



Mount Jackson Police Department

P. O. Box 487

Mount Jackson, Virginia 22842

R. L. Hassler, Chief Of Police

fax 540-477-2302

phone 540-477-2242

TO ALL APPLICANTS:

To be considered for employment as a police officer for the Town of Mount Jackson, applicants must meet the following minimum qualifications:

- 1) Minimum of 21 years of age
- 2) High school diploma or G. E. D. equivalent
- 3) U. S. citizen
- 4) Possess a valid Virginia drivers license
- 5) Must not have been convicted of, pleaded guilty or no contest to a felony or any offense that would be a felony if committed in Virginia.

A completed employment application will contain the following:

- 1) A completed Application for Employment as provided
- 2) A copy of your high school diploma or G. E. D. equivalent
- 3) A current copy of your driver's record. (Contact your local Department of Motor Vehicles office to obtain this record)
- 4) The enclosed Waiver form which authorizes background investigations to be conducted must be completed and notarized. The Mount Jackson Town Clerk and the Chief of Police are Notary Publics and may be contacted for this.

Any application that is not complete when submitted to the Town of Mount Jackson will not be given consideration. The cost of obtaining any of the above listed items required with the application will not be reimbursed by the Town of Mount Jackson. All items submitted with the application will become the property of the Town of Mount Jackson and will not be returned to the applicant.

TOWN OF MOUNT JACKSON Employment Application Form

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

Please mail completed application to:
P.O. BOX 487
5901 Main St.
Mt. Jackson, VA 22842

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last
First
Middle
Maiden

Present address _____
Number
Street
City
State
Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone () _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
 and wage desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE
POSITIONS ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other Skills _____

Please list two references other than relatives.

Name _____
Position _____
Company _____
Address _____
Telephone () _____

Name _____
Position _____
Company _____
Address _____
Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize a representative of the Mount Jackson Police Department, bearing this release or copy thereof, within one year of the above date, to obtain any information in your files pertaining to my police record, medical record, credit record, school record, or past and present employee record for the purpose of a background investigation.

In applying for employment with the Town of Mount Jackson Police Department, I hereby waive my right of access to the letters relating to police records, medical, credit, school, or employment history and letters of recommendations.

Applicant Signature

Full Name:

Typed or Printed

Social Security #:

Address:

Telephone number:

Commonwealth of Virginia
County of Shenandoah

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____