

TOWN OF CULPEPER POLICE DEPARTMENT
400 South Main Street
Culpeper, VA 22701 (540) 829-8250 FAX (540) 829-8254
(AN EQUAL OPPORTUNITY EMPLOYER)
APPLICATION FOR EMPLOYMENT

1. Social Security Number: _____ - _____ - _____

2. Position(s) Applied for: 1) _____ 2) _____

3. Full Legal Name: _____
(Print with Last Name First)

4. Mailing Address: _____

5. Home Phone: (____) _____

6. Business Phone: (____) _____

(Enter only if we may contact you at work.)

7. Date of Birth: _____ Note: The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to Individuals who are at least 40 but less than 66 years of age.

8. List names and addresses of three persons not related to you who know your qualifications or who know your character.

Name	Address	Phone
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9. Have you ever been convicted of a Law violation, including moving traffic violations but excluding offenses committed before Your eighteenth birthday, which were finally adjudicated in a Juvenile Court or under a Youth Offender Law?
_____ (Yes or No).

10. Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed?
_____ (Yes or No).

If you answered "YES" to either of the two questions above, please explain:

11. For the purposes of compliance with Section 40.1.11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," please state whether you are legally eligible* for employment in the United States. _____ Yes. _____ No.

(*You are legally eligible for employment if you are a United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor.)

12. If you possess any license (other than driver's license), certificate or other authorization to practice a trade or profession, complete the following section.

Type of License or Certificate	License Number/Date	Expiration Date	Granted By (Licensing Board)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Give speed in words per minute: Shorthand _____ Typing/Word Processing _____

14. Education

a. Circle 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 school equivalency diploma? _____ No
_____ Yes _____ Date Received

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

15. College / University Name and Location	Date(s) Attended	Credits Sem./Qtr.	Major and/or Speciality	Degree Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. If you expect to receive a High School Diploma or College Degree within the next three (3) months, please complete the following:

Type of Diploma/Degree: _____

Date you expect to receive it: _____.

17. Describe any business, secretarial, vocational, technical, military, or correspondence courses you have completed. Give dates, number of hours, and certificates received (if any).

18. On what date will you be available to start work? (If no date is given, we will assume that you are available now. It is understood that you must give adequate notice if you are presently employed.)

Date available: _____

19. May we contact your present employer for a reference? _____ Yes _____ No

20. What is the minimum yearly salary that you will accept? \$ _____

Give a complete record of your employment history, including part-time work, military service (substituting rank for salary), and volunteer experience. List all experiences in order, starting with your present or most recent position and work back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Additional experience forms are available if needed. All information must be recorded on the application and supplemental sheet, if needed, and not on attached resume.

1.

Job Title: _____	Duties: _____
Employer: _____	_____
Address: _____	_____
_____	_____
Phone No.: (____) _____	_____
Type of Business: _____	_____
_____	_____
Immediate Supervisor: _____	_____
_____	_____
His/Her Title: _____	Number 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: _____

2.

Job Title: _____	Duties: _____
Employer: _____	_____
Address: _____	_____
_____	_____
Phone No.: (____) _____	_____
Type of Business: _____	_____
_____	_____
Immediate Supervisor: _____	_____
_____	_____
His/Her Title: _____	Number 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: _____

3.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone No.: (____) _____

Type of Business: _____

Immediate Supervisor: _____

His/Her Title: _____ Number 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: _____

4.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone No.: (____) _____

Type of Business: _____

Immediate Supervisor: _____

His/Her Title: _____ Number 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: _____

5.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone No.: (____) _____

Type of Business: _____

Immediate Supervisor: _____

His/Her Title: _____ Number 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: _____

6.

Job Title: _____ Duties: _____

Employer: _____

Address: _____

Phone No.: (____) _____

Type of Business: _____

Immediate Supervisor: _____

His/Her Title: _____ Number 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: _____

I hereby certify that this application is a complete record and that all entries and all attachments are true and correct to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted in reference to being considered for employment.

_____ Date

_____ Applicant's Signature

AUTHORIZATION FOR RELEASE OF INFORMATION

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

Printed Name

Social Security Number

Date

Signature