



City of Emporia 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 choose to apply.

Please answer all questions completely and return to:

**Lori Jarratt
Assistant to the City Manager
City of Emporia
201 South Main Street
Post Office Box 511
Emporia, Virginia 23847**

**Email: lori.jarratt@ci.emporia.va.us
Fax: 1-888-390-4964**

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? Yes No
- WORK ELIGIBILITY: Are you eligible to work in the United States..... Yes No
- DRIVING RECORD: If you do not have a valid Virginia Driver's license can you obtain one in a short period of time Yes No
- Does your driving history reflect responsible and safe driving habits? Yes No
- Is your driving record clear of any pending traffic violations with potential accumulations of points? Yes No
- EDUCATION: Do you have a high school diploma or equivalent GED? Yes No
- CRIMINAL HISTORY: Is your record clear of any convictions of misdemeanors involving moral turpitude (lying, cheating, bad checks stealing, fraud)? Yes No
- Is your record clear of any domestic violence convictions?.. Yes No
- VISION: Is your vision 20/20 or correctable to 20/20?..... Yes No
If you are not color blind, check "YES"..... Yes No
- DRUGS: If you do not use illegal drugs, check "YES"..... Yes No

I certify that I have answered the above questions truthfully.

Date _____ Applicant Signature _____

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 Brian S. Thrower, City Manager at (434) 634-3332.



City of Emporia
 201 South Main Street
 Post Office Box 511
 Emporia, Virginia 23847
An Equal Opportunity Employer

(P) (434)634-3332
 (F) 1-888-390-4964
 Web: www.ci.emporia.va.us

Application for Employment

Position Applied For: _____ Date: _____

Personal Information

Name:			Social Security Number	
<i>Last</i>	<i>First</i>	<i>Middle</i>	-	-
Address:				
<i>Street or P. O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Telephone Number () -	Alternate Number () -	E-Mail		

Licenses and Certifications

1. Indicate the type of Driver's License you possess:

None Operator (Standard) Commercial CDL Class _____ State _____ Expiration Date _____

2. List any valid certificate(s) and/or license(s) you possess to practice a trade or profession earned pertaining to the position for which you are applying:

License/Certification	State	Expiration

Computer Skills

Computer Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Software Programs: (Please list computer software programs you are proficient in)
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General Background Information

1. Are you related to, by blood or marriage, anyone employed by the City? Yes No

If yes, please provide name and relationship _____

2. Have you ever been employed with the City of Emporia? Yes No

If yes, list position and dates of employment: _____

If yes, please check the reason for leaving City employment: Terminated Resigned

3. Have you ever been terminated by a former employer for disciplinary reason(s)? Yes No

4. Have you ever been convicted* of a felony? Yes No

5. Have you been convicted* of a misdemeanor within the last ten years? Yes No

**Conviction also includes Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were fourteen (14) to eighteen (18) when charged.*

6. Are any criminal charges or proceedings pending against you? Yes No

7. If yes to numbers two, three, four, five, or six list all relevant details, dates, and convictions data. (Attach additional sheets if necessary)

Education

High School

Name of High School _____

Address _____

Highest grade completed (Check one) 1 2 3 4 5 6 7 8 9 10 11 12

Diploma Yes No

If you did not complete high school, do you have a high school equivalency diploma(GED)? Yes No

College

Name and Location of Institution: _____

Degree: Yes No Number of Years Completed: _____

Degree Earned: _____

Minor/Major: _____

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.

Employer:		Job Duties:
Title:		
Address:		
Name of Supervisor:		
Phone Number:		
Employed From:	Employed To:	
Salary/Hourly Rate:		
Reason for Leaving:		
Employer:		Job Duties:
Title:		
Address:		
Name of Supervisor:		
Phone Number:		
Employed From:	Employed To:	
Salary/Hourly Rate:		
Reason for Leaving:		
Employer:		Job Duties:
Title:		
Address:		
Name of Supervisor:		
Phone Number:		
Employed From:	Employed To:	
Salary/Hourly Rate:		
Reason for Leaving:		

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

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 who we have your permission to contact.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
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)

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
- Contact from Job Interest Card
- Personnel Agency
- Newspaper (List Name) _____

Authorization for release of personal 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, educational history, employment history, references, 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.

State in which your valid driver's is issued _____

Driver's license number _____

Print Name

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)

City of Emporia Police Department

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, 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 have or had an interest in.

I understand that any information obtained by a personal history background investigation which 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. I also certify that any person(s) who may furnish such information are hereby released from any and all liability which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed below. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Only:

Address: _____

Phone: _____ Date of Birth: _____ SS#: _____

Notary:

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: _____ Notary Registration Number: _____

Notary Signature: _____