

## DEPUTY SHERIFF TESTING INFORMATION

### PHYSICAL ABILITY TEST:

The physical ability test consists of the following exercises and is scored pass or fail:

- 28 sit ups within one (1) minute,
- 18 pushups within one (1) minute,
- 1.5 mile run within 14 minutes 36 seconds.

Clothing and footwear appropriate for physical exercise should be worn. The run portion will be administered outdoors.

**Certified WV law enforcement officers in good standing are not required to complete the physical ability testing.**

**Applicants shall present a medical clearance and release of liability from his or her personal physician before being admitted to the physical ability examination. Applicants who do not present a medical release may not participate in the examination and will not proceed further in the application process.**

### TESTING LOCATIONS:

The physical ability test will be administered at the Elkins High School track. The test will be administered on September 27, 2025 at 09:00am. Arrive at least 15 minutes prior to the test for check-in. A State issued photo ID will be required for check-in.

The written examination will be administered at 22 Buffalo Street, Elkins, WV 26241. The written examination will be administered on September 29, 2025 at 5:00pm. Uncertified Candidates passing the physical ability testing will be eligible to participate in the written examination. Arrive at least 15 minutes prior to the test for check-in. A State issued photo ID will be required for check-in.

Where applicable, veteran's preference points will be added in accordance with WV State Code to the score of those passing the written examination. **Those wishing to claim veteran points shall provide their DD214 at time of written test.**

Where applicable, WV certified law enforcement Officers in good standing will have preference points added to their passing score. **Those wishing to claim the preference points shall provide a copy of their WV law enforcement certification at time of written test.**

**Applications must be received at the Clerk's office no later than close of business on Tuesday September 23, 2025.**

**WAIVER OF LIABILITY AND RELEASE FORM**  
**FOR DEPUTY SHERIFF APPLICANT BACKGROUND INVESTIGATIONS**

I recognize that individuals must clearly demonstrate their personal, medical and psychological fitness to serve in the capacity of a Deputy Sheriff. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a Deputy Sheriff will conform to the highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical and psychological fitness and that such an investigation will include contacting persons and/or organizations that have information relating to my fitness for the applied position. I also understand that those persons and/or organizations may feel intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release and discharge the Randolph County Sheriff's Office, its Officers, Agents, and any present or former employers, their designee or personal reference assign now and in the future from any claim of damages whether in law or in equity on behalf of myself, my heirs, agents or assigns for their release of or their refusal to provide any and all information contained in this pre-employment investigation, including but not limited to the identity of a person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related thereto. I have had adequate time to review this form and I understand its meaning and purpose.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

**Application for testing for the position of a Randolph County**  
**West Virginia Deputy Sheriff**

To all applicants:

Completion of this application registers you for the next provided written and physical examination only. You will be notified by mail when the next test is given. You are required to fill out an application each time a new test is announced, if you want to be re-tested. There are many requirements and steps between this application and consideration by the Sheriff for appointment as a Deputy Sheriff.

All requirements and criteria for eligibility are listed in the Randolph County Civil Service Commission for Deputy Sheriffs Policy of Certification of Eligibles. This document is available to the public for viewing at the office of the County Clerk in the Courthouse on Randolph Avenue in Elkins, West Virginia.

By completing and signing this application, you agree to an investigation into your personal, educational, and work/employment background along with a physical health examination. This shall include the agreement to submit to a Computer Voice Stress Analysis (CVSA) or polygraph test as determined by the Sheriff. All questions asked in this application and any investigations and examinations into your background and/or health will be limited to issues pertaining to employment in the Randolph County Sheriff's Office; the requirements for fulfilling the tasks defined in Title 149, Legislative Rule, Governor's Committee on Crime, Delinquency and Corrections, Series 2, Law Enforcement Training Standards, 149-2-7, Academy Entry Standards; and the state and federal requirements for possessing and carrying a firearm.

The completed application must be hand-delivered or mailed to the County Clerk of Randolph County, 2 Randolph Avenue, Elkins, WV 26241. E-mailed applications will not be accepted.

**PLEASE PRINT OR TYPE YOUR RESPONSES TO THIS APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Address \_\_\_\_\_

Town/City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone(Home) \_\_\_\_\_ Other Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*If there is another address where you receive mail, you may enter it below:*

Other Address \_\_\_\_\_

Town/City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Own/Rent \_\_\_\_\_

(If less than 3 years, list previous address) \_\_\_\_\_

Town/City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Military Service Branch \_\_\_\_\_ Served from \_\_\_\_\_ to \_\_\_\_\_

Specialized Military Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the highest level of education you have completed?

\_\_\_\_\_ Elementary/High School ( \_\_\_\_\_ Highest Grade Completed) \_\_\_\_\_ High School Diploma

\_\_\_\_\_ High School Equivalency

\_\_\_\_\_ Years of Post-High School Education (Non-College or Technical)

\_\_\_\_\_ Years of College (No Degree) \_\_\_\_\_ Semester Hours Completed

\_\_\_\_\_ Associate Degree ( \_\_\_\_\_ Field of Study)

\_\_\_\_\_ Bachelors Degree ( \_\_\_\_\_ Field of Study)

\_\_\_\_\_ Years of Post Bachelors College ( \_\_\_\_\_ Field of Study)

Other specialized training or certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards and Honors received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment history for the last ten (10) years, starting with the most recent:

<u>Employer</u>	<u>Address</u>	<u>Job Title</u>	<u>Dates of Employment</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please list any job-related organizations, clubs, professional societies, or other associations to which you belong.

<u>Organization</u>	<u>Position Held</u>	<u>Dates of Membership</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Have you ever served as a Randolph County Deputy Sheriff? \_\_\_\_\_ If so, list dates \_\_\_\_\_

Did you resign at a time when there were no charges of misconduct or malfeasance pending against you? \_\_\_\_\_ If "No", please explain in detail the nature of the charges: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions, if "Yes" is selected for any question please attach a detailed explanation at the end of the application:

Have you ever been convicted of a felony?	_____ Yes	_____ No
Have you been convicted of any misdemeanors?	_____ Yes	_____ No
Have you been arrested or ticketed for any traffic violations?	_____ Yes	_____ No
Are you on probation or parole for any violation?	_____ Yes	_____ No
Are you prohibited from possessing or carrying a firearm?	_____ Yes	_____ No
Are you addicted to any controlled substance or alcohol?	_____ Yes	_____ No
Do you have any criminal charges pending against you?	_____ Yes	_____ No
Have you been convicted of a criminal charge of domestic violence?	_____ Yes	_____ No
Are you currently under a family protective order from any court?	_____ Yes	_____ No
Has any court declared you to be mentally incompetent?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from arresting persons?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from stopping and physically searching persons?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from operating a motor vehicle?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from physically touching, examining or searching a dead body?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from using physical force to restrain a person?	_____ Yes	_____ No
Do you have any physical, mental condition or moral conviction which would prevent you from using weapons to assist in restraining a person?	_____ Yes	_____ No

Do you have any physical, mental condition or moral conviction which would prevent you from catching a falling person? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from discharging a firearm at a person or animal in a deadly force situation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from securing a firearm in your personal residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from performing first aid to a bleeding or severely injured person? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from talking to a person attempting suicide? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from placing children in protective custody or removing children from a residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical, mental condition or moral conviction which would prevent you from conducting investigations of any and all crimes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a certificate of training in the use of firearms? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a member of any organization which advocates overthrowing the United States government by any means? \_\_\_\_\_ Yes \_\_\_\_\_ No

Personal references other than previous employers and relatives:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicants Acknowledgement**

I certify answers given in this application are true and correct to the best of my knowledge. I authorize all necessary investigation into all statements I have made on this application in reaching an employment decision.

As a condition of my employment, I accept the principle that the welfare of the organization depends upon the conduct and honesty of its' employees and the trust and confidence of the public and society in general. The organization expects honesty, security, and confidentiality. I therefore agree to the following:

*In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand that if employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_