESS	DAYTIME PHONE	OTHER PHONE	YEARS KNOWN

**20.** Have you ever been a law enforcement officer or held a similar position?  Yes  No  
If you answered yes, please list the location, dates of employment, and reason for leaving.

*\* Please attach a copy of your West Virginia Law Enforcement Certificate to this application*

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Applicant Name: \_\_\_\_\_

**21. EMPLOYMENT HISTORY**

List all jobs you have held for the last 10 years, including periods of unemployment. List your present or most recent job first. Include Military service in proper time sequence. Also include temporary, part-time, and volunteer jobs.

1.	<u>Employer</u>	<u>Telephone #</u>	<u>From:</u>
			Month / Year
	<u>Address</u>		<u>To:</u>
			Month / Year
	<u>Supervisor's Name and Title</u>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<u>Your Title:</u>	<u>Type of Business:</u>	
	<u>Your Duties:</u>	<u>Salary per Month:</u>	
	<u>Reason for leaving:</u> _____		

2.	<u>Employer</u>	<u>Telephone #</u>	<u>From:</u>
			Month / Year
	<u>Address</u>		<u>To:</u>
			Month / Year
	<u>Supervisor's Name and Title</u>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<u>Your Title:</u>	<u>Type of Business:</u>	
	<u>Your Duties:</u>	<u>Salary per Month:</u>	
	<u>Reason for leaving:</u> _____		

3.	<u>Employer</u>	<u>Telephone #</u>	<u>From:</u>
			Month / Year
	<u>Address</u>		<u>To:</u>
			Month / Year
	<u>Supervisor's Name and Title</u>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<u>Your Title:</u>	<u>Type of Business:</u>	
	<u>Your Duties:</u>	<u>Salary per Month:</u>	
	<u>Reason for leaving:</u> _____		

Indicate by number any of the above employers whom you do not wish us to contact \_\_\_\_\_

Attach additional sheets if needed.

Applicant Name: \_\_\_\_\_

22. Have you ever been arrested?    \_\_\_ yes    \_\_\_ no
23. Have you ever pled "guilty", "no contest" , or have been convicted of any criminal offense, other than a minor traffic violation?    \_\_\_ yes  
       \_\_\_ no
24. Were you ever fired, forced to resign from a position, or resigned in lieu of being fired?    \_\_\_ yes  
       \_\_\_ no

*If you answered yes to any of these three questions, please explain below.*

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25. Have you ever been convicted of an act of violence or Domestic Violence?    \_\_\_ yes    \_\_\_ no
- Have you graduated from High School or obtained a G.E.D?    \_\_\_ yes    \_\_\_ no
- Have you ever been adjudicated to be mentally incompetent?    \_\_\_ yes    \_\_\_ no
- Are you the subject of a Restraining Order or Domestic Violence Protective Order?    \_\_\_ yes    \_\_\_ no
- Are you a West Virginia resident or will you become a West Virginia Resident prior to your hire date?    \_\_\_ yes    \_\_\_ no
- Will you be at least 18 but less than 45 years old on the test date?    \_\_\_ yes    \_\_\_ no
- Are you a habitual criminal?    \_\_\_ yes    \_\_\_ no
- Are you a frequent user of non-prescribed prescription or illegal drugs?    \_\_\_ yes    \_\_\_ no
- Are you addicted to drugs or alcohol?    \_\_\_ yes    \_\_\_ no
- Have you received counseling due to addiction to drugs or alcohol?    \_\_\_ yes    \_\_\_ no
- Are you willing to submit to pre-employment drug screening?    \_\_\_ yes    \_\_\_ no
- Have you ever attempted a deception or fraud in conjunction with a civil service examination?    \_\_\_ yes    \_\_\_ no
- Do you believe that you can pass the physical fitness test adopted by the Ohio County Sheriff's Office? Information can be found at [www.ohcso.com/files/2014testinfo](http://www.ohcso.com/files/2014testinfo)    \_\_\_ yes    \_\_\_ no
- Are you opposed to using force to fulfill the duties of a Deputy Sheriff?    \_\_\_ yes    \_\_\_ no
- Do you have uncorrected vision of not less than 20/70 in both eyes, which is corrected to at least 20/20, or which will be corrected to at least 20/20 prior to your date of employment?    \_\_\_ yes    \_\_\_ no
- Are you colorblind?    \_\_\_ yes    \_\_\_ no
- Do you have normal hearing in each ear?    \_\_\_ yes    \_\_\_ no
- Are you aware that you will have to be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer?    \_\_\_ yes    \_\_\_ no
- Are you aware that you will have to submit to a polygraph examination?    \_\_\_ yes    \_\_\_ no
- Are you aware that if hired you will be required to pass a physical fitness test annually?    \_\_\_ yes    \_\_\_ no

Applicant Name: \_\_\_\_\_

26. Is there any reason known to you why you might not be able to consistently and promptly perform any of the job duties of Deputy Sheriff?     \_\_\_ yes     \_\_\_ no

*If you answered yes, please explain below.*

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27. Explain your reason for applying for this position.

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**EXAMINATION PREFERENCE**

The Civil Service Test will be given at 2-different times. Please select only one date/time.  
Once your application has been received, no change to your selection may be made.  
*Your selection must be clearly marked or you will not be permitted to take either examination!*

Thursday June 19, 2014 at 7:00pm                       Saturday, June 21, 2014 at 9:00am

I hereby certify that there are no willful misrepresentations or falsifications in this application, and all my answers are true and correct to the best of my knowledge and belief. If it is discovered that I did misrepresent any information or falsify any information on this application, I may be held responsible for any expenses incurred during my background and polygraph examination.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant  
If submitted digitally, type your name and you can sign at the test.

**Completed applications must be received or postmarked no later than  
Friday, May 30, 2014**

**Mail or hand deliver to:    Ohio County Commission  
Deputy Sheriff Examination  
1500 Chapline Street, Room 215  
Wheeling, WV 26003**

Applicant Name: \_\_\_\_\_

