

## **POLICE OFFICER APPLICATION**

To The Applicant:

Thank you for considering employment with the Emporia Police Department. We are intensely proud of our agency, and are honored that you would choose to apply.

Please answer all questions completely and return to:

Bessie I. Reed  
Human Resources Director  
City of Emporia  
201 S. Main Street  
P. O. Box 511  
Emporia, Virginia 23847  
Email: [bessie.reed@ci.emporia.va.us](mailto:bessie.reed@ci.emporia.va.us)  
Fax: (434) 634-0003

You will be notified of testing date, time and location. It is not necessary to call.

**POLICE APPLICANT PRE-SCREEN (Minimum Qualifications)**

There are certain minimum qualifications for the position *Police Officer* that all applicants must meet for their application to be considered. Please complete the following questionnaire to determine if you are eligible to complete an application.

**Please check YES or NO**

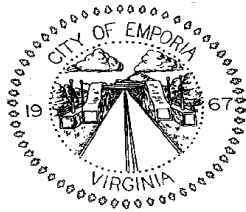
AGE:	Are you at least 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U. S. CITIZENSHIP:	Are you a citizen of the USA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DRIVING RECORD:	If you do not have a valid Virginia Driver's license can you obtain one in a short period of time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does your driving history reflect responsible and safe driving habits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your driving record clear of any pending traffic violations with potential accumulations of points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EDUCATION:	Do you have a high school diploma or equivalent GED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CRIMINAL HISTORY:	Is your record clear of any convictions of misdemeanors involving moral turpitude (lying, cheating, bad checks stealing, fraud)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your record clear of any domestic violence convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
VISION:	Is your vision 20/20 or correctable to 20/20?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you are not color blind, check "YES"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DRUGS:	If you do not use illegal drugs, check "YES"	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that I have answered the above questions truthfully.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

If all your answers were "YES" return this completed pre-screen with your application. If you have answered "NO" to any of the above questions you do not meet our minimum qualifications and there is no need for you to complete an application. If you have any questions, please call Bessie I Reed, Human Resources Director at (434) 634-4964.



# CITY OF EMPORIA

201 South Main Street  
P. O. Box 511  
Emporia, Virginia 23847

**An Equal Opportunity Employer**

Phone: (434) 634-3332

Jobline: (434) 634-4964

Internet: [www.ci.emporia.va.us](http://www.ci.emporia.va.us)

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)

Name:			Social Security Number	
_____	_____	_____	_____	_____
Last	First	Middle		

Present Address:

\_\_\_\_\_

Street or P. O. Box City State Zip

Home Phone Number 2<sup>nd</sup> Telephone Number E-Mail

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

### GENERAL INFORMATION:

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

If no, could you acquire one in a short period of time?  Yes  No

If Yes, Driver's License Type:  Operator  Commercial CDL

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please explain the conviction (A yes answer does not automatically bar you from consideration for employment)

\_\_\_\_\_

### MILITARY INFORMATION:

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

If yes, branch: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Nature of Discharge: \_\_\_\_\_

Years of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Special Training or Awards Received: \_\_\_\_\_

\_\_\_\_\_

Do you have a remaining commitment to the military?  Yes  No

### SKILLS:

Typing: <b>WPM</b>	Other Skills:
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<b>Education</b>	School Name	Location	Graduated	Major & Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**HIGHEST GRADE COMPLETED** \_\_\_\_\_

List any Professional Designations, licenses, activities, offices, hobbies, and leisure time interests that might be helpful in considering your application.

**EMPLOYMENT HISTORY (List present employers first and do not leave out any employers)** Explain any gaps in employment. Use additional sheets if necessary. Explain your job duties in enough detail to allow us to understand what you actually did in each job. You must complete this application. It is not acceptable to write See Resume in any of these spaces. If you need help completing this application, please ask a Human Resources staff person for assistance.

<b>Title</b>	<b>Job Duties</b>
<b>Employer</b>	
<b>Address:</b>	
<b>From:</b>	
<b>To:</b>	

**Reason for Leaving:**

<b>Title</b>	<b>Job Duties</b>
<b>Employer</b>	
<b>Address:</b>	
<b>From:</b>	
<b>To:</b>	

**Reason for Leaving:**

<b>Title</b>	<b>Job Duties</b>
<b>Employer</b>	
<b>Address:</b>	
<b>From:</b>	
<b>To:</b>	
<b>Reason for Leaving:</b>	
<b>Title</b>	<b>Job Duties</b>
<b>Employer</b>	
<b>Address:</b>	
<b>From:</b>	
<b>To:</b>	
<b>Reason for Leaving:</b>	
<b>Title:</b>	<b>Job Duties:</b>
<b>Employer:</b>	
<b>Address:</b>	
<b>From:</b>	
<b>To:</b>	
<b>Reason for Leaving:</b>	

**References:** (other than relatives or city employees) List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation.

Name	Address	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**OTHER PERTINENT INFORMATION:** Use this space to provide us with any other job related information that we should know about you to help us consider your qualifications for this position? (Please exclude personal information)

Are you related to anyone employed by the City?  Yes  NO

If yes, relationship \_\_\_\_\_

If presently employed, may we contact your employer?  Yes  NO

Comments: \_\_\_\_\_

**CERTIFICATION:** I hereby certify that the information on this application is true, accurate and complete, to the best of my knowledge and I have not knowingly withheld any information which, if known to the City, would affect my application unfavorably. If I am hired by the City, and if the City discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. I further understand that any falsification or misrepresentation is sufficient reason for disqualification.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**HOW DID YOU FIND OUT ABOUT THIS POSITION? (Check primary source only)**

- \_\_\_\_\_ Government Access Channel
- \_\_\_\_\_ City Employee (optional name) \_\_\_\_\_
- \_\_\_\_\_ Employment Opportunity Listing/Virginia Employment Commission
- \_\_\_\_\_ Internet
  
- \_\_\_\_\_ Newspaper (list name) \_\_\_\_\_
- \_\_\_\_\_ Personnel Agency
- \_\_\_\_\_ Jobline
- \_\_\_\_\_ Contact from Interest Card

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize full disclosure to any duly authorized agent of the City of Emporia prior to and/or after employment of all my driving records, criminal history and other records pertinent to this application.

A photocopy of this signed release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

Out-of-State Driver's License No. \_\_\_\_\_  
State of Current Driver's License \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature (including maiden name)

# EQUAL EMPLOYMENT OPPORTUNITY

Date: \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

**GENDER** (Check One)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

**RACE** (Check One)

\_\_\_\_\_ A – American Indian/Alaskan Native

\_\_\_\_\_ B – Black

\_\_\_\_\_ C – Caucasian

\_\_\_\_\_ R – Asian/Pacific Islander

\_\_\_\_\_ S - Hispanic

**Definition**

**American Indian** (includes Alaskans)

**Black** (include Jamaican, Bahamians and other

**Caucasian** (includes Arabian)

**Asian/Pacific Islander** (include Pakistanis & Indians)

**Hispanic** (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ (signature of applicant), do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Emporia Police Department, whether the said records are public, private, or confidential nature.

The intent of this authorization is to give my consent to a full and complete disclosure of the following:

- 1) Educational institutions and financial or credit institutions, including records of loans, the records of commercial and retail credit agencies, including credit reports and/or ratings;
- 2) Other financial statements and records wherever filed;
- 3) Medical and clinics, psychiatric treatment and/or consultation, including local hospitals, private practitioners, and the U. S. Veteran’s Administration;
- 4) Employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, in which I presently have, or had an interest.

I understand that any information obtained by a personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release, authorization will be considered in determining my employment by the City of Emporia Police Department. I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy and in addition that I may revoke such authorization at any time before the records are disclosed.

**Applicant Only**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Personnel Only**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I, \_\_\_\_\_, a Notary Public do hereby certify the above to be the true signature of \_\_\_\_\_.

My Commission expires: \_\_\_\_\_ Signed \_\_\_\_\_  
**Notary Public**