

LURAY POLICE DEPARTMENT

45 EAST MAIN STREET

LURAY, VA 22835

OFFICE - 540-743-5343

FAX - 540-743-7334

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran service or the presence of a non-job-related medical condition or handicap.

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application

Position(s) Applied For:

Name: _____

(Last, First, Middle)

Address: _____

(Street Address (No PO Box), City/Town, State & Zip Code)

Telephone _____

SSN: _____

Have you ever filed an application here before?

Yes

No

If yes, when (Give Date): _____

Are you Currently employed?

Yes

No

May we contact your current employer?

Yes

No

Are you currently a Certified Law Enforcement Officer?

Yes

No

Are you on lay-off and subject to recall?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, explain:

Are you a Veteran of the U.S. Military Service?

Yes

No

If yes, what branch? _____

Type of Discharge: _____

Date Entered: _____

Date Discharged: _____

If other than an Honorable Discharge, explain:

List all military medals and campaign ribbons (Attach a copy of DD-214):

On what date would you be available for work? _____

Are you currently a member of the Military Reserve or National Guard Unit? Yes No

If yes, what Branch? _____ Unit? _____

Address & Phone: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon offer of employment.) Yes No

Give name address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

List professional, trade, business or civic activities and offices held:

1. _____

2. _____

3. _____

List previous addresses (Minimum of the past 10 years):

1. _____

2. _____

3. _____

Indicate languages you speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Employment Experience

(Start with your present or most recent job, include military service assignments and volunteer activities)

Employer	Telephone	Dates Employed	Address
		From:	
Job Title:			
Supervisor:		To:	Reason for Leaving:
Supervisor's Phone:			
Duties Performed:		Hourly Rate/Salary	
		Starting:	
		Final:	

Employer	Telephone	Dates Employed	Address
		From:	
Job Title:			
Supervisor:		To:	Reason for Leaving:
Supervisor's Phone:			
Duties Performed:		Hourly Rate/Salary	
		Starting:	
		Final:	

Employer	Telephone	Dates Employed	Address
		From:	
Job Title:			
Supervisor:		To:	Reason for Leaving:
Supervisor's Phone:			
Duties Performed:		Hourly Rate/Salary	
		Starting:	
		Final:	

Employer	Telephone	Dates Employed	Address
		From:	
Job Title:			
Supervisor:		To:	Reason for Leaving:
Supervisor's Phone:			
Duties Performed:		Hourly Rate/Salary	
		Starting:	
		Final:	

Education

School Name	Elementary				High School				College/University				Graduate/Trade			
Years Completed (Circle)	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities																

Honors received: _____

State any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand also, that I am required to abide by all rules and regulations of the Town of Luray and the Luray Police Department.

Signature of Applicant

Date

Addition to job application

1. During the last 10 years, were you terminated from any job for any reason, did you quit after being advised that you would be terminated, or did you leave by mutual agreement because of specific problems? If Yes, explain below and include: Yes No

Employer: _____ Date you left the job: _____
Reason(s) for separation: _____

When answering the below listed questions, you may omit: 1) Traffic Fines of \$100.00 or less; 2) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; 3) any conviction set aside under the Federal Youth Corrections Act or similar State Law; 4) any conviction whose record was expunged under Federal or State Law.

2. Have you ever been convicted of or forfeited collateral for any felony? Yes No
3. Have you ever been convicted of or forfeited collateral for any firearms or explosives violation? Yes No
4. During the last 20 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Yes No
5. Do you currently have any pending charges for any violation of law? Yes No
6. Have you ever been convicted by a court-martial? If no prior military service, answer No. Yes No
7. Have you ever been the subject of a criminal investigation in which you "turned state's evidence" or were involved but not charged? Yes No

You must sign this application. Read the following carefully before you sign. A false statement on any part of your application may be grounds for not hiring you, or for terminating your employment after you begin work. Also, you may be punished by fine and/or imprisonment.

1. I understand that any information I give, may be investigated as allowed by law.
2. I consent to the release of information about my ability and fitness to be employed as a Police Officer by employers, schools, law enforcement agencies and other individuals, to investigators and other authorized employees.
3. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature

Date

Luray Police Department
45 East Main Street
Luray, Virginia 22835
Office: 540-743-5343 / Fax: 540-743-7334

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Luray Police Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administrations, public utility companies, employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal property records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have had an interest.

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 suitability for employment by the Luray Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this ____ day of _____, 20____.

Signature (Must be Notarized)

Commonwealth of Virginia; Town of Luray:

On this day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the ____ day of _____, 20____.

(Seal)

Notary Public