



South Boston Police Department

640 Hamilton Boulevard
South Boston, Virginia 24592

Telephone: (434) 575-4273 Fax: (434) 575-0179

James W. Binner, Colonel
Chief of Police
212th Session FBI National Academy

Brian K. Lovelace
Deputy Chief of Police
57th Forensic Science Academy

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION

In order for our department to initiate a thorough investigation, by nature of the position applied for, a background investigation is vital. All information given by you will only be used to assist in determining your suitability for this position.

Fill in completely and answer all questions correctly on the application either by typing or print using **BLACK** ink, in your own legible handwriting. All applicants shall furnish the following:

1. Copy of your social security card.
2. Copy of actual birth certificate.
3. Certified copies of high school transcripts or copy of G. E. D.
4. Certified copies of college transcripts.
5. Copy of military record / DD-214 (if applicable).
6. Copy of last employment evaluation (if applicable).
7. Three (3) letters of reference. **

** The letters should call you by name and mention the position you are applying for.

If space provided is not sufficient for completing answers or you wish to furnish additional information, attach sheets the same size as this application.

After all of the forms have been completely filled out, they must be hand delivered or mailed to South Boston Police Department, 640 Hamilton Boulevard; South Boston, Virginia 24592.

Thank you for your attention.

James W. Binner
Chief of Police

PERSONAL HISTORY STATEMENT

Full Name: _____ Present Address: _____

Date of Birth: _____

NOTE: The Age Discrimination Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

List all former addresses that you have resided at and the dates you resided at each address; start with the earliest address and work to your current address.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(DATES LIVED THERE)	(DATES LIVED THERE)	(DATES LIVED THERE)

Current Phone Number(s): _____
HOME CELL BUSINESS

OPERATOR'S LICENSE

Number of Years Driving Experience: _____ Operator's License Number: _____

Has your operator's or CDL license or chauffer's license ever been revoked or suspended locally or out of state?

Have you ever been involved in an automobile accident, if yes please explain in space provided giving date(s) and locations(s))?

POLICE RECORD

Have you ever been convicted of any criminal or traffic offenses (if yes please explain in space provided)?

Have you ever been detained or arrested by the police (if yes, please explain in the space provided)?

Are there any court action(s) pending (civil, criminal, or traffic) against you at this time (if yes, please explain in the space provided)?

Have you ever used or experimented with illegal drugs (if yes, please explain the space provided)? _____

EDUCATION

High School Graduated From: _____ Address: _____

Date Graduated: _____

G. E. D. Certificate: Yes N/A (check one) Date Received: _____

College Attended: _____ Address: _____

Do you have a college degree? Yes No (check one) _____

Date Graduated: _____

Are you currently enrolled in any school or college academic classes? Yes No (check one)

If yes list course name and college currently enrolled at: _____

Number of college credit hours earned (whether have degree / have attended or currently attending): _____

MILITARY STATUS

Have you ever been in the military? Yes No (check one)

Please provide a copy of your DD-214 if available.

Branch of Service: _____ Date of Entry: _____

Place of Entry: _____ Service Number: _____

Type of discharge received: _____ Date of Discharge: _____

How many months of basic training and where attended: _____

Permanent Duty Stations (include additional on separate sheet of paper if needed):

(1) _____ What year(s) were you stationed there? _____

(2) _____ What year(s) were you stationed there? _____

Primary duties of rate or rank (explain): _____

Highest rate or rank achieved: _____ Date Promoted To: _____

Service Schools Attended: _____

Medals or awards received: _____

Disciplinary action(s) received (if any please explain): _____

Termination date of military reserve obligation, if still on inactive reserve: _____

Are you a member of any military reserve organization, if yes name the organization and state your current status including obligation time, drill status, and compulsory duty status: _____

Were you ever rejected for military service (if yes, please explain)? _____

LOANS OR OBLIGATIONS

Have you ever had your wages garnished or claimed bankruptcy (if yes, please explain)? _____

HEALTH

What is the current status of your health? _____

Have you ever had any serious illness or been hospitalized for any major operations (if yes, please explain)? _____

Date of last physical examination: _____ Examining doctor: _____

Address: _____

Do you wear glasses or contacts? Yes No (check one) If yes, rated vision without them? _____

What is your rated vision while wearing the glasses or contacts? _____

Will you authorize the Police Department to examine any and all medical records pertaining to your medical history?

Yes No (check one)

EMPLOYMENT HISTORY

Will you authorize the Police Department to ask you present employer about your work? Yes No (check one)

Have you ever been discharged or forced to resign from a job because of misconduct or unsatisfactory service (if yes, please explain)? _____

Have you ever had any disciplinary action taken against you (if yes, please explain)? _____

PREVIOUS EMPLOYERS

Please list below your complete work history, starting with your present job and working backwards through your experience. List any periods of unemployment. In all cases, give the name of the immediate supervisor and a phone number where they can be contacted.

EMPLOYER	DATES EMPLOYED	WORK PERFORMED / JOB TITLE
_____	From _____ To _____	_____
ADDRESS		TELEPHONE NUMBER
_____		_____
JOB TITLE	SALARY	SUPERVISOR & CONTACT NUMBER
_____	Starting _____ Final _____	_____
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED	WORK PERFORMED / JOB TITLE
_____	From _____ To _____	_____
ADDRESS		TELEPHONE NUMBER
_____		_____
JOB TITLE	SALARY	SUPERVISOR & CONTACT NUMBER
_____	Starting _____ Final _____	_____
REASON FOR LEAVING		

EMPLOYER	DATES EMPLOYED	WORK PERFORMED / JOB TITLE
_____	From _____ To _____	_____
ADDRESS		TELEPHONE NUMBER
_____		_____
JOB TITLE	SALARY	SUPERVISOR & CONTACT NUMBER
_____	Starting _____ Final _____	_____
REASON FOR LEAVING		

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

REFERENCES

Give the names and addresses of at least three reliable persons, other than a relative or your past employer, who knows you well enough to give information about you.

Name: _____
Phone: _____
Occupation: _____
Address: _____

Name: _____
Phone: _____
Occupation: _____
Address: _____

Name: _____
Phone: _____
Occupation: _____
Address: _____

Name: _____
Phone: _____
Occupation: _____
Address: _____

ADDITIONAL INFORMATION

Have you ever applied for a job with any other police agency (if yes, list where and the current status of the application(s)):

Do you expect to engage in any other gainful employment (second job) if you are successful in obtaining the position you are applying for in this application (if yes, please list that job)? Yes No (check one)

List physical activities (past and present) in which you participate: _____

Are you legally eligible for employment in the United States? Yes No (check one)

List of organizations (clubs or affiliations) your age involved in: _____

Have you ever been discharged or forced to resign from an organization (club or affiliation) because of misconduct or unsatisfactory service (if yes, please explain)? _____

List any interests or hobbies: _____

ONCE COMPLETED PLEASE HAVE THIS PAGE NOTORIZED BEFORE TURNING IN YOUR APPLICATION.

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and/or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position in the service for the Town of South Boston Police Department.

SIGNATURE OF APPLICANT

DATE

State of Virginia, Town/County of _____; to wit _____
has personally appeared before me, and subscribed and sworn to the accuracy of the foregoing instrument this _____ day of _____, _____.

Notary Public Seal

Notary Public

My commission expires: _____, 20_____.

NOTE: You may attach additional sheets of paper noting any information you feel may be pertinent to our background investigations, which was not covered in the preceding questions.

ONCE COMPLETED PLEASE HAVE THIS PAGE NOTORIZED BEFORE TURNING IN YOUR APPLICATION.

AUTHORIZATION TO OBTAIN INFORMATION

I authorize the South Boston Police Department to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, personal references, professional references, previous employers, present employer(s), physicians, medical records, and other appropriate sources.

I authorize the release of any information that the South Boston Police Department may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the South Boston Police Department in connection with this application and background investigation is confidential and shall not be disclosed to me.

Applicant's Signature

Date

Social Security Number

State of Virginia, Town/County of _____; to wit _____
has personally appeared before me, and subscribed and sworn to the accuracy of the foregoing instrument this _____ day of _____, _____.

Notary Public Seal

Notary Public

My commission expires: _____, 20_____.

State in your own words, why you want to pursue a career in law enforcement (use black ink and do in your own handwriting).

A large rectangular box with a black border, containing 20 horizontal lines for handwritten text.