



Summers County Commission

120 Ballengee Street • Suite 203 • Hinton, WV 25951
Telephone: (304) 466-7100 • Fax: (304) 466-7146

Bill Lightner
President

Jack David Woodrum
Commissioner

Tony Williams
Commissioner

Mary E. Merritt
Clerk

CIVIL SERVICE APPLICATION DEPUTY SHERIFF

Applications for the Civil Service Examination for the position of Summers County Deputy Sheriff will be available beginning **September 4, 2017**.

Application packages shall be received from and returned to Mary Beth Merritt, Clerk of Summers County Commission, Office of the County Clerk, Summers County Courthouse, Hinton, WV 25951.

All persons interested in this position must make application by **Tuesday, September 15, 2017 at 4:00 p.m.**

Physical Agility test will be conducted at **10:00 a.m. on Saturday, October 14, 2017** at the Summers County High School Track by the Summers County Sheriff's Department.

Persons successfully completing the Physical Agility test will be notified of the time, date and location of the Civil Service Examination. All applicants certified or non-certified must take the physical agility test.

If hired, applicant must move within twenty miles of the county or relocate to the county. This position is hiring for the COPS grant position.

The Summers County Commission is an Equal Opportunity Employer. Discrimination is prohibited due to race, creed, color, religion, sex, orientation or national origin. Applications for Deputy Sheriff must be 18 years old and not more than 45 years old on date of application.

"Building a healthy, livable, prosperous, well-governed and unified Summers County"

Summers County Deputy Sheriff Civil Service Commission

Application

Date Received _____ from Clerk/Deputy Clerk _____

Full Legal Name: _____ [Print]

Social Security: _____ Age: _____ [18 Minimum/45 Maximum]

Birth Location – City-County-State: _____

United States Citizen Yes No Phone Number _____

Legal Residence/Domicile _____
Street City State/Zip

Mailing Address _____
Street/PO Box City State/Zip

Military Service No Yes – Date of Enlistment _____

Branch of Service _____ Attach a copy of your form
DD214

List any physical or mental conditions and the name(s) of attending
practitioner(s) and the date(s) of treatment. If none, so state:

Your
Education: _____
Highest Level (Grade) Date of Completion Institution

This application additionally contains a Release of Records & Information form, a
Physician(s) Certification, & Physical Agility Standards.

All Provisions of the West Virginia Code relating to Deputy Sheriff's requirements and
the requirements of the Division of Criminal Justice Services are the individual
responsibility of persons so appointed.

Complete Work History-Most recent first-If more space is required attach a separate sheet of paper.

Date	Name & Address of Employer	Type of Work	Reason for Leaving
To/From			

In your own hand, write a brief statement as to your reasons for applying for a position in law enforcement.

I hereby declare that the statements and answers herein contained and attached whether in writing or in print, are true and are made under the Penalty of Perjury.

Your Signature Date

SUMMERS COUNTY SHERIFF'S DEPARTMENT

P.O. Box 157
Hinton, West Virginia 25951
Telephone 304.466.7111 Fax 304.466.7139

RELEASE OF RECORDS AND INFORMATION

I, _____, hereby authorize the Summers County Sheriff to conduct a background investigation concerning my application for employment with the County of Summers Sheriff's Department as a sworn officer.

I understand that this investigation may include, but not limited to, contacting current or past employers, personal references, criminal history records, driving records, educational records, or any other source that may be deemed necessary prior to my employment.

Signature of Applicant

Date

Print Your Name

Date of Birth

Social Security Number _____

Place of Birth _____

SUMMERS COUNTY SHERIFF'S DEPARTMENT

P.O. Box 157
Hinton, West Virginia 25951
Telephone 304.466.7111 Fax 304.466.7139

Physician Certification

I have examined _____

On the _____ day of _____, 200____ and

Found that he/she is medically fit to take a battery of test to determine physical agility as set forth in the Fitness Standards on the reverse side of this Physician Certification.

The battery of test consists of 4 (four) sections:

1. Upper Body Strength
2. Muscular Endurance
3. Aerobic Power
4. Flexibility

In my professional opinion, I do not feel that taking this battery of physical test will place the applicant in danger for his/her health.

Physician's Signature

Date

Printed Name of Physician: _____

#1 Upper Body Strength

Applicants must be able to complete 27 properly executed push-ups within one minute.

1. The hands are placed about shoulder width apart. The administrator places a fist on the floor below the student's chest.
2. 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 administrator's fist. Student then returns to the up position.

#2 Muscular Endurance

Applicants must be able to complete 29 properly executed sit-ups within one minute.

1. The student starts by lying on the back, knees bent, heels flat on the floor, hands folded across the chest touching the shoulder.
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, 52 seconds.

Equipment: A stopwatch or clock with a sweep second hand, an indoor or outdoor track suitable running area measured to 1.5 miles; testing forms to record data.

1. The student should refrain from smoking or eating for two hours preceding the test.
2. Allow adequate time prior to the test for stretching and warm-up exercises.
3. During the administration of the test, the students can be informed of their lap times. If several students 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 student should be cautioned about sitting or standing around immediately after the run to prevent venous pooling. They should be instructed to walk and additional five minutes or so in order to enhance venous return and aid in recovery.

#4 Flexibility

Applicants must be able to complete the sit-and-reach at 16 1/2 inches.

Equipment: box, yardstick on box with 15" mark at edge.

1. The student should warm up.
2. The shoes must be removed.
3. The feet are placed securely against the box.
4. The knees remain extended throughout the test.
5. The hands are placed exactly together, one hand on top of the other, fingers extended.
6. The yardstick is set of the box so that the 15" mark is flush with the edge of the box.
7. The student leans forward without lunging or bobbing and reaches as far down the yardstick as possible. The hands must stay together and even.
8. Record the record to the nearest 1/2 inch reached.

Exhaling on the reach is recommended.

How to Prepare for the Tests

Consult your physician prior to starting this exercise program.

- Preparing for the #1 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 the #2 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) sets (three (3) groups of the number of repetitions you did in one (1) minute).

Preparing for #3 CARDIOVASCULAR CAPACITY test:

Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 miles 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 (times/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

Preparing for the #4 FLEXIBILITY test:

Performing sitting types of stretching exercises daily will increase this area. There are two (2) recommended exercises:

- Sit-and-Reach — Do five (5) repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and while keeping the legs straight. Hold for twenty (20) seconds.
- Towel-Stretch — Sit on the ground with the legs straight. Wrap a towel around the feet holding the ends with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.