



# Farmville, Virginia

## Police Department

116 N. Main Street – PO Box 24 – Farmville, VA 23901

Phone: 434.392.9259 – Fax: 434.392.9901 – Internet: www.farmvilleva.com



Anthony Q. Ellington, Sr.  
Chief of Police

### EMPLOYMENT APPLICATION TOWN OF FARMVILLE POLICE DEPARTMENT

Your cooperation in reviewing your application to assure that each question is answered accurately and completely will help us to expedite the processing of your application. Incomplete answers will only result in the application being returned and delayed processing. The following are some of the most common errors:

- Failure to give complete addresses where addresses and locations are required
- Failure to explain law or traffic violations in accordance with the outline below
- Failure to answer all questions concerning previous employment.

It should be also noted that the position of Police Officer requires both day and night work. Applicants must be twenty one (21) years of age or older to apply for the position of police officer and have a high school diploma or equivalent. All applications will be kept on file for a period of six (6) months. Applicants must be willing to submit to a physical examination and/or drug screening. Applicants must have a valid Virginia driver's license or able to obtain one before starting to work.

The applicant must submit a notarized authorization for release of information from the application.  
**APPLICATION MUST BE COMPLETED IN YOUR OWN HANDWRITING.**

1. Soc. Sec. Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Position Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Full Legal Name \_\_\_\_\_

4. Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

5. Have you been previously employed by The Town of Farmville \_\_\_\_\_  
If yes, when? \_\_\_\_\_ Position Held: \_\_\_\_\_

6. Do you have a Virginia Driver's License? \_\_\_\_\_ Yes (O.L. No. \_\_\_\_\_) No \_\_\_\_\_

7. Can you provide your own transportation to and from work? \_\_\_\_\_

## 8. Experience

Please describe all paid, military, and applicable voluntary experience starting with the most recent. You may list significantly different jobs within the same organization as separate items. If you need additional space, please use a separate sheet of paper and attach to this application.

May we contact your present supervisor: \_\_\_\_\_ Yes \_\_\_\_\_ No

a. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

b. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

c. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

d. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

9. Use this space for any additional information you think would help us evaluate your application  
(Include training, seminars, workshops, or special achievements):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. License (other than driver's), certificate(s) or other authorization to practice a trade or profession.

Type	License	Expiration Date	Whom Granted By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. References:

List names and addresses of three persons not related to you who know your qualifications:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

12. Have you ever been convicted of a felony or a misdemeanor of moral turpitude (lying, cheating, stealing)?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List any other arrest that you may have had the last ten (10) years excluding number 12. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use an additional sheet if you need to further explain.

14. Have you ever had any Judgments or Liens filed against you? No \_\_\_\_\_ Yes \_\_\_\_\_ (list and describe each)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Name and address of Bank or Financial Institution that you deal with.  
\_\_\_\_\_

16. Give vision without glasses or corrective lenses of any type.  
Left: 20/ \_\_\_\_\_ Right: 20/ \_\_\_\_\_  
Explain any defects of sight: \_\_\_\_\_

17. Education background:

a. Name and location of High School: \_\_\_\_\_  
Graduate: \_\_\_ Yes \_\_\_ No If yes what year? \_\_\_\_\_ G.E.D. \_\_\_ Yes \_\_\_ No If yes what year? \_\_\_\_\_  
Circle number of years of post high school education: 1 2 3 4 5 6

b. Name / Location of Institute: \_\_\_\_\_

Degree: \_\_\_\_\_ Yes \_\_\_\_\_ No Major/Specialty \_\_\_\_\_ Minor  
(if more room needed use separate piece of paper and attach to this application.)

18. Military service: Branch \_\_\_\_\_ Date Induction: \_\_\_\_\_ Date Discharge: \_\_\_\_\_  
a. Rank/rating \_\_\_\_\_ Present Military Status \_\_\_\_\_

19. Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof of U.S. citizenship or immigration status may be required upon employment)

20. I understand that as a condition of employment I will be required to have a physical examination by one of the Town physicians and pass a substance abuse test administered by Southside Community Hospital.

21. I understand that I will be required to participate in the random drug and alcohol testing that the Town requires of its employees.

22. The Town is an Equal Opportunity Employer: the Town does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal.

23. I understand that it is the Town's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by ADA.

24. Are you willing to take the required schooling? Yes No

25. If you are under a doctor's care or taking any medication give the doctors name and address and a list of the medication being used.

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

Dates Attended School, if any \_\_\_\_\_

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

Armed Forces Service or Serial Number, if any \_\_\_\_\_

### Certification

I hereby certify that all information I have given on this application is true. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted regarding this application.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

To: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veterans 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 Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State or Federal Agency.

I, \_\_\_\_\_ Address \_\_\_\_\_ ,  
Have applied for employment with the Farmville 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 record) to the Farmville Police Department or its agent upon presentation of this release or copy thereof.

Signed: \_\_\_\_\_

Print name signed: \_\_\_\_\_

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

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.

Doctor's complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Place recent photograph here:**

#### EMPLOYMENT AT WILL

It is the policy of the Town of Farmville that all employees are employed at the will of the Town. Employment with the Town is considered at-will so that either party may terminate the relationship at any time with or without a stated reason. Neither this manual nor any other policy of procedure of the Town of Farmville shall be construed to create a contract of employment for any specified duration.



No Town official is authorized to make any representations to employees or applicants in recruiting materials, interviews, or discussions concerning the terms and conditions of employment which are not consistent with the foregoing at-will relationship. Any such statements are hereby disavowed by the Town and should not be relied on by any employee or prospective applicant. Statement of specific grounds for termination set forth in this manual or in any other Town documents are guidelines and are not intended to restrict the Town's Right to terminate at-will. Completion of an initial period of employment or conferral of full-time status does not change the at-will employment relationship.