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| **Please print in ink (preferably black) or use typewriter**  Number of attachments | | | | | | | | | | | | | | | | | | **Richlands Police Department**  *An Equal Opportunity Employer*  **Application for Employment** | | | | | | | | | | | | | | | | | |  | | | | DEPARTMENT SEAL | | | | | | | | |
| Employees of the Richlands Police Deptment and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. | | | | | | | | | | | | | | | | | | | | | | | | | | | | As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying. | | | | | | | | | | | | | | | | | | | | |
| 1. Position applied for | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 2. Agency | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (one per application) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *(Note: Completion of number three is optional. Failure to submit social* | | | | | | | | | | | | | | | | | | |
| 3. Social Security No. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | *security number on this form will not prohibit employment consideration.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | *Social security number may be required on other forms prior to employment.)* | | | | | | | | | | | | | | | | | | |
| 4. Full legal name | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | 6. Home Phone | | | | | (   ) | | |  | | | | |
|  | | | | | | | Last | | | | | | | | | | | | | | First | | | | | | Middle | | | | | | | |  | | | | | |  | | | | | | |
| 5. Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7. Business Phone | | | | | | | (   ) | | |  | | |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | City | | | | | | | | | | | | | | State | | | | | | Zip | | | | | | | |  | | | | | | | | | | | | |
| 8. **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Check highest grade completed | | | | | | | | | | | | | | | | | | | | 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | | | | | | | Year Completed | | | | | | | |  | |
| b. If you did not complete high school, do you have a high school equivalency diploma? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | Date Received | | | | | | | |  |
| c. Check number of years of post high school education | | | | | | | | | | | | | | | | | | | | | | | | | | 1 2 3 4 5 6  7 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Location of Institution | | | | | | | | | | | | | | | | | | | | | | | | Hrs | | | Degree Received | | | | Major or Specialty | | | | | | | Minor | | | | | | Dates Attended | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | |  | | | | | |  | | | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | |  | | | | | |  | | | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| completion date: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. **EXPERIENCE** — *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.  You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| a. **Job Title** | | | |  | | | | | | | | | | | | | | | | | |  | **Duties:** | |  | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | Phone | | | | |  | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of business | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Immediate supervisor | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | |  | | | | | | | | | | | | | | | | | |  | Number and titles of employees you supervised | | | | | | | | | | | | |  | | | | | | | | | | | |
| Salary (start) | | | | | |  | | | | | | | | (finish) | | |  | | | | |  | Equipment used | | | | | |  | | | | | | | | | | | | | | | | | | |
| Dates (mo/yr) | | | | | |  | | | | | | | | to (mo/yr) | | | | |  | | |  | Reason for leaving | | | |  | | | | | | | | | | | | | | | | | | | | |
| Full-time | | | |  | Part-time | | | | | | | |  | | Hours/week | | | | |  | |  | Your name if different from present | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | |  | |  | | | | |  | |  |  | | | | | | | | |  | | | | | | | | | | | | | | | |
| b. **Job Title** | | | |  | | | | | | | | | | | | | | | | | |  | **Duties:** | |  | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | |  | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | Phone | | | | |  | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of business | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Immediate supervisor | | | | | | | | | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | |  | | | | | | | | | | | | | | | | | |  | Number and titles of employees you supervised | | | | | | | | | | | | |  | | | | | | | | | | | |
| Salary (start) | | | | | |  | | | | | | | | (finish) | | |  | | | | |  | Equipment used | | | | | |  | | | | | | | | | | | | | | | | | | |
| Dates (mo/yr) | | | | | |  | | | | | | | | to (mo/yr) | | | | |  | | |  | Reason for leaving | | | |  | | | | | | | | | | | | | | | | | | | | |
| Full-time | | | |  | Part-time | | | | | | | |  | | Hours/week | | | | |  | |  | Your name if different from present | | | | | | | | |  | | | | | | | | | | | | | | | |

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| c. **Job Title** | | | | |  | | | | | | | | | | | | | | | | | | |  | **Duties:** | | |  | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | Phone | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | |
| Type of business | | | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| Immediate supervisor | | | | | | | | | | | |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |
| Title | | | | |  | | | | | | | | | | | | | | | | | | |  | Number and titles of employees you supervised | | | | | | | | | | | |  | | |
| Salary (start) | | | | | | | |  | | | | | | (finish) | | | | | |  | | | |  | Equipment used | | | | |  | | | | | | | | | |
| Dates (mo/yr) | | | | | | | |  | | | | | | to (mo/yr) | | | | | | | |  | |  | Reason for leaving | | | | | |  | | | | | | | | |
| Full-time | | | | |  | | Part-time | | | | | |  | | | Hours/week | | | | | | |  |  | Your name if different from present | | | | | | | | | |  | | | | |
| d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and special achievements or specialized skills: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| e. Automated word processing (specify equipment) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Typing speed | | | | | | | |  | | | | | words per minute. | | | | | | | | | | | | | |  | | | | |  |  | | | | | | |
| f. License (to include driver’s), certificate or other authorization to practice a trade or profession. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type | | | | | | | | | | | | | | | | | | | | License Number | | | | | | | | Granted by (licensing board) | | | | | | | | | | |
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| 10. **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List names, addresses and relationships of three persons not related to you who know your qualifications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | | | | | | | Phone | | Relationship | |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |  | |
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| 11. **MISCELLANEOUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| b. Check which job status you would accept:  Full-time  Part-time (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| c. Check which employment status you’d accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occasionally overnight,  Frequently overnight. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| employed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?  Yes  No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, state reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. Yes  No If YES, please provide the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of offense: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Statute or ordinance(if known ):      Date of Charge:      ; Date of Conviction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| County, City, State of Conviction: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (For additional convictions use plain paper. Include all information listed above.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fourteen (14) to eighteen (18) when charged. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Month | | | |  | | | Day | | |  | | | Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. **CERTIFICATION--***Each Application Requires Current Date and Original Signature* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of  time of discovery, may cause forfeiture on my part to any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | | | | | | | **Applicant Signature** | | | | | | | | |  | | | | | | | | | | | |

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Medical Physician, Hospital Medical Facility, Medical Association, United States Armed Forces, Maritime Service, Veterans Administration, or;

Any Academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at an Elementary School, High School, College, or University, Technical School or Trade School; or

Any past or present employer, Credit Bureau or Retail Merchants Association, Bank, Financial Institution Or any other Credit Extending Agency, or any other Municipal, State, or Federal Agency.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have applied for employment with the Town of Richlands, Richlands, Virginia. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including any transcript of any Academic Record) to the Town of Richlands or any of its authorized agents upon presentation of this release or a copy thereof.

**Selective Service Number, if any** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Armed Forces Services or Serial Number, if any** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterans Administration Claim Number, if any** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given under my hand this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

State of Virginia, County/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Release of information subject to this Authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Protection Act.**

DPT Form 10-012A(Rev. 5/93) Attachment Number

**Supplementary Experience Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security Number** |  | **Position Applied For** |  |
| **Name** |  | **Announcement Number** |  |

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| Immediate supervisor | | | | | | | |  | | | | | | | |  |  | | | | | |
| Title | | |  | | | | | | | | | | | | |  | Number and titles of employees you supervised | | | | |  |
| Salary (start) | | | | |  | | | | | (finish) | | |  | | |  | Equipment used | |  | | | |
| Dates (mo/yr) | | | | |  | | | | | to (mo/yr) | | | |  | |  | Reason for leaving | | |  | | |
| Full-time | | |  | Part-time | | | | |  | | Hours/week | | | |  |  | Your name if different from present | | | |  | |
| **Job Title** | | |  | | | | | | | | | | | | |  | **Duties:** |  | | | | |
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DPT Form 10-012A(Rev. 5/93) Attachment Number

**Supplementary Experience Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security Number** |  | **Position Applied For** |  |
| **Name** |  | **Announcement Number** |  |

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| Salary (start) | | | | |  | | | | | (finish) | | |  | | |  | Equipment used | |  | | | |
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