



PENNINGTON GAP POLICE DEPARTMENT

200 N. Kentucky Street
Pennington Gap, Virginia 24277
WWW.TOWNOFPENNINGTONVA.GOV

Office (276) 546-1151

Fax (276) 546-6328

To: Police Applicants,

Thank you for considering the Pennington Gap Police Department for employment. The following information is being supplied to give you a better understanding of our department, police work in general and to help process your application.

Please read all the attached information and if you meet the requirements for the position you are applying for, and do not fall into the category of automatic rejection, please complete the following documents: The Pre-Employment Standards Form, The Authorization for Release of Information Form, and the Pennington Gap Police Department Employment Application. Complete a separate application for each position applied for. **Do not send resumes or copies of certificates; these are not necessary during the initial application period.**

Your application is the first step in the hiring process. The quality of your application is important (neatness, clarity, legibility and accuracy), as is your ability to follow directions given to you. The ability to accurately, neatly and completely file paperwork is an essential part of the job for which you are applying. Your applications is and will be part of your interview. All applicants will be kept on file for six (6) months.

You must follow these directions exactly: failure to do so will result in the rejection of your application.

1. Be sure to date the application on the first page.
2. Be sure to answer all questions truthfully and with N/A when not applicable, leave no question blank.
3. Be sure to indicate all of the types of employment you will accept (full time, part-time, temporary)
4. Be sure to have the Authorization for Release of Information notarized.
5. Be sure to indicate your days and hours available, if part-time.
6. Be sure to list any difficulties you might have in meeting work schedules.
7. Please do not list Pennington Gap Police Department personnel in the references section.
8. Be sure to sign the application, and initial the bottom of every page where indicated.
9. If you have held more jobs that space allows, use the Supplemental Experience Form that is attached. Include all jobs that you have held.
10. Be sure to sign and have notarized where applicable, as failure to do so may result in the delay of the processing of your application.
11. Remember, honesty and integrity is a part of the job for which you are applying. Be certain to give complete and accurate answers to all questions.
12. Complete a separate application for each position applied for.
13. Do not send resumes or copies of certificates; they are not necessary during the initial application period.
14. Only return the application for employment, The Pre-Employment Standards Form, and The Authorization for Release of Information Form.

If assistance is needed with this application, please contact Pennington Gap Police Department prior to returning the application.

**PENNINGTON GAP POLICE DEPARTMENT
528 INDUSTRIAL DRIVE
PENNINGTON GAP, VA 24277**

POLICE OFFICER EMPLOYMENT APPLICATION

Pennington Gap Police Department is an equal opportunity/affirmation-action employer, and complies with the American Disability Act. Please inform the Human Resource Department if you require reasonable accommodation with the application or interview. All statements made by applicants for employment on this application form will be checked for accuracy.

NAME: _____ TODAY'S DATE: _____
(LAST, FIRST, MIDDLE)

ADDRESS: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

TELEPHONE: HOME: _____ WORK: _____ CELL: _____

SOCIAL SECURITY NO: _____ Are you over the age of 18? Yes No

EMAIL ADDRESS: _____

LIST ANY OTHER NAMES YOU HAVE USED: _____

EDUCATIONAL HISTORY

HIGH SCHOOL:

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

DATE'S ATTENDED: _____ Did you graduate? Yes No If not did you obtain a GED? Yes No

CAN WE CONTACT? YES NO

COLLEGE:

NAME OF COLLEGE: _____ CITY: _____ STATE: _____

COURSE OF STUDY: _____ MINOR _____ MAJOR _____

TYPE OF DEGREE RECEIVED: _____ DATE'S ATTENDED: _____

Did you graduate? Yes No If not how many credit hours did you complete? _____ What was your GPA? _____

CAN WE CONTACT? YES NO

NAME OF COLLEGE: _____ CITY: _____ STATE: _____

COURSE OF STUDY: _____ MINOR _____ MAJOR _____

TYPE OF DEGREE RECEIVED: _____ DATE'S ATTENDED: _____

Did you graduate? Yes No If not how many credit hours did you complete? _____ What was your GPA? _____

CAN WE CONTACT? YES NO

Trade or Speciality School:

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

COURSE OF STUDY: _____ CERTIFICATE RECEIVED: _____

Did you complete? Yes No If not how many credit hours did you complete? _____ DATE'S ATTENDED: _____

CAN WE CONTACT? YES NO

SUMMARIZE ANY SPECIAL SKILL OR QUALIFICATION'S YOU POSSESS:

INITIALS _____

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.

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for Leaving: _____ Your name if different from present: _____

Duties:

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for Leaving: _____ Your name if different from present: _____

Duties:

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for Leaving: _____ Your name if different from present: _____

Duties:

I understand all employers listed might be contacted? Yes No

INITIALS _____

REFERENCES: List names, addresses and relationships of four persons not related to you who know your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP

Miscellaneous:

Check which shift you will accept: Day Evening Night Rotating Weekends Specify Shift Hours _____

Check which job status you will accept: Full Time Part Time (Specify) _____

Are you willing to accept employment that requires you to travel? No Yes

Are you willing to provide your own transportation if necessary for your employment? Yes No

Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth or a political subdivision 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: _____

For purposes of compliance with The Immigration Reform and Control Act of 1986, 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.

Have you ever served in the United States Armed Forces? (This includes Active Duty, Reserves, National Guard, or Coast Guard) Yes No

Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____

Have you ever been bonded? Yes No Have you every been refused a bond? Yes No

If so, state reason and date: _____

Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No If yes provide the following

Description of Offense: _____ Date of Charge: _____ Date of Conviction: _____ Jurisdiction of Court: _____

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(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.

When will you be available to start work? _____

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient for denial of employment or discharge. I authorize the use of any information in this application to verify my statement, and I authorize past employers, all references, and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between The Town of Pennington Gap and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Town of Pennington Gap unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and The Town of Pennington Gap retains the same right."

"I agree to submit to a physical examination and/or drug screening whenever requested, and I understand my becoming employed and/or continued employment are subject to the results of any physical examination related to my job duties in accordance with Town of Pennington Gap's policies and procedures. I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise polices or procedures in whole or in part, and at any time."

"I understand this application will be kept on file for 6 months from the date of completion, after which time I would have to reapply in accordance with established procedures."

Signature of Applicant: _____

Date: _____

INITIALS _____

Pre-Employment Standards Form

I, _____, do hereby affirm that responses to the below are true and accurate:

- | | | YES | NO |
|----|---|--------------------------|--------------------------|
| A. | 21 years of age or older. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | High School Graduate or GED. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | U.S. Citizen | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Will undergo background check. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Will undergo fingerprint check. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Possess valid Virginia Driver's License | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Will undergo examination by doctor. | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | Have been convicted of a felony. | <input type="checkbox"/> | <input type="checkbox"/> |

I. Have been convicted of a misdemeanor on Federal, State, or Local Level relating to:

- | | YES | NO |
|------------------|--------------------------|--------------------------|
| 1. Force | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Violence | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Theft | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Gambling | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alcohol/Drugs | <input type="checkbox"/> | <input type="checkbox"/> |

Certifications

- | | | YES | NO |
|----|---|--------------------------|--------------------------|
| A. | I am a current VA Certified Police Officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | I am CPR/First Aid Certified. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | I am EVOG Certified. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | I am a Certified Intoxilyzer Operator. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | I am ASP Certified. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | I am O/C Certified (Pepper Spray) | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | I am a General Instructor. | <input type="checkbox"/> | <input type="checkbox"/> |

Please list all current Certifications and Date of Expiration:

Applicants Signature _____ Date _____

INITIALS _____

Pennington Gap Police Department

528 Industrial Drive
Pennington Gap, VA 24277

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Services, Veteran's Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a School, College, Business, Trade or High School, or

Any past or present Employer, Credit Bureau or Retail Merchant's Association, Bank Financial Institution, or any other credit extending agency, or any Federal, State, County, City, Town Agency or Municipality.

I, _____ Address _____

Have applied for employment with The Town of Pennington Gap, VA Police Department. 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 a transcript of any academic records) to the The Town of Pennington Gap Police Department or its agent upon presentation of this release of copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service Serial Number, if any _____

Veterans Administration Claim Number, if any _____

Social Security Number _____

Date of Birth _____

Signature: _____

(Sign before Notary only)

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

Pennington Gap Police Department
Employment Application

SUPPLEMENTAL EXPERIENCE FORM

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for Leaving: _____ Your name if different from present: _____

Duties:

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for Leaving: _____ Your name if different from present: _____

Duties:

Job Title: _____ Employer: _____

Address: _____

Phone Number: _____ Type of Business: _____

Immediate Supervisor: _____ Job Title: _____

Salary (Start) _____ (Finish) _____ Date's of Employment: Started _____ Ended _____ Hours/week _____

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Duties: