



Windsor Police Department



Dear Applicant,

Thank you for your interest in the Police Officer position with the Town of Windsor.

Enclosed are the necessary forms that will be referred to the selection committee to evaluate your qualifications and conduct your background investigation. These forms should be completed in their entirety. Please do not use the term "see resume" when referring to previous employers or training. If a section does not apply please use the term "N/A". The packets will be viewed by members of the screening committee.

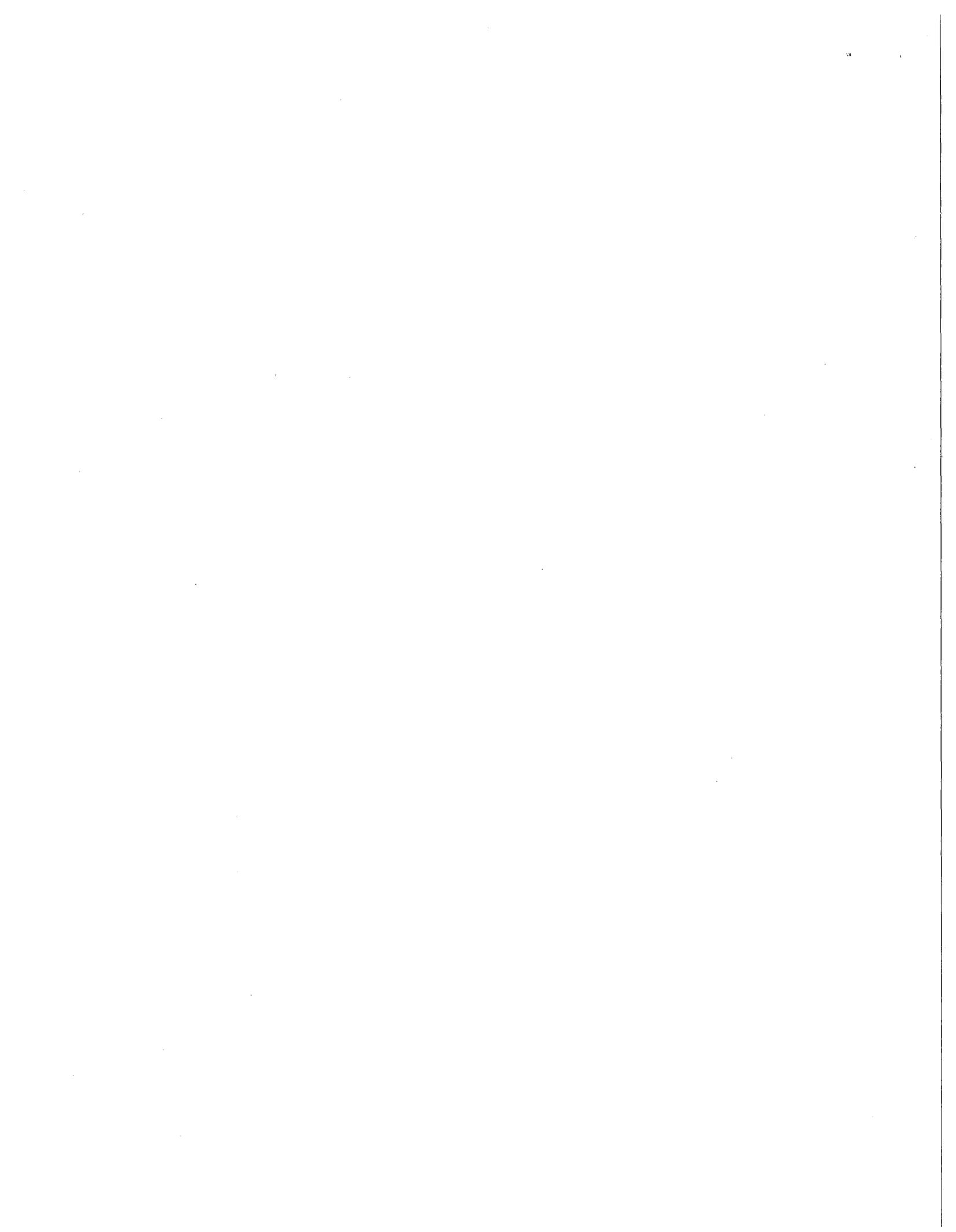
Applicants will be notified if selected to appear for a panel interview. Upon successful completion of a thorough background investigation, an applicant may be given a conditional offer of employment pending the completion of a physical examination, drug screening and polygraph examination.

Please ensure your application includes the following:

1. Town Employment Application
2. Authorization for Release of Information
3. Background Investigation Packet
4. Copy of Drivers License
5. Copy of Social Security Card
6. Copy of High School Diploma/GED/College Diploma
7. Copy of Law Enforcement Certification
8. Copies of all Training Certifications
9. Copy of DD-214 (If Applicable)
10. Resume with Cover Letter

Return completed applications to the Town Hall by 5 pm on the closing date. Applications received after the closing date will not be considered.

Best wishes and good luck in your application process.



Application For Employment

TOWN OF WINDSOR,
8 E. WINDSOR BLVD.
P. O. BOX 307
WINDSOR, VA 23487
(757) 242-4288

NAME: _____

POSITION: _____

DATE: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

References

1.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: / /

NOTES:



Town of Windsor
8 East Windsor Blvd. /P.O. Box 307
Windsor, VA 23487
(757) 242-4288 / Fax (757) 242-9039

Authorization for Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, and Medical Association

Any Academic Dean, Registrar, Principal, or Authorized Person at any School, College, University, Business School, Trade School, High School, or Elementary School

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

I, _____

Address, _____

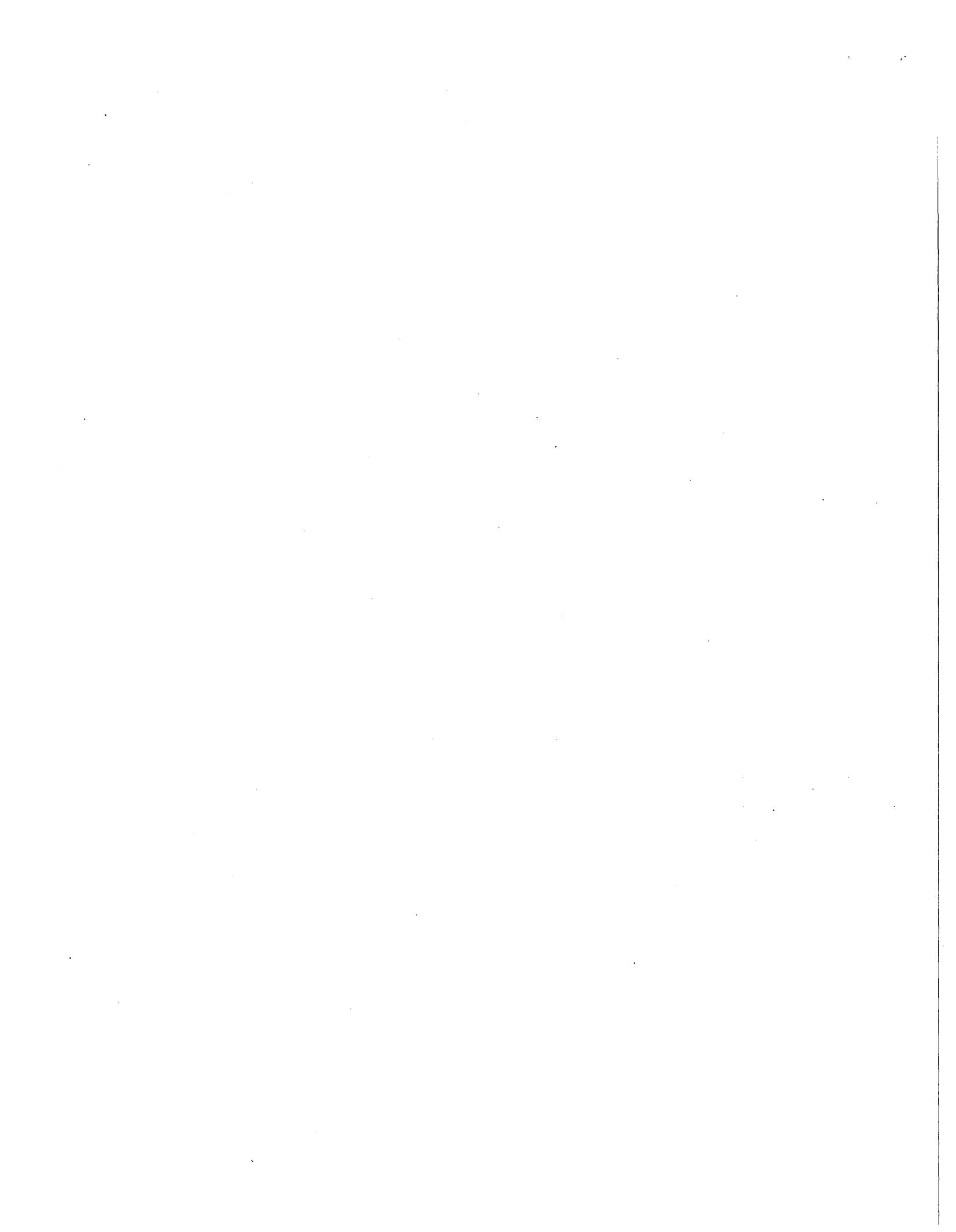
have applied for employment with the Police Department for the Town of Windsor, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me to the Windsor Town Manager or his representative upon presentation of this release or copy thereof.

Date of Birth _____ Place of Birth _____

Social Security Number _____

(Signature)

(Date)



BACKGROUND INVESTIGATION FORM

This application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, use page 14 of this application and refer to the questions answered.

Position Desired _____ Date _____

PERSONAL INFORMATION

Name _____ Phone# _____
(First) (Middle) (Last)

Other names used (nicknames, aliases, maiden name, former names changed legally or otherwise) _____

Present address _____

City _____ State _____ Zip _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Date of Birth _____ Place of Birth _____

Social Security# _____

Drivers Lic. # _____ State _____ Expires _____

List all previous licenses held (# and state) _____

Selective Service Number _____ Draft Status _____

MILITARY SERVICE

Have you ever been a member of the armed forces, US or foreign? _____

Branch of Service _____ Service # _____

Date of Entry _____ Date of Discharge _____

Type of Discharge _____ Place of Discharge _____

Rank upon Entry _____ Rank upon Discharge _____

Reserve Obligation: Active _____ Inactive _____ Until _____

Military Citations and Awards Received _____

List any Disciplinary Actions or Military Courts Received:

Date	Command	Location	Nature of Charge	Disposition

FAMILY DATA

Present Marital Status: Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

If Married, Widowed or Divorced-List Present or Former Spouse Information:

Name _____ Soc. Sec. # _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

Place of Employment _____

Business Address _____

Occupation _____ Business Phone _____

If divorced, give date, name and location of court granting the decree:

Date _____ Name of Court _____

Location of Court _____

List the names, ages and relationship of all persons living with you:

Name	Age	Relationship

Father's Name _____ DOB _____

Address _____

Occupation _____

Mother's Name _____ DOB _____

Address _____

Occupation _____

Father-in-Law's Name _____ DOB _____

Address _____

Occupation _____

Mother-in-Law's Name _____ DOB _____

Address _____

Occupation _____

List the names, ages, addresses and occupations of all brothers and sisters.

Name _____ Age _____

Address _____

Occupation _____

List your addresses for the past 15 years. If you have served in the Armed Forces, list your duty stations while in the military. Start with your present address and work back.

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

EMPLOYMENT

Start with your current employer and work back for the past ten years, include periods of unemployment.

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

Have you ever received any disciplinary actions against you on any job? _____

If yes, explain in detail. _____

If additional space is needed, use page 14.

LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense? _____

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? _____

Have you ever been required to furnish bail or bond for appearance in any court of law? _____

Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor? _____ If yes, explain. Include date, jurisdiction and disposition. _____

Have you ever tried, used or experimented with any of the following illegal drugs or substances:

Marijuana _____

Heroin _____

Speed _____

LSD _____

Cocaine/Crack _____

Hashish _____

Other _____

NOTE: The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. This depends upon the type and extent of the use of these substances. However, willful concealment of drug use will be grounds for rejection of your application or for dismissal from the Town of Smithfield if you have been employed.

FINANCIAL STATEMENT

Are you currently meeting your financial obligations? _____

Have you ever been contacted by a collection agency regarding any outstanding unpaid debt? _____

Have you ever been contacted for the collection of any debt contracted by you? _____

Have you ever been declared officially bankrupt? _____

Have you ever had any judgments against you or pending at this time? _____

If yes, give date, name of court and location. _____

List your current indebtedness.

Amount Owed	Monthly Payment	To Whom Owed (Company)	For What (Items Purchased)

MISCELLANEOUS INFORMATION

Have you previously served as a law enforcement officer? _____

If yes, state in what capacity, where, when and why you left? _____

Have you ever applied for employment with any Fire, Rescue or Law Enforcement agency or department? _____

If yes, give date, agency, location and status of application.

Date	Agency	Location	Status of Application

Do you have any relatives, friends or acquaintances employed by any Law Enforcement, Fire or Rescue agency or department? _____

If so, give their name, agency location and position.

Name	Agency	Location	Position

EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, name of institution, location and course of instruction. If you graduated, type of degree or diploma.

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

Do you have any special training or hold any special license or permit? _____

If yes, please list _____

REFERENCES

List the name, address and phone number of three (3) personal references not related to you and who have known you for at least four years.

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past. _____

BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS IT RELATES TO THE QUESTIONS ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.

(Signature of Applicant)

(Date)

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

(Witnessed By)

(Date)