



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 drug screening, a physical examination, a psychological examination, and an extensive background investigation.

The applicant must submit a notarized authorization for release of information from the application.

1. Soc. Sec. Number: _____ Home Telephone: _____

2. Position Applied For: _____ Date of Birth: _____

3. Full Legal Name _____

4. 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 _____

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 _____

Authorization For Release of Information

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: _____

**Attach a recent photograph of yourself with
your application**

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.