

# Information for Applicants for Entry Level Police Officer Position City of Vienna Test Date Saturday, June 5, 2021

**\*\*Application deadline is May 23<sup>st</sup>, 2021**

Please read the following information carefully before returning your application.

- Applicants must be at least 18 years of age and not more than 40 years of age at the time of the examination. Successful applicants must be free of illness or impairment that would render them unable to perform the duties of a police officer.
- All successful applicants will be expected to meet the following fitness standards for admission to training at the West Virginia State Police Academy:
  - Upper body strength - 18 push-ups within one minute
  - Muscular endurance - 28 sit-ups within one minute
  - Aerobic power - 1.5 mile run within 14 minutes, 36 secondsDetails of fitness standards are in "Employment" at [www.wvsp.gov](http://www.wvsp.gov)
- Please attach photocopies (**not** originals) of your birth certificate and high school diploma or equivalency document to your application. If you have attended college, you may attach a copy of your college transcript or diploma instead of the high school diploma. You will also be required to have a doctor's medical release for the fitness test and a consent form for a background investigation. Downloadable forms are available at: [www.vienna-wv.com](http://www.vienna-wv.com)
- All applications will be confirmed by letter sent to the address listed on the application. It is the applicant's responsibility to keep the Vienna Police Dept. apprised of his or her current address.
- The written test will be administered Saturday, June 5, 2021 at 9 a.m. at the Jackson Middle School Cafeteria (1601 34<sup>th</sup> St. Vienna, WV). Doors will open at 8:30 a.m. Plan to arrive early to allow time to check in. The fitness test will be administered at Jackson Middle School at 1 p.m. on the same day. *Applications must be turned in by May 23<sup>rd</sup> 2021 in order to test (see below)*
- The written test requires no prior knowledge of law or law enforcement. It is a multi-part test covering basic mathematics; reading comprehension, grammar, punctuation & spelling, and writing. A passing score of at least 70% must be achieved on each of the four parts.
- Applicants who achieve a passing score on the written examination and who pass the fitness test will be scheduled for interviews with the Civil Service Commission. The written test counts a total of up to 100 points and the interview up to 20 additional points. Applicants who have received a campaign badge or expeditionary medal in military service are entitled to 5 bonus points. Applicants who are West Virginia Certified Police Officers are entitled to 5 bonus points. Verification will be required at the time of the interview. The group of applicants with the highest combined scores will be subject to polygraph examination and background checks before being considered for certification by the Commission.

Application deadline: Return your completed application to the Vienna Police Department, 604 29<sup>th</sup> St., Vienna WV 26105 no later than midnight on Sunday May 23, 2021. The lobby of the police station is staffed 24 hours a day. Each applicant will receive a letter confirming receipt of his/her application and the time and place of the examination.

# CITY OF VIENNA

## Employment Application

| APPLICANT INFORMATION                             |                              |                             |  |                              |                              |                             |                  |                |      |  |
|---|------------------------------|-----------------------------|--|------------------------------|------------------------------|-----------------------------|------------------|----------------|------|--|
| Last Name   |                              |                             |  |                              | First                        |                             |                  | M.I.           | Date |  |
| Street Address                                    |                              |                             |  |                              |                              |                             | Apartment/Unit # |                |      |  |
| City  |                              |                             |  |                              | State                        |                             |                  | ZIP            |      |  |
| Phone   |                              |                             |  |                              | E-mail Address               |                             |                  |                |      |  |
| Date Available                                    |                              |                             |  | Social Security No.          |                              |                             |                  | Desired Salary |      |  |
| Position Applied for                              |                              |                             |  |                              |                              |                             |                  |                |      |  |
| Are you a citizen of the United States?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |                             |                  |                |      |  |
| Have you ever worked for this company?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                              |                              |                             |                  |                |      |  |
| Have you ever been convicted of a felony?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                              |                             |                  |                |      |  |
| Driver's License No:                              |                              |                             |  | State of Issuance:           |                              |                             | Exp. Date:       |                |      |  |
|   |                              |                             |  |                              |                              |                             |                  |                |      |  |
| EDUCATION   |                              |                             |  |                              |                              |                             |                  |                |      |  |
| High School                                       |                              |                             |  |                              | Address                      |                             |                  |                |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree           |                |      |  |
| College   |                              |                             |  |                              | Address                      |                             |                  |                |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree           |                |      |  |
| Other   |                              |                             |  |                              | Address                      |                             |                  |                |      |  |
| From  |                              | To                          |  | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree           |                |      |  |
| Equipment or other skills:                        |                              |                             |  |                              |                              |                             |                  |                |      |  |
|   |                              |                             |  |                              |                              |                             |                  |                |      |  |
| REFERENCES  |                              |                             |  |                              |                              |                             |                  |                |      |  |
| <i>Please list three professional references.</i> |                              |                             |  |                              |                              |                             |                  |                |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |                  |                |      |  |
| Company   |                              |                             |  |                              | Phone                        |                             |                  |                |      |  |
| Address   |                              |                             |  |                              |                              |                             |                  |                |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |                  |                |      |  |
| Company   |                              |                             |  |                              | Phone                        |                             |                  |                |      |  |
| Address   |                              |                             |  |                              |                              |                             |                  |                |      |  |
| Full Name   |                              |                             |  |                              | Relationship                 |                             |                  |                |      |  |
| Company   |                              |                             |  |                              | Phone                        |                             |                  |                |      |  |
| Address   |                              |                             |  |                              |                              |                             |                  |                |      |  |

| PREVIOUS EMPLOYMENT   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE   |      |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge.   |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  |      |
| The City of Vienna is hereby authorized to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of their choice. |      |
| Signature  | Date |

**The City of Vienna is an Equal Opportunity and At-Will Employer**

Applications will be kept on file for 6 months then destroyed.

**West Virginia State Police Academy Physical Ability Standards**

**PUSH-UPS** – Designed to measure upper body muscular endurance and absolute strength. Applicants must be able to complete 18 properly executed push-ups within one minute.

The hands are placed about shoulder width apart. The administrator places a fist on the floor below the applicant’s chest.

Starting from the up position (elbows fully extended), the applicant must keep the back

floor until the chest touches the administrator’s fist. Applicant then returns to the up position.

**SIT-UPS** – Designed to measure abdominal muscular endurance. Applicants must be able to complete 28 properly executed sit-ups within one minute.

The applicant starts in the up position, knees

A partner holds the feet down firmly.

In the up position, the applicant should pass the elbows over the knees then return until the shoulder blades touch the floor. Any resting must be done in the up position.

**1.5 MILE RUN** – Designed to measure cardiovascular capacity. Applicants must be able to complete the 1.5 mile run within 14 minutes, 36 seconds.

Equipment: A stopwatch or clock with a sweep second hand; an indoor or outdoor track or another suitable running area measured to 1.5 miles;

testing forms to record data.

smoking or eating for two hours preceding the test.

Allow adequate time prior to the test for stretching and warm-up exercises.

During the administration of the test, the applicants can be informed of

the finish can be called out and recorded later.

An important consideration at the end of the run is the "cool down" period. The applicants 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 the PUSH-UPS (upper body strength):

Determine how many push-ups you

three (3) times per week do three (3) sets of the amount you can do in one (1) minute.

Preparing for the SIT-UPS (muscular endurance).

The progressive routine is to do as

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 1.5 MILE RUN (cardiovascular capacity):

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  | 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                  |
| 9    | Jog      | 2                  | 23    | 4                  |
| 10   | Jog      | 2                  | 22    | 4                  |
| 11   | Jog      | 2                  | 21    | 4                  |

Applicants must successfully pass this pre-employment physical ability examination. These tests have been validated and demonstrate the ability to perform job-related tasks necessary to carry out the essential functions of the position of state police officer.

The tests described are graded as pass or fail; acceptance is based upon successfully passing all three measures.

## **DOCTOR'S CERTIFICATION OF FITNESS TO PERFORM PHYSICAL AGILITY TEST**

I have reviewed the attached three (3) elements of the West Virginia Governor's Committee on Crime, Delinquency and Corrections for the physical agility test and find that the candidate identified below **CAN / CANNOT (circle one)** perform the elements of the test safely.

\*Any fee associated with testing related to this form is at the expense of the applicant/candidate.

Applicant's Name: \_\_\_\_\_

Agency to which application is being made: **Vienna Police Department**

Date of Examination: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Upper body strength – 18 push-ups within 1 minute  
Muscular endurance – 28 sit-ups within 1 minute  
Aerobic power – 1.5 mile run within 14 minutes, 36 seconds



# Vienna Police Department

Michael A. Pifer

Chief of Police

## INVESTIGATION WAIVER

NAME: \_\_\_\_\_  
(PRINT)

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

The above-named individual has made application for employment with the City of Vienna, WV Police Department and hereby gives permission to the Vienna Police Department to conduct an investigation for the purpose of employment.

I, \_\_\_\_\_ hereby give permission to the Vienna Police Department, Vienna, WV to conduct an investigation that includes but is not limited to my criminal background, school records, previous employment records, medical records from any hospital or doctor (conditional upon employment offer) and with any person the Vienna Police Department believes to have information concerning my character. I also give permission to any person or place contacted by the Vienna Police Department to release the information they might have. I will hold no one liable for any information released.

The investigation is for the purpose of employment with the Vienna Police Department and will be held in confidence.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(year)

\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_