

## South Boston Police Department

640 Hamilton Boulevard South Boston, Virginia 24592 Telephone: (434) 575-4273 Fax: (434) 575-0179



# Bryan L. Young, Colonel Chief of Police

#### 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.

Bryan L. Young Chief of Police



#### APPLICATION FOR EMPLOYMENT

<u>Instructions:</u> Please print and complete the entire application. Incomplete applications may not be considered. Please review the job announcement for address to send completed application to.

The Town of South Boston is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, age, gender, gender identity/expression, sexual orientation, national origin, political affiliation, pregnancy, childbirth or related medical conditions, marital status, disability or status as a veteran.

Town of South Boston Police Department 640 Hamilton Blvd South Boston, Va. 24592 (434) 575-4272 www.southboston.com



Position Applying For:			Date of Application:		
•					
SECTION 1: APP	LICANT CONTACT	INFORMA	TION		
Name:					
	(Last)		(First)		(Middle)
Street Address:					
City:		Sta	te:		Zip:
Home Phone:		•	Cell Phone:		
Email:			Best Time to Con		tact:
				<u> </u>	
SECTION 2: APPLICANT INFORMATION					
Are you legally eligible to work in US? ☐ Yes ☐ No Are you a veteran? ☐ Yes ☐ No					
(Proof of citizenship or immigration status will be required upon employment.)					
Have you previously applied for a position with the Town of South Boston? ☐ Yes ☐ No					
If "Yes" give position applied for and date:					
Are you currently employed? ☐ Yes ☐ No May we contact your current employer? ☐ Yes ☐ No					
Date available to b	Date available to begin work:/Comment:				

SECTION 3: APPLICANT EDUCATION INFORMATION				
Name of high school attended:				
Address / Location:				
	1 05			
Did you graduate? ☐ Yes ☐ No ☐ If not, have you p  COLLEGE OR UNIV		D. test? ☐ Yes ☐ No		
School Attended:				
Major / Area of Study:				
Dates Attended: Fromto		Degree: ☐ Yes ☐ No		
Type of Degree:	Date Gradu	nated:/		
School Attended:				
Major / Area of Study:	T			
Dates Attended: Fromto	 I	Degree: ☐ Yes ☐ No		
Type of Degree:	Date Gradu	nated:/		
SECTION 4: SPECIAL QUALITIFICATIONS AND SKILLS				
Please describe any specialized training and skills, professional licenses and certificates, publication, scholastic honors, foreign languages, etc.				
SECTION 5: PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD  Please list any activities you feel relevant to the position applied for (you may exclude membership which would				
reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).				

SECTION 6: CRIMINAL RECORD					
Have you ever been convicted of any offense aga	ainst the law? Please omit juvenile of	ffenses and minor			
traffic violations. Include convictions by general court martial while in the military service. □ Yes □ No					
A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.					
If "Yes", give date, place, char	If "Yes", give date, place, charge, court, and fine or sentence in space provided.				
SECTION 7: EMPLOYMENT EXPERIENCE					
Start with your present job and work back, include military and volunteer experience. Additional experience that you feel is relevant to the position you are applying for should be listed on separate pages. Also, attach a resume if stated it is required in the job posting, otherwise a resume is optional.					
Have you ever been dismissed or forced to resig	n a position?				
Answering "Yes" is not an automatic disqualifier, please explain circumstances in specific employer section.					
Present Employer:					
This should be your current employer, if not employed leave blank and start in the next section.					
Street Address:					
City:	State:	Zip:			
Phone:	Job Title:				
Dates of Employment: From	to F	Hours per week:			
Supervisor's Name:					
Reason for Leaving:					
Work Description:					

Former employers beginning with most recent					
Employer:					
Street Address:					
City: S	State:	Zip:			
Phone:	Job Title:				
Dates of Employment: From	to	Hours per week:			
Supervisor's Name:					
Reason for Leaving:					
Work Description:					
Employer:					
Street Address:					
City:	State:	Zip:			
Phone:	Job Title:				
Dates of Employment: From	to	Hours per week:			
Supervisor's Name:					
Reason for Leaving:					
Work Description					
Employer:					
Street Address:					
City:	State:	Zip:			
Phone:	Job Title:				
Dates of Employment: From	to	Hours per week:			
Supervisor's Name:					
Reason for Leaving:					
Work Description					

SECT	ΓΙΟΝ 8: ADDITIONAL INFORMA	ΓΙΟΝ	1		
How	did you learn about the position you	are a	applying for?		
	tional (include anything you feel may de your personal resume with this ap		nelpful to us in considering your applicat tion):	ion. Please feel free to	
			REFERENCES		
Name	<b>:</b> :				
Stree	t Address:			,	
City:		1	State:	Zip:	
Phone: En		En	nail:		
Name	2:				
Stree	t Address:				
City:			State:	Zip:	
Phone: En		En	nail:		
Name	<u>.</u> ::				
Stree	t Address:				
City:			State:	Zip:	
Phon	e:	Em	nail:		
Г	A COUNTRINGE	ION	A. THIC MICT DE CICNED		
	I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge, and that misrepresentation or omissions may result in the rejection of my application, permanent ineligibility for appointments, or dismissal.				
	Signature of Applicant (ty	pe fu	ll name)	Date	

Thank you for your interest in working with our team at the Town of South Boston of South Boston Police Department!



### SOUTH BOSTON POLICE DEPARTMENT



### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, or any part thereof, concerning mys designee of the Town of South Bos confidential nature.	elf, by and to the Chief of	Police of the Tow	
The intent of this authorization is to ginstitutions, financial or credit institution and savings accounts and loans, and reports and/or ratings), medical and practitioners, and the U.S. Veterans A records including background reports against me, and salary records, reastatements and records wherever filed violations of law, including criminal against me, wheresoever located and to whether representing me or another process.	also the records of common sychiatric treatment and/or of Administration, public utility, polygraph reports, efficient and personal property tail; records of complaint, arrest and/or traffic records; records include the records and cords	deposits, withdrawa ercial or retail cred consultation, includ y companies, employ acy ratings, complants ax statements and a est, trial and/or controls of complaints allections of attorne	als and balances of checking it agencies (including credit ing hospitals, clinics, private byment and pre-employment ints or grievances filed by or records, and other financial victions for alleged or actual of a civil nature made by or ys at law, or of other counsel,
I reiterate and emphasize that the interact and history of my personal life, for provide pertinent data for the Town of for employment by that department.	the specific purpose of pu	rsuing a backgrou	nd investigation which may
It is my specific intent to provide accepto be, and the sources of information not specifically identified herein.	-	-	• • •
I understand that any information ob directly or indirectly, in whole or in suitability for employment by the To	part, upon this release auth	orization will be co	_
A photocopy of this release form w not contain an original writing of n		hereof; even thou	gh the said photocopy does
Signature		Date	
Street Address			
City, State, Zip Code			
State of	County of		
The foregoing instrument was acknown			
My Commission Expires	(Sig	nature of Notary)_	