CITY OF WEIRTON
PROBATIONARY PATROL OFFICER
APPLICATION PACKET

DUE BACK ON OR BEFORE DECEMBER 5, 2025, AT 4:00 P.M.

- REQUIREMENTS:
  - Must be 18 years old on the date you turn your application in
  - Must possess a valid driver's license
  - Must have a high school diploma or GED
  - Must successfully complete and pass various mandatory examinations
- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
- PAGE 6 OF THE APPLICATION MUST BE NOTARIZED. IF YOU CANNOT GET TO A NOTARY, WE CAN NOTARIZE IT FOR YOU WHEN YOU TURN IN YOUR APPLICATION
- PHYSICAL AGILITY EXAMINATION FORM
  - Must be signed by a medical provider (Examples: Medical Doctor, Physician Assistant, Nurse Practitioner).
  - If you do not have a family doctor, we suggest you go to a facility that offers "Sports Physicals." You are basically asking a medical professional to take your heart rate, blood pressure, etc. to certify that you are able to perform the physical activity events described on Page 1 of the form.

DUE BACK ON OR BEFORE DECEMBER 5, 2025, AT 4:00 P.M.

City of Weirton Police Civil Service
EMPLOYMENT APPLICATION
Equal Opportunity Employer

City of Weirton
200 Municipal Plaza, Weirton, WV 26062
304-797-8500, Ext. 1045

INSTRUCTIONS: TYPE or PRINT LEGIBLY IN BLUE OR BLACK INK to complete application. Be certain to fill in all spaces on this application from. Specify as not applicable (N/A) if necessary. IF ANY INFORMATION IS MISSING, YOUR APPLICATION MAY BE REJECTED. All information will be treated confidentially. USE ATTACHMENTS WHERE NECESSARY.

It is the policy of the City of Weirton Police Department to be fair and equitable in all of its relations with its employees and applicants for employment without regard to race, color, religion, ancestry, marital status or disability.

NAME:

_____

LAST JR/SR FIRST MIDDLE

S.S. # _____ **DRIVERS LICENSE #** _____ **STATE** _____ **ZIP**_____

BIRTH DATE _____ **EMAIL:** _____

LIST OTHER NAME(S) USED THAT MAY BE PERTINENT TO CHECKING PREVIOUS EMPLOYMENT AND EDUCATIONAL RECORDS.

_____

PHYSICAL ADDRESS: _____

STREET CITY STATE ZIP COUNTY

MAILING ADDRESS: _____

STREET CITY STATE ZIP COUNTY

TELEPHONE # (_____ **)** _____ **-** _____ **OTHER PHONE # (** _____ **)** _____ **-** _____

LIST ALL PREVIOUS HOME ADDRESSES. (ATTACH ADDITIONAL SHEET IF NECESSARY.)

From	To	Address

MINIMUM QUALIFICATIONS: MUST BE 18 YEARS OLD AT DATE OF APPLICATION AND HOLD A HIGH SCHOOL DIPLOMA OR GED

EDUCATION – A COPY OF DIPLOMA/GED AND TRANSCRIPTS MUST BE SUBMITTED WITH APPLICATION					
HIGH SCHOOL				**ADDRESS**	
From	**To**	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**

COLLEGE				**ADDRESS**	
From	**To**	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**

OTHER				**ADDRESS**	
From	**To**	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**

MILITARY SERVICE (Documentation is required if applicable) *		
BRANCH OF ARMED SERVICES	**From**	**To**
RANK AT DISCHARGE	**TYPE OF DISCHARGE**	
If other than honorable, explain		

***PLEASE SUBMIT A COPY OF YOUR MILITARY DD214 WITH APPLICATION**

REFERENCES

Give the names, addresses, telephone numbers and occupations of four reliable persons who have known you a greater part of your life. Do not list relatives, fellow employees, former or present employers.

Name	Address	Phone	Occupation	Years Known

EMPLOYMENT HISTORY

List all areas of employment. (This could result in elimination if not all inclusive). List all periods of unemployment, but do not list military service as employment. Attach additional sheet if necessary.

FROM: TO:		COMPANY
ADDRESS		PHONE
SUPERVISOR		TYPE OF BUSINESS
WORK PERFORMED/RESPONSIBILITIES		
JOB TITLE	SALARY	REASON FOR LEAVING

FROM: TO:		COMPANY
ADDRESS		PHONE
SUPERVISOR		TYPE OF BUSINESS
WORK PERFORMED/RESPONSIBILITIES		
JOB TITLE	SALARY	REASON FOR LEAVING

FROM: TO:		COMPANY
ADDRESS		PHONE
SUPERVISOR		TYPE OF BUSINESS
WORK PERFORMED/RESPONSIBILITIES		
JOB TITLE	SALARY	REASON FOR LEAVING

FROM: TO:		COMPANY
ADDRESS		PHONE
SUPERVISOR		TYPE OF BUSINESS
WORK PERFORMED/RESPONSIBILITIES		
JOB TITLE	SALARY	REASON FOR LEAVING

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certifications that you possess which you feel may be beneficial.

Q & A

Are you legally authorized to work in the United States?	YES [ ] NO [ ]
Have you ever held a position of trust, such as handling money or confidential information?	YES [ ] NO [ ]
Have you had a valid driver's license for two (2) years prior to the date of this application?	YES [ ] NO [ ]
Have you ever been convicted of a traffic violation or forfeited a bond on a citation?	YES [ ] NO [ ]
If yes, explain:	
Has your driver's license ever been revoked or suspended?	YES [ ] NO [ ]
If yes, explain:	
Have you ever been arrested?	YES [ ] NO [ ]
If yes, explain:	
Have you ever been convicted of a misdemeanor or felony crime?	YES [ ] NO [ ]
If yes, explain:	
Are you currently using or have you ever used illegal drugs?	YES [ ] NO [ ]
If yes, explain:	
Do you drink alcoholic beverages?	YES [ ] NO [ ]
Have you applied for the position of patrolman at another agency?	YES [ ] NO [ ]
If yes, where?	

THE CITY OF WEIRTON HAS FIVE DIFFERENT DRUG/ALCOHOL TESTING PROGRAMS, WHICH REQUIRE MANDATORY PARTICIPATION BY ALL COVERED EMPLOYEES: PREEMPLOYMENT, RANDOM, REASONABLE SUSPICION, POST ACCIDENT, AND RETURN TO DUTY/FOLLOW UP.

Before a person is selected for employment, entries made in his/her application are verified, and a careful and complete character investigation is conducted. You may use this space to explain any irregularities that may be disclosed by our investigation:

_____

_____

_____

_____

CERTIFICATION

All applicants must sign the following certificate:

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 or falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the Public Service of the City of Weirton.

_____ _____

Signature of Applicant **Date**

CITY OF WEIRTON POLICE DEPARTMENT

AUTHORITY TO RELEASE INFORMATION AND RECORDS

Any person having knowledge of my conduct or activities; or any past or present employer; or any credit bureau, retail merchants association, bank, financial institution or any other credit extending organization; or any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); or any doctor, hospital, clinic or sanatorium; or any department or agency of a city, county, state, or federal government.

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, to the Weirton Police Department or its agent. I hereby designate the Weirton Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information; except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

FILL IN THE FOLLOWING INFORMATION BY TYPING OR PRINTING:

Name _____
Last First Middle Maiden

Social Security Number _____ - _____ - _____

Present Physical Address _____
Street City State Zip

Former Address _____
(If present address is less than five years)

Date & Place of Birth _____
(Furnish for reasons of positive identification)

Father's Name _____ Mother's Name _____

Spouse's Name _____

It is agreed that any information obtained by the City of Weirton pursuant to this authorization will remain confidential and not be released by the City of Weirton. I hereby further authorize that a photocopy of this authorization shall be considered as valid as an original.

_____ _____
Signature Date

Sworn to and subscribed in my presence this _____ day of _____ 20____.

_____
Notary Public

My Commission expires _____

Weirton Police Department

Chief of Police

200 Municipal Plaza
Weirton, West Virginia 26062

Chief W. C. Kush
Phone (304)374-8629
Ext. 1029

Fax (304)797-5709

POTENTIAL DISQUALIFIERS FOR PROBATIONARY POLICE OFFICER CANDIDATES

The Weirton Police Department's hiring process is governed by the Code of the State of West Virginia and our Police Civil Service Commission.

Prior to an appointment to the position of Police Officer with the City of Weirton Police Department, a very thorough background investigation will be completed by a member of the Weirton Police Department Background/Recruitment Team. Also, potential candidates will be required to submit to a polygraph examination.

Information collected by that Background Investigator or Polygraph Examiner, may be used for the basis of a recommendation for removal from the Police Officer Candidate List, established by the Weirton Police Civil Service Commission and guided by the West Virginia Code §8-14-14. Some potential disqualifiers for employment could be:

- Felony Conviction
- Illegal use of Schedule I and II drugs (with marijuana specifics)
- Illegal sales of Scheduled narcotics
- DUI conviction within the last 5 years
- Conviction of Domestic Assault/Battery
- Criminal activity of a serious nature or that reflects moral turpitude or indicates a tendency to disregard the law
- Dishonorable discharge from the United States Military
- Deception or omission on personal history statement or during background investigation

December 6, 2025 at WEIR HIGH SCHOOL GYM
200 Red Rider Road, Weirton, WV 26062
REGISTRATION begins promptly at 8:30 a.m.

Weirton Police Department

Physical Agility Examination Requirements

All applicants for the position of Probationary Patrolman in the Weirton Police Department must successfully pass the below listed pre-employment physical ability examination activities as the first step in the testing process. The order in which applicants will take the Physical Agility Examination is determined at the time completed applications are returned to the City Clerk.

The following physical tests, along with the minimal passing scores, are absolute prerequisites before any applicant is permitted to participate in any other required pre-employment examination or test. *Failure to pass any exercise will eliminate an applicant from further proceeding with the Physical Agility Examination.* The physical tests are:

1. **Sit – Ups** — **Examination designed to measure muscular endurance. In this examination activity, the score is the number of completed bent knee sit-ups performed in one (1) minute. The minimum acceptable number of continuous completed sit-ups for this test is 28.**

2. **Push – Ups** — **Examination designed to measure upper body muscular endurance and strength. The score is the number of standard complete push-ups performed in one minute. The minimum standard for this test is 18 complete push-ups in one (1) minute.**

3. **1.5 Mile Run** — **Examination designed to measure cardiovascular and lung capacity. The score is measured in minutes and seconds. The minimum acceptable score for this test is completion, unassisted, of the 1.5 mile run in 14 minutes and 36 seconds.**

The above physical tests are graded as pass or fail and acceptance for this step in the testing process is based upon successfully passing all three of the above physical tests.

Applicants should bring appropriate gym clothing, tennis shoes, water/sports drink, and towels for participation in the "Physical Agility Examination" activities.

No mechanical aids or assistance from another human being is permitted to aid any applicant during any of the three tests listed above.

MEDICAL PROVIDER EXAMINATION STATEMENT

I hereby certify that _____(Name of Applicant) provided a copy of the outline and contents of the Physical Fitness/Performance Test to be administered by the Civil Service Commission of the City of Weirton for the position of Probationary Police Patrol Officer, which test will be conducted on December 6, 2025, and that I performed a physical examination of the named candidate, and that the medical condition of the candidate is satisfactory for undergoing and performing the physical activity and events included as set forth in the Physical Fitness/Performance Test.

_____

Medical Provider Name (please print)

_____ _____

Signature **Date**

CITY OF WEIRTON

200 Municipal Plaza
Weirton, West Virginia 26062

October 5, 2025

In addition to competitive wages, the City of Weirton Police Department offers the following benefits:

- Medical Insurance
- Vision insurance
- Dental insurance
- Life insurance
- Pension benefits
- Vacation
- Sick leave
- Longevity pay
- Holiday pay
- Yearly vacation day buy back
- Educational assistance reimbursement
- $750 per year clothing allowance
- Take-home patrol vehicle if a resident of Brooke or Hancock Counties
- $10,000 sign-on bonus for Certified Officers in good standing (with the signing of a 2-year contract)
- Free family membership to the Millsop Community Center and the Starvaggi Pool located in Weirton, WV

If you have additional questions regarding any City of Weirton benefit, please contact the benefits office at 304-797-8500, Ext. 1046 or email benefits@cityofweirton.com.