

Please print in ink (preferably black) or use typewriter

# Richlands Department of Police

An Equal Opportunity Employer



Send this application directly to the agency announcing the vacancy.

Number of attachments \_\_\_\_\_

Position number \_\_\_\_\_

## Application for Employment

Employees of the Richlands Department of Police and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_ (one per application)

2. Agency \_\_\_\_\_

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Social Security No. \_\_\_\_\_

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Home Phone (0) \_\_\_\_\_

5. Address \_\_\_\_\_

7. Business Phone (0) \_\_\_\_\_

City State Zip

8. E-mail Address \_\_\_\_\_

### 9. EDUCATION

a. Check highest grade completed:  1  2  3  4  5  6  7  8  9  10  11  12 Year Completed \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

c. Check number of years of post high school education:  1  2  3  4  5  6  7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Type of business** \_\_\_\_\_  
**Immediate supervisor** \_\_\_\_\_  
 Title \_\_\_\_\_ **Number and titles of employees you supervised** \_\_\_\_\_  
**Salary (start)** \_\_\_\_\_ **(finish)** \_\_\_\_\_ **Equipment used** \_\_\_\_\_  
**Dates (mo/yr)** \_\_\_\_\_ **to (mo/yr)** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_  
**Full-time** \_\_\_ **Part-time** \_\_\_ **Hours/week** \_\_\_ **Your name if different from present** \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Type of business** \_\_\_\_\_  
**Immediate supervisor** \_\_\_\_\_  
 Title \_\_\_\_\_ **Number and titles of employees you supervised** \_\_\_\_\_  
**Salary (start)** \_\_\_\_\_ **(finish)** \_\_\_\_\_ **Equipment used** \_\_\_\_\_  
**Dates (mo/yr)** \_\_\_\_\_ **to (mo/yr)** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_  
**Full-time** \_\_\_ **Part-time** \_\_\_ **Hours/week** \_\_\_ **Your name if different from present** \_\_\_\_\_

### Supplementary Experience Form

Social Security Number \_\_\_\_\_  
Name \_\_\_\_\_

Position Applied For \_\_\_\_\_  
Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
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Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

**Duties** \_\_\_\_\_  
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**Duties** \_\_\_\_\_

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Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

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Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

**Duties** \_\_\_\_\_

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Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

**Duties** \_\_\_\_\_

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Number and titles of employees you supervised \_\_\_\_\_

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**Duties** \_\_\_\_\_

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Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

d. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_

b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. Check which employment status you'd accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)

d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.

e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who was required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?  Yes  No. If no, state reason: \_\_\_\_\_

i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?  Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61 - 3/7/75)?  Yes  No.

j. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?  Yes  No. If YES, please provide the following: \_\_\_\_\_

Description of offense: \_\_\_\_\_

Statute or ordinance (if known) \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

County, City and State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year.

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Richlands Department of Police. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Richlands Department of Police to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Pursuant to federal, state and local regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education

you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_

Position number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper\*
- Radio/TV\*
- Virginia Employment Commission
- Town of Richlands / Richlands Police Department web page
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

\_\_\_\_\_

\*specify name of newspaper or other media

\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Medical Physician, Hospital Medical Facility, Medical Association, United States Armed Forces, Maritime Service, Veterans Administration, or;

Any Academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at an elementary school, high school, college, or university, technical school or trade school;

Any past or present employer, Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending agency, or any other municipal, State, or federal agency.

I, \_\_\_\_\_ Address \_\_\_\_\_  
Have applied for employment with the Town of Richlands, Department of Police, 1851 Cranwell Drive, Richlands, Virginia. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including any transcript of any Academic Record) to the Town of Richlands, Department of Police or any of its authorized agents upon presentation of this release or a copy thereof.

Selective Service Number, if any \_\_\_\_\_

Armed Forces Services or Serial Number, if any \_\_\_\_\_

Veterans Administration Claim Number, if any \_\_\_\_\_

Given under my hand this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

State of Virginia, County/City of \_\_\_\_\_

This day \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

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

**Release of information subject to this Authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Protection Act.**