

*Colonial Beach Police Department
Employment Application for Police Officer*

Applicant _____



416-B Colonial Avenue
Colonial Beach, VA 22443

Employment Application

INSTRUCTIONS TO THE APPLICANT

This form is to be completed by the applicant and each question answered accurately. If a question does not apply to you, write N/A (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application and could result in removal from the process. If the application is incomplete when submitted, it will be returned to you until it is in compliance.

The information you provide in this application will be used in the investigation into your background to assist in determining your suitability for the position for which you have applied. Please fill it out completely and accurately. Keep in mind that:

1. The completion of this application is required in order for you to receive consideration for appointment;
2. All statements are subject to verification;
3. Deliberate inaccuracies or incomplete statements may be cause for rejection;
4. A thorough and complete background investigation *will be* conducted, including previous employment verification

It is to *your* advantage to respond honestly and openly. Intentionally omitting information or attempting to make a false statement will be an immediate disqualification for employment.

If additional space is needed for any questions, comments or remarks, a continuation sheet is provided at the end of this application. Please be sure to identify each entry with the appropriate section in the application and question number.

Employment Application

PAPERS/DOCUMENTS REQUIRED

All applicants will be required to submit a copy of the following applicable documents, to be left with the Colonial Beach Police Department.

1. Birth Certificate
2. High School Diploma or GED
3. College Transcript (if applicable)
4. DD-214 (if applicable)
5. Court Orders (if applicable)
 - a. Name change
 - b. Bankruptcy
 - c. Marriage/Divorce paperwork
6. Credit report
7. DCJS training record (if applicable)

Employment Application

Personal Data

Printed Name (<i>Last, First, Middle</i>)				Date of Birth Month Day Year		
Current Address				Place of Birth City County State/Country		
Height	Weight	Hair Color	Eye Color	Visible Tattoos or Scars/Marks		
Social Security Number						
Cell Phone #				E-Mail:		

Marital Status

Check one: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Do you have any objections with us contacting your spouse or former spouse as part of your background? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse Last, First, Middle Date of Birth Age			
Spouse is employed by <i>Company Name/Address/City/State</i>	Work Telephone No.		
List below the name(s) of each of your children			
Name of Child	Date of Birth	Age	Address where child resides
Do you have any dependents other than those listed above? If yes, list them at the end of this application.			

Employment Application

Parents

Father	Name (<i>Last, First, Middle</i>)		Phone Number
	Address (<i>Include street address, city, state & zip</i>)		
	Place of Birth (<i>City, State</i>)	Date of Birth	Date of Death (<i>if deceased</i>)
Mother	Name (<i>Last, First, Middle</i>)		Date of Birth
	Address (<i>Include street address, city, state & zip</i>)		
	Place of Birth (<i>City, State</i>)	Date of Birth	Date of Death (<i>if deceased</i>)

Military Service

Branch of Service	Dates of Service	Officer/Enlisted	Primary MOS/AFSC
Highest Rank Attained	Type of Discharge (<i>Honorable, Dishonorable, Medical, etc.</i>)		
Were you ever subject to any disciplinary actions while in the Armed Forces? (<i>Article 15, etc.</i>)			
Reserve Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Membership	Officer/Enlisted	Branch

Financial

Do you now or have you ever had any wage garnishments on your salary? (<i>If yes, briefly explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found delinquent on income or other tax payments? (<i>If yes, briefly explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a court-ordered financial judgement against you? Do you have one pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any property repossessed? (<i>If yes, briefly explain</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever filed for or declared bankruptcy? If yes, what chapter? (7, 13, etc.,)

Yes No

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References

Give the data requested below on three (4) references who:

- a. Are not related to you by blood or marriage
- b. Are not former employees & are not mentioned elsewhere on this form
- c. Are responsible adults of reputable standing in their community, and
- d. Have known you well for at least five (5) years.

These references may include but not limited to: teachers, counselors, property owners or members of clergy, business people, etc.

A.	
Name (<i>Last, First, Middle</i>)	Years known
Occupation	Place of Employment
Phone Number	
B.	
Name (<i>Last, First, Middle</i>)	Years known
Occupation	Place of Employment
Phone Number	
C.	
Name (<i>Last, First, Middle</i>)	Years known
Occupation	Place of Employment
Phone Number	
D.	
Name (<i>Last, First, Middle</i>)	Years known
Occupation	Place of Employment
Phone Number	

Personal History

Education

Provide the information requested below on all schools you have attended since the 9 th grade, beginning with the most recent. Be sure to include college, universities, military, business/trade schools and anything relevant to the position for which you are applying.		
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you graduate from High School & receive a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you pass a G.E.D (General Education Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been dismissed or expelled from any school or college for any academic or disciplinary reason?

Yes No If yes, briefly explain: _____

Personal History

Employment Data

List below your work history, starting with your most current position. Be sure to list all periods of active military duty and all periods of employment. *Please note: Your answers will be subject to verification*

		A.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)	U.S./State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)	Check applicable box: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.

Briefly describe your duties and responsibilities:

Reason for Leaving:

		B.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)	U.S./State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)	Check applicable box: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.

Briefly describe your duties and responsibilities:

Reason for Leaving:

Personal History

Employment Data, cont'd.

		C.			
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?	
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance	
		Your Salary (Annual)		Check applicable box:	
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.		

Briefly describe your duties and responsibilities:

Reason for Leaving:

		D.			
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?	
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance	
		Your Salary (Annual)		Check applicable box:	
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.		

Briefly describe your duties and responsibilities:

Reason for Leaving:

Personal History

Employment Data, cont'd.

		E.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)	U.S./State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual) \$	Check applicable box: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly describe your duties and responsibilities:			
Reason for Leaving:			
		F.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)	U.S./State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual) \$	Check applicable box: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly describe your duties and responsibilities:			

Reason for Leaving:

Personal History

Employment Data, cont'd.

Have you:	Yes	No
a. Ever been discharged from employment (fired) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above three questions, give full details in the space below. Include the name(s) and addresses of the employer, approximate date(s) and the circumstances in each case.

Personal History

Driving Record

Indicate below all traffic violations or citations (excluding parking tickets) that you have received. Include in your response, but do not limit it to, such violations such as: Speeding, Reckless Driving, Changing Lanes w/o Caution, Defective Equipment, Stop Sign Violations & Red-Light Violations. Give the following data for each violation:

Date	Violation	City & State	Agency	Disposition	Points

Provide the information requested below on all drivers' licenses which are now or have been issued to you from any state (regardless of status).

Issuing State	License Number	Expiration Date	Type of License

Is your driver's license now or has it ever been:

- a. Denied or refused? Yes No
- b. Suspended? Yes No
- c. Revoked? Yes No
- d. Subject to any other similar penalty or action? Yes No

If you answered "Yes" to any of the questions above, please explain in detail below:

Personal History

Driving Record, cont'd

Have you ever been involved in a vehicle accident?

If answered "Yes", give complete details below. Include date, place, fault, charges, injuries and the name of the Law Enforcement Agency that made the report.

Enter the following information concerning any motor vehicle(s) owned or operated by you:

Vehicle No. 1		Vehicle No. 2	
Make		Make	
Model		Model	
Year		Year	
License Plate No.		License Plate No.	
State Registered		State Registered	
Name & Address of Owner (or 'Self')		Name & Address of Owner (or 'Self')	

If there is anything you wish to state about your driving record, please use the space below:

Personal History

Arrest/Conviction Data

Have you ever been:	Yes	No
a. Arrested?		
b. Charged by any law enforcement agency/authority?		
c. Convicted of any offense against the law?		
d. Subjected to forfeiture of collateral in connection with an arrest?		
e. Place on probation?		
f. Required to appear before a juvenile court for an act which would have been a crime if committed by an adult?		
g. Fingerprinted for any reason?		
h. Investigated or questioned for any reason by any law enforcement agency/authority?		
i. Involved as a plaintiff or defendant in any civil court action?		
Are you now:	Yes	No
a. Charged with an offense by any law enforcement agency?		
b. Presently on bail or out on personal recognizance or other conditional release?		
c. On probation of any type?		

If you answered "Yes" to any questions above, give complete details below.

At a minimum include: date of offense, charge(s), city & state, name of law enforcement agency involved and final disposition. If additional space is needed, use the "Remarks" page in the final section of this application.

Personal History

Miscellaneous

Do you belong to any organization and/or adhere to any belief which would in any way:	Yes	No
a. Limit or prohibit your use of weapons or firearms?		
b. Restrict or prohibit you from working on particular days off?		
c. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set?		
If you answered "Yes" to any of the above, explain in the "Remarks" page in the final section of this application.		
Do you now, or have you in the past, used, tried or experimented with:		
a. Marijuana?		
b. Narcotics of any kind?		
c. Dangerous drugs of any kind?		
d. Any other illegal drug?		
If you answered "Yes" to any of the above, explain in the "Remarks" page in the final section of this application.		
Are you, or have you ever been, a member of or advocated the beliefs of:		
a. A group or organization that aims to achieve their objectives through the use of both non-violent and violent direct action, rather than through policy reform?		
b. A group or organization that to your present knowledge, seeks the overthrow of the constitutional form of government of the United States of America by force or violence, or other unlawful means?		
If you answered "Yes" to any of the above, explain in the "Remarks" page in the final section of this application.		
Have you ever been issued a permit or license to carry a handgun or other weapon on your person? If "Yes", please give details below.		
If you have never been issued a permit or license to carry a handgun, have you ever discharged your weapon (other than at an approved range), or been the subject of an investigation regarding the discharge of your weapon? If yes, give details below.		

Personal History

Miscellaneous, cont'd.

List any special skills that you possess that you believe may be applicable to the position for which you are applying (skills with machines, public speaking experience, membership in a professional, scientific, community or other such organizations, etc.)

a. Is this the first time that you have applied with the Colonial Beach Police Department?	Yes	No
b. Have you ever applied for a position with any Federal, State or Local Law Enforcement agency		
c. Have you ever applied for a position with any Federal, State or Local Law Enforcement agency for which a background investigation was initiated?		
d. Have you ever been denied employment by an organization covered in questions "a" or "b" above?		
e. Have you had any prior law enforcement training or experience?		

If you answered "Yes" to any of the above five questions ('a' thru 'e'), provide complete details in the space below with regard to all such positions applied for. Be sure to include the full name of each organization applied to, the position(s) applied for, the date(s) of your application(s), and the reason(s) you were denied employment. If additional space is needed, please use the "Remarks" page in the final section of this application.

Personal History

Signature Page

If information should surface during the stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly.

Please be advised that each statement given in this application will be investigated and any inaccurate, untruthful or misleading answer will be cause for rejection.

I hereby certify that all the answers are accurate and true to the best of my knowledge.

Date

Signature

Personal History

Town of Colonial Beach
Police Department
416-B Colonial Avenue
Colonial Beach, Virginia 20176
(804) 224-7612

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____, am an applicant for the position of _____ with the Colonial Beach Police Department and that I do hereby authorize the release of any and all information to the Colonial Beach Police that they may request from whomever they may deem it necessary to make such a request, from any of my records, military records, police records (including juvenile records), arrest records, court records, attendance records, traffic records, confidential records, educational records & transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Colonial Beach Police.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Date

Signature

Address

City/County of _____ Commonwealth of Virginia

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires