

Application for Employment

Shenandoah Police Department

411 Second Street

Shenandoah, Va 22849

(540) 652-8193

Please read carefully and understand fully the contents of this application before completion. The questions which are asked in this application are necessary for completion of a required background investigation. By nature of the positions within the Shenandoah Police Department, a security clearance is vital.

All information given will be used only for the purpose of determining suitability for the position. To avoid delay in the processing of your application, answer all questions thoroughly.

You are directly responsible for updating the application for employment if and when changes occur. Notification of such changes must be made in writing to this office.

Special Instructions

1. Fill in completely and answer all questions fully.
2. Use ink, in your own handwriting.
3. If more space is required for any of the questions, put the section number and the number of the question on an attached page and continue on with your answer.
4. Each section of the application contains a material omissions and willful misstatements clause. Each section must be signed and dated by you under the clause.
5. If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take what time is necessary to explain any section or part of the application which you do not fully understand.
6. A physical examination by a physician and additional medical records may be sought if a conditional offer of employment is made.
7. Return this application to the Shenandoah Police Department in person or by mail.

Section I
Personal History Statement

Position you are seeking _____

Your full name _____
(First) (Middle) (Maiden) (Last)

Address _____

Social Security Number _____ Phone Number _____

Date of Birth _____ Place of Birth _____

Marital Status _____ Date of Marriage _____

List the name, age, occupation, where employed and residence of your spouse and children. Also provide the same information for any other person or family member who resides in your household.

Relationship	Name	Age	Occupation
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Employed by	Residence mailing address
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Relationship	Name	Age	Occupation
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Employed by	Residence mailing address
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Relationship	Name	Age	Occupation
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Employed by	Residence mailing address
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The statements made by me in Section I of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature _____ Date _____ Phone Number _____

**Section III
Financial Status**

List all items of a monetary value in which you own an interest:

Home (Describe) _____ Value _____

Current Balance Due _____ Monthly Payments _____

Automobiles (Describe) _____

Cost _____ Monthly Payments _____

Current Balance Due _____ Current Value _____

Others _____

Have you ever been garnished, claimed bankruptcy, or had a judgment placed against you? _____ If yes, explain in detail. _____

List all outstanding loans or obligations (include charge accounts):

Company Item Financed Cost Balance Monthly Payments

The statements made by me in Section III of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature Date

**Section IV
Armed Forces Information**

Are you currently a member of the Armed Forces (active duty)? _____

If no, have you ever been a member of the armed forces? _____

Complete the following if you have ever served on active duty or with a reserve component:

Date of entry: _____ Branch of Service: _____

City and State of Entry: _____ Service Number: _____

List all duty stations, including basic training and other schools:

Primary duties (Explain) _____

Highest Rank/Pay Grade Attained _____ Date Attained _____

Disciplinary Action (Explain carefully) _____

Medals or awards received _____

The statements made by me in Section IV of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature

Date

**Section VI
Police Record**

Have you ever been arrested for a criminal offense? _____

If yes, what was the charge(s), jurisdiction and dates? _____

Were you convicted of the charge or was it reduced to a lesser charge, or dismissed? Explain in detail.

Operator's License Number _____ State of Issue _____

Number of years driving experience _____

Has your license to operate a vehicle ever been suspended locally or by any other state? _____

If yes, state when and where, the reason, and the duration _____

List all traffic charges:

Charge	Convicted (yes or no)	Date	Jurisdiction	Remarks
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If you have ever been involved in a traffic crash, explain what occurred and the date(s) and location(s).

The statements made by me in Section VI of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature

Date

Section VII Education

Provide the name and location of the elementary, junior or middle school, and high school you attended. Include dates attended.

Name of School	Location	Dates Attended	Highest Grade Completed	Date of Graduation

If you did not graduate from high school, do you have a high school equivalency diploma (G.E.D)? _____

Date Received _____ Where Received _____

Provide the following information regarding any colleges or special school (i.e. business, secretarial, etc.) you have attended.

Name of School	Location	Dates Attended	Degree Received	Major & Minor

If you have attended college or other special schools, how many clock hours, quarter hours or semester hours have you successfully completed? _____

List any professional memberships, certificates, licenses, honors, fellowships, etc. that you have been awarded or received. _____

The statements made by me in Section VII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature Date

**Section VIII
Additional Information**

Have you ever applied for employment with this office in the past? _____

If yes, when and what is the disposition of your application? _____

Have you ever applied for employment with another police agency? _____

If yes, where, when and what is the disposition of your application? _____

Are you a citizen of the United States? _____ If not, state your Visa number and its
permanence _____

Are you acquainted with any members of the Shenandoah Police Department? _____

If so, whom? _____

If you are successful in gaining an appointment to this department, do you expect to engage in
any other gainful occupation? _____

If yes, explain. _____

The statements made by me in Section VIII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature Date

**Section IX
Employment History**

Provide the names and addresses and phone numbers of your present and past employers. List dates of employment and reason for leaving. Also provide the name of your foreman or supervisor.

Name of Employer	Address	Phone Number	Dates of Employment	Supervisor's Name	Reason For Leaving

Space for additional information if needed: _____

The statements made by me in Section IX of this application are true and correct to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Shenandoah Police Department.

Signature Date

**Section X
Personal References**

Please list three references other than persons employed by the Shenandoah Police Department or family members:

Name _____

Address _____

Phone _____ Work Phone _____

Name _____

Address _____

Phone _____ Work Phone _____

Name _____

Address _____

Phone _____ Work Phone _____

TOWN OF SHENANDOAH POLICE DEPARTMENT

Paul Davis, Chief of Police
411 Second Street
Shenandoah VA 22849



Phone: (540) 652-8193
Fax: (540) 652-8640
www.townofshenandoah.com

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 Shenandoah Police Department whether the said records are public, private, or confidential in 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 or 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 Administration; 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, where so ever 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, or 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 Shenandoah Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses (including reasonable attorney 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 said photocopy does not contain an original writing of my signature.

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

Signature of Applicant

Note: Notarization may be omitted when the named person signs this form in person in the presence of an employee of the Shenandoah Police Department.

Signature of Shenandoah Police Department Employee

Commonwealth of Virginia

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

My commission expires on the _____ day of _____, 20____
NOTARY PUBLIC _____

