



CHINCOTEAGUE POLICE DEPARTMENT



INSTRUCTIONS TO APPLICANT

The attached forms must be typed or printed in BLACK ink and each question answered accurately. If a question does not apply to you, write "NA" (Not Applicable) as your response.

The information you provide will be used in the investigation into your background and to assist in determining your qualifications for the position for which you have applied.

Complete ONLY the top portion of the Employment Verification Form and return it with your application

Please fill out the application completely, accurately, and legibly. Keep in mind that:

1. The completion of all forms is necessary to receive information for appointment.
2. ALL statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your employment history must be accounted for.

It is to your advantage to respond openly. Any negative materials in the information provided by you will be evaluated in terms of circumstances and facts surrounding it and its degree of relevance to the job. You will be disqualified if you intentionally make a false statement of material fact, or if you practice any form of deception or false representation in your response.

Thank you for applying for employment with the **Chincoteague Police Department** (EOE).

CPD036 (4/15)



CHINCOTEAGUE POLICE DEPARTMENT



Applicant Investigation Unit

A thorough background investigation is included in our selection process. The listed documents are required to complete your background investigation. Those which are applicable to you should be submitted with your application.

Clearly legible photocopies are acceptable; however, original copies should be available for verification by the Department's personnel office.

1. Birth Certificate.
2. High school diploma, equivalency certificate, or notarized letter from high school certifying highest grade completed.
3. College diploma and transcripts.
4. Form DD214 from United States Armed Forces.
5. Certified copy of driving record.
6. Naturalization papers (if you are not a United States citizen).
7. Court ordered name changes.
8. Certificates of continued education or special training.

NOTE: ANY APPLICATION RECEIVED WITHOUT THESE DOCUMENTS WILL BE REJECTED.

If you have any questions contact:

Chincoteague Police Department
6150 Community Drive
Chincoteague Island, VA 23336
(757) 336-3155

CPD036 (4/15)



CHINCOTEAGUE POLICE DEPARTMENT



Employment Verification Form

Name of Applicant: _____

Social Security Number: _____

I have applied for a position with the Chincoteague Police Department and I will need information concerning my employment with your company. With my signature below, I hereby authorize the release of said information for the purpose of a pre-employment investigation.

Signature Date

Name of employer: _____

Address: _____

Dates of employment: _____
Start Ending

Reason for leaving:

Position held: _____

Was applicant considered a good worker?	Yes	No
Was applicant's attendance satisfactory?	Yes	No
Did applicant respect company property?	Yes	No
Did applicant progress in his/her position?	Yes	No
Did applicant have any disciplinary problems?	Yes	No
Would you re-hire applicant?	Yes	No

Note: Please explain any questions which are answered "No" except in the case of disciplinary actions.



CHINCOTEAGUE POLICE DEPARTMENT



Employment Verification Form

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REMARKS:

Individual completing form:

Name Title Date



CHINCOTEAGUE POLICE DEPARTMENT



Personal Identifying Information

The following information is necessary to conduct required criminal records inquiry. All questions must be answered (typed or print).

Full name: _____
Last First Middle

Date of Birth: _____

Social Security Number: _____

Place of Birth: _____
City County State

Race: _____ Weight: _____ Height: _____ Eye Color: _____

Driver's license number & state: _____

Signature of Applicant

Date

Application for Employment

Town of Chincoteague, Inc.
6150 Community Drive
Chincoteague Island, Virginia 23336

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If necessary, best time to call you at home is _____ : _____^{AM}/_{PM}

May we contact you at work? Yes No

If yes, work number and best time to call _____ (____) _____ : _____^{AM}/_{PM}

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS STARTING JOB TITLE / FINAL JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING		\$	PER	
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS STARTING JOB TITLE / FINAL JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING		\$	PER	
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS STARTING JOB TITLE / FINAL JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING		\$	PER	
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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ADDRESS STARTING JOB TITLE / FINAL JOB TITLE				
		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE REASON FOR LEAVING		\$	PER	
		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

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 Merchant's Association, Bank, Financial Institution or any other Credit Extending Agency, or any other State, Federal, County, or City Agency or Municipality

I, _____ (_____)
Name Maiden Name

Address _____
Street or Road City or Town State Zip Code

Have applied for employment with the Chincoteague 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 Chincoteague Police Department or its agent upon presentation of this release or 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 and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

Driver's License Number _____ State _____

Armed Forces Service or Serial Number, if any _____

Veterans Administration Claim Number, if any _____

Social Security Number _____ Date of Birth _____

Given under my hand this _____ day of _____, _____

Signature (sign before Notary only)

State 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 _____, _____

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.

