

MARSHALL COUNTY DEPUTY SHERIFFS CIVIL SERVICE COMMISSION

EXAM APPLICANTS

Dear Sir or Madam:

The Marshall County Deputy Sheriff's Civil Service Commission will be conducting a written exam for entry level Deputy Sheriff on **April 6th at 9:00 AM** at the John Marshall High School football field. Be prepared to take the PT Test and the written examination this day.

Please be advised you will be required to have a photo ID at the time of the examinations. An officer will direct you to the testing location.

A copy of the **required** physical agility is attached. All applications must be received in the Marshall County Clerk's Office.

Applications must be received by **March 29th at 4PM**

Any applications not received within the allotted time frame will be scheduled for the next available test date.

Additionally, applicants interested in a position as a Deputy Sheriff must submit an application at www.personnel.wv.gov.

- Search Available Jobs
- Search Deputy Sheriff
- Click on job title
 - Click on the green APPLY button in the upper right-hand corner

Once the applicants are registered for the test, applicants will receive **two** emails from CourseMill, which is the testing program. If applicants do not receive these emails, applicants need to check their spam/junk mail. If the applicants do not receive these emails, the applicant needs to contact DOPTest@wv.gov or call 304-414-0887/304-414-0881.

If you do not register for the test with the Division of Personnel, you are unable to take the test.

If you have any questions, call the County Clerk's Office at 304-845-1220 and ask for Jeanne.

Sincerely,

Jeanne Shook, Secretary

600 SEVENTH STREET >< MOUNDSVILLE WV 26041
PHONE: 304-845-1220 FAX: 304-845-5891

DOCTOR'S CERTIFICATION OF FITNESS TO PERFORM AGILITY TEST

I have reviewed the attached three (3) elements of the West Virginia Governor's Committee on Crime, Delinquency and Correction Physical Agility Test and find that the candidate identified below can/cannot (*circle one*) perform the elements of the test safely.

CANDIDATE'S NAME: _____

AGENCY TO WHICH
APPLICATION IS MADE: _____

DATE OF EXAMINATION: _____

DOCTOR'S SIGNATURE: _____



MARSHALL COUNTY DEPUTY SHERIFF'S CIVIL SERVICE COMMISSION



PHYSICAL AGILITY TEST

Applicant: _____

DATE: _____

SIT UPS

Designed to measure abdominal muscular endurance. The score is the number of bent knee sit-ups performed in one (1) minute. The minimum standard for this test is **35** sit-ups.

P ____ F ____

PUSH-UPS

Designed to measure upper body muscular endurance and absolute strength. The score is the number of conventional push-ups performed in one (1) minute. The minimum standard for this test is **25**.

P ____ F ____

1.5 MILE RUN

Designed to measure cardiovascular capacity. The score is in minutes and seconds. The Minimum standard for this test is completion of the run in **14** minutes and **06** seconds.

____ MIN ____ SEC

Fireman Carry

Designed to measure strength and muscular endurance. Applicant must carry a 150 pound dummy 10 yards.

P ____ F ____

Each test is graded as PASS or FAIL. Acceptance is based upon successfully passing all four measures.

Signature of Test Administrators: _____



MARSHALL COUNTY DEPUTY
SHERIFFS CIVIL SERVICE COMMISSION
APPLICATION FOR EXAMINATION
FOR DEPUTY SHERIFF



TYPE OR PRINT LEGIBLY IN INK. APPLICATION NOT COMPLETED IN ITS ENTIRETY MAY BE REJECTED.

NAME _____
First Middle Last

SOCIAL SECURITY # ____ / ____ / ____ DRIVERS LICENSE # ____ / ____
State

Date of Birth _____ Email _____

RESIDENCE _____
Street City State Zip

TELEPHONE # (____) ____-____ OTHER PHONE # (____) ____-____

MINIMUM QUALIFICATIONS

(Check all that apply and attach verification)

____ At Least 18 years old

____ High School Diploma/GED

EDUCATION

NAME AND LOCATION	YEARS COMPLETED	DIPLOMA OR DEGREE
High School		
College		
Other		

MILITARY

BRANCH OF ARMED SERVICES	FROM	TO	RANK OR GRADE
	/	/	/ /
	/	/	/ /



**APPLICATION FOR EXAMINATION
FOR DEPUTY SHERIFF**

EMPLOYMENT

FROM / TO	EMPLOYER	ADDRESS	DUTIES
/			
/			
/			

REFERENCES

(List four, do not list relatives)

NAME AND ADDRESS	VOCATION	PHONE NUMBER

SKILLS

(Outline additional specialized experience or skill you possess)

Q & A

Have you had a valid driver's license for two years prior to the date of this application? ___ Yes ___ No

Has your driver's license ever been revoked or suspended? ___ Yes ___ No If Yes explain

Have you ever been convicted of a misdemeanor crime? ___ Yes ___ No If Yes explain

Have you ever been convicted of a felony ___ Yes ___ No If Yes explain _____



**APPLICATION FOR EXAMINATION
FOR DEPUTY SHERIFF**

Have you ever been convicted of a traffic violation? ____ Yes ____ No If Yes explain _____

Have you ever been convicted of a "crime of domestic violence"? ____ Yes ____ No If yes explain _____

Have you ever been convicted of any crime relating to a firearm? ____ Yes ____ No If yes explain _____

CERTIFICATION

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and falsifications, my application will be rejected and I will be disqualified from applying in the future for any position under the jurisdiction of the Civil Service Commission for Marshall County.

Signature of Applicant

Date

ADDITIONAL DOCUMENTS REQUIRED

(Submit COPIES only)

- BIRTH CERTIFICATE (Hospital Certificate Unacceptable)**
- HIGH SCHOOL DIPLOMA/GED**
- MILITARY FORM DD214**
- LAW ENFORCEMENT CERTIFICATION CERTIFICATE**

Five points will be awarded for Military Service **OR** Currently Certified Police Officer

A PICTURE ID MUST BE PRESENTED AT TIME OF EXAMS