

**Stanley Police Department
278 East Main Street
Stanley, VA 22851**

**(540) 778-2615
FAX 778-1952**

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran service or the presence of a non-job-related medical condition or handicap.

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone (_____) _____ Social Security Number _____
Area Code

Have you ever filed an application here before? _____ Yes _____ No
If Yes, give date _____

Have you ever been employed here before? _____ Yes _____ No
If yes, give date _____

Are you employed now? _____ Yes _____ No With whom _____
May we contact your current employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or
Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon offer of employment.)

On what date would you be available for work? _____

Are you on lay-off and subject to recall? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, explain _____

Are you a Veteran of the U. S. Military Service? _____ Yes _____ No

If yes, Branch _____

Date Entered _____ Date Discharged _____

If other than honorable, please explain _____

List all military medals and campaign ribbons. (Attach copy of DD-214)

Are you currently a member of any Military Reserve or National Guard Unit? ____ Yes ____ No

If yes, explain _____

What Unit _____ Name and Address _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

List professional, trade, business or civic activities and offices held.

1. _____

2. _____

3. _____

Indicate languages you speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer:	Telephone	Dates Employed	Work Performed
1.		From :	
		To:	
Address:		Hourly Rate/Salary	
Job Title:			
Supervisor:		Starting:	
Reason For Leaving:		Final:	

Employer:	Telephone	Dates Employed	Work Performed
2.		From :	
		To:	
Address:		Hourly Rate/Salary	
Job Title:			
Supervisor:		Starting:	
Reason For Leaving:		Final:	

Employer:	Telephone	Dates Employed	Work Performed
3.		From :	
		To:	
Address:		Hourly Rate/Salary	
Job Title:			
Supervisor:		Starting:	
Reason For Leaving:		Final:	

Employer:	Telephone	Dates Employed	Work Performed
4.		From :	
		To:	
Address:		Hourly Rate/Salary	
Job Title:			
Supervisor:		Starting:	
Reason For Leaving:		Final:	

EDUCATION

	Elementary	High School	College/University	Graduate / Professional
School Name				
Years Completed: (Circle)	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Stanley and the Town of Stanley Police Department.

Signature of Applicant

Date

ADDITION TO JOB APPLICATION

YES

NO

1. During the last 10 years, were you terminated from any job for any reason, did you quit after being advised that you would be terminated, or did you leave by mutual agreement because of specific problems? If YES, explain below and include a) the name of the employer; b) the approximate date you left the job; and c) the reason why you left.

When answering the below listed questions, you may omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; 3) any conviction set aside under the Federal Youth Corrections Act or similar State Law; 4) any conviction whose record was expunged under Federal or State Law.

2. Have you ever been convicted of or forfeited collateral for any felony?

3. Have you ever been convicted of or forfeited collateral for any firearms or explosives violation?

4. During the last 20 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole?

5. Are you now under any charges for any violation of law?

6. Have you ever been convicted by a court-martial? If no prior military service, answer NO.

YES NO

7. Have you ever been the subject of a criminal investigation in which you "turned state's evidence" or were involved but not charged?

You must sign this application. Read the following carefully before you sign. A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine and/or imprisonment.

I understand that any information I give, may be investigated as allowed by law.

I consent to the release of information about my ability and fitness for Police Officer by employers, schools, law enforcement agencies and other individuals, to investigators and other authorized employees.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

APPLICANT SIGNATURE

DATE

Stanley Police Department

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Town of Stanley whether the said records are full of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have had an interest.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability for employment by the Stanley Police Department

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, 20____.

SIGNATURE (SIGN BEFORE A NOTARY)

State of Virginia; Town of Luray:

On this day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My Commission expires on the _____ day of _____, 20____.

Notary Public

Notary Seal