**OAK HILL
POLICE DEPARTMENT**

**City of Oak Hill**

**West Virginia**

**EMPLOYMENT APPLICATION**

****

***Pride of the Plateau***

**The City of Oak Hill is an Equal Opportunity Employer**

**CITY OF OAK HILL**

**CIVIL SERVICE EXAMINATION
FOR THE POSITION OF PATROLMAN**

The Policeman’s Civil Service Commission for the City of Oak Hill has directed that a competitive examination be held to update the list of eligible candidates for the position of police patrolman.

Applications for the competitive examination are available at the offices of the City Clerk, during normal business hours at the Oak Hill Police Department, 691 Virginia Street, Oak Hill, WV or at oakhillwv.gov

Applications must be returned to these same offices of the City Clerk by

**IMMEDIATELY**

**P.T. TEST**

Selected applicants who pass the physical agility test to be held **TBA** may sit for the written examination.

Preference is given to certified officers. Starting annual pay is **$55,120 starting July 1, 2024,** excellent medical and retirement benefits. The City of Oak Hill, WV is an Equal Opportunity Employer.

Dated this the 1st of \_July 2024

Damita Johnson, City Manager

**INSTRUCTIONS**

**IMPORTANT – Please take note of ALL Items below**

No exceptions will be made for anyone not meeting all requirements. If applicant wears glasses or contacts, it is necessary to attach to application a doctor’s certification as to corrected or uncorrected eye acuity.

This form must be filled out in ink in the handwriting of the applicant.

Answer all questions. If the question does not apply, state: None or Does Not Apply.

Any further information you wish to add may be done by attaching an additional sheet to this application with proper identifying reference marks.

Applicants will not be considered until complete in every respect, and any misrepresentation of facts will disqualify the applicant. Incomplete applications will be kept no longer than one month. After that time they will be considered inactive and destroyed. Completed applications will be kept three years. After that time they will considered inactive and destroyed.

Please do not make inquiry regarding status of your application, as you will receive appropriate information concerning your application and test results routinely and in due time.

**NOTICE**

Applicant should initiate steps to procure copies of the below listed documents in order to expedite processing of Background Investigation Phase of the Selection Process.

1. Copy of Birth Certificate
2. Copy of High School Transcript (in case of G.E.D. Diploma, be sure transcript notes issuance of Diploma)
3. Copy of College or University transcripts
4. If you had any military service, proof of type of discharge (DD214)
5. Copy of valid driver’s license

These copies are not necessary for completion of this application, but they will be necessary in the event you successfully complete the entrance test.

**CHECK ENTIRE APPLICATION CAREFULLY**

**BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE SUBMITTING**

|  |
| --- |
|  |

**Basic Qualifications and Procedures for Selection of**

**Police Trainee Employees**

In order to insure the perpetuation of the prestige and reputation of the department, each applicant will compete against other applicants in each step of the selection procedure. Only those who possess the best mental, physical, moral and emotional fitness for the performance of police duties will be considered.

1. **BASIC ELIGIBILITY REQUIREMENTS:**
	1. Must be a United States Citizen
	2. Must be at least 18 years of age when appointed as a police trainee.
	3. Weight in proportion to height, in accordance with accepted medical standards.
	4. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An Achievement Test Certificate from an accredited high school or State Board of Education is acceptable.
	5. Must possess a valid West Virginia driver’s license upon hiring.
	6. Must meet residency requirements of City Code.
	7. Eye requirements: Minimum 20/50 in each eye correctable to 20/20.
2. **SELECTION PROCESS:**
	1. Written Tests 4. Polygraph
	2. Character Investigation 5. Physical Examination
	3. Department Interview 6. Council Interview Before Hiring
3. **RECRUIT TRAINING:**
	1. Must complete Basic Police Training at West Virginia State Police Academy.
4. **PROBATIONARY PERIOD:**
	1. Upon satisfactory completion of the Basic Police Training at the West Virginia State Police Academy, Institute, West Virginia and completion of department in-service training, the applicant trainee will receive an appointment with the Oak Hill City Police Department.
	2. Employees are selected solely upon merit and will be assigned to those areas of the department as needed. Oak Hill Police Officers are subject to call 24 hours per day and must maintain a telephone number where you can be reached 24 hours a day in case of an emergency.

**City of Oak Hill**

**Police Department**

**(PLEASE PRINT OR TYPE)**

**BIOGRAPHICAL INFORMATION:**

**Last Name: First Name:**

**SS#:­ D.O.B.:**

**Physical Address:**

**Mailing Address:**

**City: State: Zip:**

**Home Phone: Cell: Work:**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*PLEASE ATTACH PHOTOGRAPH\*\***

**Photographs to be front view head and shoulders, 2½ inches**

**square, and taken within past six months.**

**DRIVERS LICENSE INFORMATION:**

**State of Issue:**

**Drivers License Number:**

**Date of Issue: Expiration Date:**

**Has your license ever been suspended? YES NO**

**Is yes, please explain:**

**Have you ever been convicted of a Felony? YES NO**

**Have you ever been convicted of a Misdemeanor? YES NO**

**Date : Date :**

**Agency: Agency:**

**Offence: Offence:**

**Outcome: Outcome:**

**USE BACK OF SHEET IF NEEDED**

**PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN YEARS**

**Date : Date :**

**Agency: Agency:**

**Offence: Offence:**

**Points: Points:**

**Outcome: Outcome:**

**Date : Date :**

**Agency: Agency:**

**Offence: Offence:**

**Points: Points:**

**Outcome: Outcome:**

**SERVED IN THE MILITARY? YES NO**

**If yes please answer the following:**

**Branch of Service:**

**Dates of Service: to**

**Did you serve in Combat Zone? YES NO**

**Type of Discharge: DD Form 214 Attached? YES NO**

**EDUCATION DATA:**

**Name/Address of Facility Attended Graduate Diploma / Degree**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **YES NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **YES NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **YES NO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yrs of High School Completed: \_\_\_\_\_\_\_\_\_\_ Yrs of College Completed: \_\_\_\_\_\_\_\_**

**EMPLOYMENT DATA:**

***Start with your present or most recent employer and give the organization name and address. If self-employed, state the nature and location of work. If you do not have enough space, attach additional sheets.***

**Last or current employer: From: Wage: Reason for Leaving:**

 **To:**

 **Duties:**

**Previous Employer : From: Wage: Reason for Leaving:**

 **To:**

 **Duties:**

**USE BACK OF SHEET IF NEEDED**

**REFERENCES: (Do Not List Relatives)**

**Name and Occupation: Address: Telephone:**

**1)**

**2)**

**3)**

**4)**

**I hereby certify that there are no willful misrepresentations in or falsification of my statements and answers to questions contained in this application. I am aware that should investigation reveal any misrepresentations of falsifications, my application will be rejected.**

**I also authorize my former employers to give any information regarding my employment. I hereby release them and their company from any damages whatsoever for the release of such information.**

**Signature Date**

**The City of Oak Hill is an equal opportunity employer. If you feel you have been discriminated against on the basis of race, color, national origin, sex, or religion, please report it to the Clerk’s office at City Hall.**

**BACKGROUND INVESITGATION WAIVER**

**Name: (print)**

**Address:**

**Date of Birth:**

**Social Security Number:**

**The above individual has made application for employment with the City of Oak Hill Police Department and hereby gives permission to the City of Oak Hill and/or the City of Oak Hill Police Civil Service Commission to conduct an investigation for the purpose of employment.**

**I, , hereby give permission to the City of Oak Hill to conduct an investigation concerning my credit rating, arrest records, school records, previous employment records, medical records from any hospital or doctor and with any person the City of Oak Hill believes to have information concerning my character. I also give permission to any person or place contacted by the City of Oak Hill to release information they might have. I will hold no one liable for any information released. In addition, I give permission to the City of Oak Hill to release any information obtained during this investigation to the City of Oak Hill Police Civil Service Commission and the City of Oak Hill Police Department Pension Board for employment purposes.**

**The investigation is for the purpose of employment with the City of Oak Hill Police Department and will be held in confidence.**

**Dated this day of ,**

 **Signature**

**Witness:**

**BACKGROUND INVESITGATION WAIVER**

**The (Oak Hill Police Department) acquisition, retention, and sharing of information related to your employment application is generally authorized under (state and federal) citations). The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as a (law enforcement officer). This background investigation may include inquiries pertaining to your (employment) (education) (medical history) (credit history) (criminal history) and any information relevant to your character and reputation. By signing this form you are acknowledging that you have received notice and have provided consent for (Oak Hill Police Department) to use this information to conduct such a background investigation, which may include the searching of (N-DEx) (criminal justice database) (private databases) (public databases).**

**Dated this day of , \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_

 **Signature Witness**

**BACKGROUND INVESITGATION WAIVER**

**For**

**N-DEX**

**I authorize any employee or representative of (Oak Hill Police Department) to search N-DEX to obtain information regarding my qualifications and fitness to serve as a (Law Enforcement Officer). I understand that N-DEX is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This nation information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding and consent that any information discovered in N-DEX may be used for the official purpose of conducting a complete employment background investigation. I also understand that any information found in N-DEX will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release (Oak Hill Police Department) from any liability or damage that may result from the use of information obtained from N-DEX.**

**Dated this day of ,**

 **Signature Witness**

**DOCTOR’S CERTIFICATION OF FITNESS TO PERFORM**

**PHYSICAL AGILITY TEST**

**I HAVE REVIEWED THE ATTACHED FOUR (4) ELEMENTS OF THE WEST VIRGINIA GOVERNOR’S COMMITTEE ON CRIME, DELINQUENCY AND CORRECTION FOR THE PHYSICAL AGILITY TEST AND FIND THAT THE COANDIDATE IDENTIFIED BELOW CAN / CANNOT (circle one) PERFORM THE ELEMENTS OF THE TEST SAFELY. (DOCTOR’S CERTIFICATIONS WILL ONLY BE VALID FOR ONE YEAR FROM THE DATE OF EXAMINATION.)**

**CANDIDATES NAME:**

**AGENCY TO WHICH**

**APPLICATION IS BEIN MADE:**

**DATE OF EXAMINATION:**

**DOCTOR’S SIGNATURE:**

**DOCTOR’S ADDRESS:**

**DOCTOR’S PHONE:**

**ATTENTION ALL APPLICANTS**

 **PLEASE KEEP THIS SECTION FOR YOUR INFORMATION**

**PT TEST - TBA**

**APPLICATIONS WILL BE KEPT ON FILE FOR 6 MONTHS**

The physical agility test will consist of the following:

**Upper Body Strength** – 18 properly executed push-ups within one minute

**Muscular Endurance** – 28 properly executed sit-ups within one minute

**Aerobic Power** – 1.5 mile run within 14 minutes, 36 seconds

**ALL APPLICATIONS MUST BE RETURNED IMMEDIATELY**

**RETURN TO:**

**OAK HILL CITY HALL LOCATED AT 100 KELLY AVE, OAK HILL, WV**

**OAK HILL POLICE DEPARTMENT 691 VIRGINIA ST, OAK HILL, WV**

**OR**

**EMAILED TO: ohpd@oakhillwv.gov**

**FITNESS STANDARDS FOR ACADEMY ENTRANCE**

**#1 UPPER BODY STRENGTH**

**Applicants must be able to complete 18 properly executed push-ups within one minute.**

1. **The hands are placed about the shoulder width apart;**

**administrator places a fist on the floor below the students chest.**

1. **Starting from the up position (elbows fully extended) the student must keep the back straight at all times and lower the body to the floor until the chest touches the administrators fist. Student then returns to the up position**

**#2 MUSCULAR ENDURANCE**

**Applicants must be able to complete 28 properly executed sit-ups within one minute.**

1. **The student starts by lying on the back, knees bent, heels flat on the floor, hand folded across the chest touching the shoulders.**
2. **A partner holds the feet down firmly.**
3. **In the up position, the student should touch the elbows to the knees and then return until the shoulder blades touch the floor. Any resting should be done in the up position.**

**#3 AEROBIC POWER**

**Applicants must be able to complete the 1.5 mile run within 14 minutes, 36 seconds.**

**EQUIPMENT: a stop watch or clock with a sweep second; an indoor or outdoor track or another suitable running area measured to 1.5 miles; testing forms to record data.**

1. **The participant should refrain from smoking or eating for two hours proceeding the test.**
2. **Allow adequate time prior to the test for stretching and warm-up exercises.**
3. **During the administration of the test the participants can be informed of their lap times. If several participants run at once, their individual times at the finish can be called out and recorded later.**
4. **An important consideration at the end of the run is the “cool down” period. The participants 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 MUSCULAR ENDURANCE test:**

**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) groups of the number of repetitions you did in one (1) minute.**

* **Preparing for the UPPER BODY STRENGTH test:**

**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 CARDIOVASCULAR CAPACITY test:**

**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/miles** | **Time/minutes** | **Frequency/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** |