

*Colonial Beach Police Department  
Employment Application for Police Officer*

*Applicant* \_\_\_\_\_



416-B Colonial Avenue  
Colonial Beach, VA 22443

## *Employment Application*

### **INSTRUCTIONS TO THE APPLICANT**

This form is to be completed by the applicant and each question answered accurately. If a question does not apply to you, write N/A (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application and could result in removal from the process. If the application is incomplete when submitted, it will be returned to you until it is in compliance.

The information you provide in this application will be used in the investigation into your background to assist in determining your suitability for the position for which you have applied. Please fill it out completely and accurately. Keep in mind that:

1. The completion of this application is required in order for you to receive consideration for appointment;
2. All statements are subject to verification;
3. Deliberate inaccuracies or incomplete statements may be cause for rejection;
4. A thorough and complete background investigation *will be* conducted, including previous employment verification

It is to *your* advantage to respond honestly and openly. Intentionally omitting information or attempting to make a false statement will be an immediate disqualification for employment.

If additional space is needed for any questions, comments or remarks, a continuation sheet is provided at the end of this application. Please be sure to identify each entry with the appropriate section in the application and question number.

## *Employment Application*

### **PAPERS/DOCUMENTS REQUIRED**

All applicants will be required to submit a copy of the following applicable documents, to be left with the Colonial Beach Police Department.

1. Birth Certificate
2. High School Diploma or GED
3. College Transcript (if applicable)
4. DD-214 (if applicable)
5. Court Orders (if applicable)
  - a. Name change
  - b. Bankruptcy
  - c. Marriage/Divorce paperwork
6. Credit report
7. DCJS training record (if applicable)

# Employment Application

## Personal Data

Printed Name ( <i>Last, First, Middle</i> )				Date of Birth Month                      Day                      Year		
Current Address				Place of Birth City                      County                      State/Country		
Height	Weight	Hair Color	Eye Color	Visible Tattoos or Scars/Marks		
Social Security Number						
Cell Phone #				E-Mail:		

## Marital Status

Check one:  <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Do you have any objections with us contacting your spouse or former spouse as part of your background?  <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse  Last, First, Middle                                      Date of Birth                                      Age			
Spouse is employed by <i>Company Name/Address/City/State</i>	Work Telephone No.		
List below the name(s) of each of your children			
Name of Child	Date of Birth	Age	Address where child resides
Do you have any dependents other than those listed above? If yes, list them at the end of this application.			

# Employment Application

## Parents

<b>Father</b>	Name ( <i>Last, First, Middle</i> )		Phone Number
	Address ( <i>Include street address, city, state &amp; zip</i> )		
	Place of Birth ( <i>City, State</i> )	Date of Birth	Date of Death (if deceased)
<b>Mother</b>	Name ( <i>Last, First, Middle</i> )		Phone Number
	Address ( <i>Include street address, city, state &amp; zip</i> )		
	Place of Birth ( <i>City, State</i> )	Date of Birth	Date of Death (if deceased)

## Military Service

Branch of Service	Dates of Service	Officer/Enlisted	Primary MOS/AFSC
Highest Rank Attained	Type of Discharge (Honorable, Dishonorable, Medical, etc.)		
Were you ever subject to any disciplinary actions while in the Armed Forces? (Article 15, etc.,)			
Reserve Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Membership	Officer/Enlisted	Branch

## Financial

Do you now or have you ever had any wage garnishments on your salary? ( <i>If yes, briefly explain</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found delinquent on income or other tax payments? ( <i>If yes, briefly explain</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a court-ordered financial judgement against you? Do you have one pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any property repossessed? ( <i>If yes, briefly explain</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever filed for or declared bankruptcy? If yes, what chapter? (7, 13, etc.,)

Yes  No

## Employment Application

### References

Give the data requested below on three (4) references who:

- a. Are not related to you by blood or marriage
- b. Are not former employees & are not mentioned elsewhere on this form
- c. Are responsible adults of reputable standing in their community, and
- d. Have known you well for at least five (5) years.

These references may include but not limited to: teachers, counselors, property owners or members of clergy, business people, etc.

A.	
Name ( <i>Last, First, Middle</i> )	Years known
Occupation	Place of Employment
Phone Number	
B.	
Name ( <i>Last, First, Middle</i> )	Years known
Occupation	Place of Employment
Phone Number	
C.	
Name ( <i>Last, First, Middle</i> )	Years known
Occupation	Place of Employment
Phone Number	
D.	
Name ( <i>Last, First, Middle</i> )	Years known
Occupation	Place of Employment
Phone Number	

# Personal History

## Education

Provide the information requested below on all schools you have attended since the 9 <sup>th</sup> grade, beginning with the most recent. Be sure to include college, universities, military, business/trade schools and anything relevant to the position for which you are applying.		
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Address (street address, city, state & zip)	
Dates Attended	Highest Grade completed	Did you graduate?
<u>From (Mo/Yr)</u> <u>To (Mo/Yr)</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you graduate from High School & receive a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you pass a G.E.D (General Education Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been dismissed or expelled from any school or college for any academic or disciplinary reason?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, briefly explain: _____		

# Personal History

## Employment Data

List below your work history, starting with your most current position. Be sure to list all periods of active military duty and all periods of employment. <i>Please note: Your answers will be subject to verification</i>			
		A.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)  -	U.S./State Agency?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)  \$	Check applicable box:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly describe your duties and responsibilities:			
Reason for Leaving:			
		B.	
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)  -	U.S./State Agency?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)  \$	Check applicable box:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly describe your duties and responsibilities:			
Reason for Leaving:			

## Personal History

### Employment Data, cont'd.

		C.		
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)		Check applicable box:
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor		Supervisor's Phone No.
Briefly describe your duties and responsibilities:				
Reason for Leaving:				
		D.		
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance
		Your Salary (Annual)		Check applicable box:
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed
Job Title	Work Phone Number	Name of Supervisor		Supervisor's Phone No.
Briefly describe your duties and responsibilities:				
Reason for Leaving:				

## Personal History

### Employment Data, cont'd.

		E.			
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?	
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance	
		Your Salary (Annual)		Check applicable box:	
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
Job Title	Work Phone Number	Name of Supervisor		Supervisor's Phone No.	
Briefly describe your duties and responsibilities:					
Reason for Leaving:					
		F.			
Name & Address of Employer		Date(s) Employed (Mo/Day/Yr)		U.S./State Agency?	
		-		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Secret Clearance	
		Your Salary (Annual)		Check applicable box:	
		\$		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	
Job Title	Work Phone Number	Name of Supervisor		Supervisor's Phone No.	
Briefly describe your duties and responsibilities:					
Reason for Leaving:					



## Law Enforcement Experience

**THE INFORMATION IN THIS SECTION RELATES ONLY TO THOSE INDIVIDUALS THAT HAVE PREVIOUS LAW ENFORCEMENT EXPERIENCE. IF YOU HAVE NO PREVIOUS EXPERIENCE, SKIP THESE QUESTIONS AND MOVE TO THE NEXT SECTION OF THE APPLICATION**

Are you now or have you ever been a member of a law enforcement agency?  
 .....  Yes  No

**IF YES, WAS THE LAW ENFORCEMENT AGENCY:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal	State	City Police	County Police	County Sheriff	Other

**LIST THE NAME OF THE AGENCY AND THE DATES YOU WERE EMPLOYED THERE:**

AGENCY	DATES (FROM/TO)

**LIST YOUR LAST THREE PRIMARY DUTIES:**


Are you a certified Police Officer in Virginia?  
 .....  Yes  No

DATE OF CERTIFICATION	ACADEMY ATTENDED:

Are you a certified Police Officer in another state?  
 .....  Yes  No

<b>IF YES:</b>		
<b>STATE</b>	<b>LEVEL OF CERTIFICATION</b>	<b>YEAR</b>
During your tenure in Law Enforcement, were you ever subject to an Internal Affairs Investigation? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF YES, EXPLAIN:</b>		
During your tenure in Law Enforcement, did you receive any <b>disciplinary</b> actions, as a result of an IA or otherwise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF YES, EXPLAIN:</b>		
<b>PLEASE LIST CONTACT INFORMATION FOR YOUR LAST IMMEDIATE SUPERVISOR:</b>		
<b>NAME</b>	<b>RANK</b>	<b>PHONE NUMBER</b>

# *Personal History*

## **Driving Record**

Indicate below all traffic violations or citations (excluding parking tickets) that you have received. Include in your response, but do not limit it to, such violations such as: Speeding, Reckless Driving, Changing Lanes w/o Caution, Defective Equipment, Stop Sign Violations & Red-Light Violations. Give the following data for each violation:

Date	Violation	City & State	Agency	Disposition	Points

Provide the information requested below on all drivers' licenses which are now or have been issued to you from any state (regardless of status).

Issuing State	License Number	Expiration Date	Type of License

Is your driver's license now or has it ever been:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Denied or refused?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Suspended?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Revoked?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Subject to any other similar penalty or action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any of the questions above, please explain in detail below:














## *Personal History*

### **Signature Page**

If information should surface during the stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly.

Please be advised that each statement given in this application will be investigated and any inaccurate, untruthful or misleading answer will be cause for rejection.

I hereby certify that all the answers are accurate and true to the best of my knowledge.

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Date

Signature

*Personal History*

Town of Colonial Beach  
Police Department  
416-B Colonial Avenue  
Colonial Beach, Virginia 20176  
(804) 224-7612

**AUTHORIZATION TO RELEASE INFORMATION**

This is to certify that I, \_\_\_\_\_, am an applicant for the position of \_\_\_\_\_ with the Colonial Beach Police Department and that I do hereby authorize the release of any and all information to the Colonial Beach Police that they may request from whomever they may deem it necessary to make such a request, from any of my records, military records, police records (including juvenile records), arrest records, court records, attendance records, traffic records, confidential records, educational records & transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Colonial Beach Police.

\*\*\*

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

\*\*\*

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

City/County of \_\_\_\_\_ Commonwealth of Virginia

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and official seal.

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

\_\_\_\_\_  
My Commission Expires