

COLONIAL BEACH POLICE DEPARTMENT
COLONIAL BEACH, VA 22443

APPLICATION FOR EMPLOYMENT

DATE

POSITION APPLIED FOR _____
(POLICE OFFICER, AUXILIARY OFFICER, COMMUNICATIONS, OTHER)

FILL OUT APPLICATION FULLY, DO NOT LEAVE BLANK SPACES. IF ADDITIONAL SPACE IS NEEDED, USE EXTRA SHEETS OF PAPER SAME SIZE AS APPLICATION AND ATTACH TO THE REAR OF THIS FORM.

NAME _____
LAST FIRST MIDDLE MAIDEN NAME

HOME ADDRESS _____
STREET & NUMBER

CITY COUNTY STATE ZIP

HOME TELEPHONE NO. _____ DAYTIME TELEPHONE NO. _____ CELL _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ AGE _____

PLACE OF BIRTH _____

WEIGHT _____ HEIGHT _____ EYES _____ HAIR _____ COMPLEXION _____

RACE* _____ SEX* _____ MARITAL STATUS _____

NAME OF SPOUSE _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

FULL ADDRESS (if different from applicant) _____

OCCUPATION OF SPOUSE _____ POSITION HELD _____

PLACE OF EMPLOYMENT _____

NUMBER OF CHILDREN RESIDING WITH APPLICANT _____ LIST THEIR NAME AND AGES

(*) Questions Concerning Race, Sex, Marital Status, Family Information, and Citizenship, Are Necessary to Accurately Conduct Background Investigations.

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LIST NAME OF OTHER PERSONS DEPENDENT UPON YOU FOR SUPPORT _____

PARENTS

YOUR FATHERS' FULL NAME _____ AGE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

DATE OF BIRTH _____ PLACE OF BIRTH _____

HIS OCCUPATION _____ NAME OF EMPLOYER _____

YOUR MOTHERS' FULL MAIDEN NAME _____

ADDRESS (IF DIFFERENT FROM FATHERS) _____
STREET & NUMBER CITY STATE ZIP CODE

DATE OF BIRTH _____ PLACE OF BIRTH _____

HER OCCUPATION _____ NAME OF EMPLOYER _____

PERSONAL

ARE YOU A CITIZEN OF THE U.S.A. _____ IF NOT, NATIONALITY _____
YES OR NO

IF NATURALIZED, GIVE PLACE, DATE, AND NAME OF COURT _____

DO YOU HAVE ANY FAMILY MEMBERS EMPLOYED BY THE POLICE DEPARTMENT OR THE TOWN
GOVERNMENT WHO ARE RELATED TO YOU BY MARRIAGE OR OTHERWISE? IF SO, INDICATE
NAMES, DEPARTMENTS, AND POSITIONS _____

ARE YOU NOW, OR HAVE YOU EVER BEEN A USER OF ANY FORM OF DRUG OR NARCOTICS NOT
PRESCRIBED BY A CERTIFIED PHYSICIAN? _____ EXPLAIN THE USE, IF ANY _____
YES OR NO

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DO YOU USE TOBACCO PRODUCTS? _____
YES OR NO

DO YOU RESIDE IN THE STATE OF VIRGINIA? _____ HOW LONG? _____
YES OR NO

ARE YOU A RESIDENT OF COLONIAL BEACH? _____ HOW LONG? _____
YES OR NO

STATE TWO (2) BRIEF REASONS WHY YOU FEEL QUALIFIED TO ACCEPT A POSITION WITH THE POLICE DEPARTMENT.

1. _____
2. _____

DO YOU POSSESS A VALID MOTOR VEHICLE LICENSE? IF YES, INDICATE THE STATE AND LICENSE NUMBER _____

DO YOU HOLD ANY SPECIAL LICENSE OR CERTIFICATE? eg: RADIO, MARITIME, PILOT.

PROFESSIONAL OCCUPATION. IF YES, INDICATE NATURE OR CERTIFICATE.

WHAT ARE YOUR HOBBIES? _____

CAN YOU SPEAK, WRITE, OR READ ENGLISH OR ANY FOREIGN LANGUAGE? IF YES, STATE THE LANGUAGE AND YOUR ABILITY TO READ, WRITE OR SPEAK _____

ARE YOU A MEMBER, OR HAVE YOU EVEN BEEN ASSOCIATED WITH A GROUP OR ORGANIZATION WHOSE MEMBERSHIP WOULD NOT BE CONSISTANT WITH YOUR APPOINTMENT AS A POLICE OFFICER. _____ IF YES, EXPLAIN _____
YES OR NO

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ARE YOU A MEMBER, OR HAVE YOU EVER BEEN ASSOCIATED WITH ANY GROUP OR ORGANIZATION THAT ADVOCATES THE OVERTHROW OF THE GOVERNMENTS OF THE UNITED STATES, THE COMMONWEALTH OF VIRGINIA OR ANY OTHER TYPE OF GOVERNMENT? _____

YES OR NO

IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

LIST CLUBS AND/OR ORGANIZATIONS THAT YOU BELONG TO OR HAVE BELONGED TO IN THE PAST.

EDUCATION

NAME AND LOCATION OF GRAMMAR SCHOOL _____

DATES ATTENDED _____

PAROCHIAL SCHOOL _____

DATES ATTENDED _____

NAME AND LOCATION OF HIGH SCHOOL OR HIGH SCHOOL ATTENDED: _____

DATES ATTENDED FROM: _____ TO: _____

DID YOU GRADUATE? IF YES, DATE OF GRADUATION _____

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU POSSESS A GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE? _____ IF YES, INDICATE DATE OBTAINED AND PLACE WHERE TESTED

YES OR NO

PLACE WERE TESTED _____

DID YOU ATTEND A UNIVERSITY OR COLLEGE? _____ IF YES, INDICATE NAME OF

YES OR NO

INSTITUTE AND LOCATION _____

DATES ATTENDED. FROM: _____ TO: _____

MAJOR _____ DEGREE? _____

YES OR NO

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CREDIT

LIST ALL PLACES OF BUSINESS AND THEIR LOCATION TO INCLUDE BANKS AND CREDIT CARDS WHERE YOU PREVIOUSLY HAVE AN ACCOUNT OR DO BUSINESS.

1. _____ PHONE NO. _____
2. _____ PHONE NO. _____
3. _____ PHONE NO. _____
4. _____ PHONE NO. _____
5. _____ PHONE NO. _____

PERSONAL REFERENCES

LIST THE NAMES, ADDRESSES, AND OCCUPATIONS OF AT LEAST FIVE (5) PERSONS, BOTH PERSONAL AND PROFESSIONAL, WHO ARE UNRELATED AND HAVE KNOWN YOU MORE THAN THREE (3) YEARS AND ARE FAMILIAR WITH YOUR HABITS AND ABILITIES.

1. _____ PHONE NO. _____
2. _____ PHONE NO. _____
3. _____ PHONE NO. _____
4. _____ PHONE NO. _____
5. _____ PHONE NO. _____

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EMPLOYMENT

LIST YOUR PAST PLACES OF EMPLOYMENT; BOTH FULL TIME AND PART TIME STARTING WITH YOUR PRESENT OR LAST POSITION AND WORKING BACK TO THE FIRST POSITION.

1. EMPLOYER _____ PHONE NUMBER: _____
ADDRESS _____
POSITION HELD _____ SALARY _____
IMMEDIATE SUPERVISOR _____
STARTING DATE _____ DATE LEFT _____
REASON FOR LEAVING _____

2. EMPLOYER _____ PHONE NUMBER: _____
ADDRESS _____
POSITION HELD _____ SALARY _____
IMMEDIATE SUPERVISOR _____
STARTING DATE _____ DATE LEFT _____
REASON FOR LEAVING _____

3. EMPLOYER _____ PHONE NUMBER: _____
ADDRESS _____
POSITION HELD _____ SALARY _____
IMMEDIATE SUPERVISOR _____
STARTING DATE _____ DATE LEFT _____
REASON FOR LEAVING _____

4. EMPLOYER _____ PHONE NUMBER: _____
ADDRESS _____
POSITION HELD _____ SALARY _____
IMMEDIATE SUPERVISOR _____
STARTING DATE _____ DATE LEFT _____
REASON FOR LEAVING _____

5. EMPLOYER _____ PHONE NUMBER: _____
ADDRESS _____
POSITION HELD _____ SALARY _____
IMMEDIATE SUPERVISOR _____
STARTING DATE _____ DATE LEFT _____
REASON FOR LEAVING _____

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INDICATE NAME, LOCATION AND DATES OF ANY CORRESPONDENCE OR TRADE SCHOOLS YOU ATTENDED

DID YOU COMPLETE THE COURSE? _____ IF YES, DID YOU RECEIVE A DIPLOMA OR
YES OR NO

CERTIFICATE? _____
YES OR NO

HAVE YOU EVER BEEN EXPELLED OR REMOVED FROM ANY SCHOOL, COLLEGE, OR UNIVERSITY?
_____. IF YES, EXPLAIN CIRCUMSTANCES _____
YES OR NO

ARRESTS AND CONVICTIONS

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, LIST DATES, PLACE OF OCCURRENCE, AND
YES OR NO

DISPOSITION OF CHARGES. _____

HAVE YOU EVER RECEIVED A TRAFFIC VIOLATION SUMMONS OR A VIOLATION NOTICE IN THIS STATE OR
ELSEWHERE? _____. IF YES, INDICATE PLACE OF OFFENSE, TYPE OF CHARGE.
YES OR NO

DATE AND DISPOSITION OF CHARGE. _____

HAVE YOU EVEN BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? _____. IF YES,
YES OR NO

INDICATE THE PLACE, DATE AND CIRCUMSTANCES, AND WHETHER YOU WERE THE DRIVER.

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HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM A JOB _____ . IF
YES OR NO

YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION.

PERSON TO BE NOTIFIED IN THE EVENT OF INJURY OR ILLNESS _____
NAME

ADDRESS

PHONE NO.

RELATIONSHIP

DO YOU KNOW ANYTHING THAT MIGHT DISQUALIFY YOU FOR AN APPOINTMENT OR PREVENT THE FULL
DISCHARGE OF THE DUTIES OF THIS POSITION FOR WHICH YOU ARE APPOINTED? _____
IF YES, INDICATE THIS KNOWLEDGE _____

APPLICANTS APPLYING FOR AN AUXILIARY POLICE POSITION, DISREGARD THE REMAINDER OF THIS PAGE AND
COMPLETE PAGE 9.

BY SUBMITTING THIS APPLICATION TO THE COLONIAL BEACH POLICE DEPARTMENT FOR A POSITION AS A
POLICE OFFICER OR AS A FULL OR PART TIME CIVILIAN EMPLOYEE. I UNDERSTAND THAT THE POSITION FOR
WHICH I MAY BE APPOINTED, MIGHT REQUIRE WORKING IRREGULAR HOURS, AND THERE MAY BE OCCASIONS
WHEN IT WILL BE NECESSARY TO WORK HOLIDAYS, INCLUDING RELIGIOUS HOLIDAYS.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS CONTAINED IN MY
ANSWERS TO QUESTIONS AND STATEMENTS MADE IN THIS APPLICATION. I AM AWARE THAT SHOULD AN
INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS OR FALSIFICATIONS. MY APPLICATION WILL BE
REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY POSITION WITH THE COLONIAL BEACH POLICE
DEPARTMENT, OR, IF SUCH DISCLOSURE IS MADE SUBSEQUENT TO MY EMPLOYMENT, IT SHALL BE GROUNDS
FOR DISMISSAL.

DATE: _____

FULL SIGNATURE OF APPLICANT

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AUXILIARY POLICE OFFICER CANDIDATES ONLY

BY SUBMITTING THIS APPLICATION TO THE COLONIAL BEACH POLICE DEPARTMENT FOR CONSIDERATION AS AN AUXILIARY POLICE OFFICER, I UNDERSTAND, THAT AS PART OF ROUTINE APPLICANT BACKGROUND PROCESS, I WILL BE REQUIRED TO PROVIDE A SET OF FINGERPRINTS, IN ADDITION, IF APPOINTED, I WILL COMPLY WITH ALL THE RULES AND REGULATIONS OF THE COLONIAL BEACH POLICE DEPARTMENT AND THE AUXILIARY POLICE, AND WILL ATTEND ALL SCHEDULED MEETINGS UNLESS PREVENTED BY AN EMERGENCY OR OTHER UNUSAL CIRCUMSTANCES. I WILL REPORT FOR DUTY WHEN PROPERLY NOTIFIED. I UNDERSTAND THAT THE POSITION MIGHT REQUIRE WORKING IRREGULAR HOURS AND THERE MAY BE OCCASIONS WHEN IT WILL BE NECESSARY TO WORK HOLIDAYS, INCLUDING RELIGIOUS HOLIDAYS.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS CONTAINED IN MY ANSWERS TO QUESTIONS AND STATEMENTS MADE IN THIS APPLICATION. IF AM AWARE THAT SHOULD AN INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS OR FALSIFICATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY POSITION WITH THE COLONIAL BEACH POLICE DEPARTMENT, OR, IF SUCH DISCLOSURE IS MADE SUBSEQUENT TO MY EMPLOYMENT, IT SHALL BE GROUNDS FOR DISMISSAL.

DATE: _____

FULL SIGNATURE OF APPLICANT

COLONIAL BEACH POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE the chief of Colonial Beach Police Department or his designee conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial credit information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for employment.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, regardless of any previous agreement to the contrary.

I UNDERSTAND that the information released by record custodians and sources of information is for official use.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with this agency, whichever is sooner.

I the undersigned, declared under penalty of the law above information is true and complete to the best of my knowledge,

Signature

Title

State of Virginia
Town of, _____

I, _____, Notary Public in and for the Town aforesaid, in the State of Virginia, do certify that _____, whose name is signed to the forging roster, acknowledged the same before me in my Town aforesaid.

Given under my hand _____ day of _____, 20_____

Notary Public

Commission Expires