



# Town of South Hill

Police Department  
103 South Brunswick Ave.  
South Hill, VA 23970

Chief of Police:  
Stuart Bowen



## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Last First M

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

Are you age 21 or older?  YES  NO Are you authorized to work in the US?  YES  NO

### EDUCATION

Circle highest grade complete: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

If you are still attending school, please explain: \_\_\_\_\_

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Date you left school: \_\_\_\_\_ Did you graduate?  YES  NO Do you have a GED?  YES  NO

Subjects studied: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

Date you left school: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Graduate School: \_\_\_\_\_ City, State: \_\_\_\_\_

Date you left school: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

Date you left school: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

**GENERAL**

List any computer software programs you can use: \_\_\_\_\_

\_\_\_\_\_

List any office equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

List any power tools and/or heavy equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

List all licenses (including driver's license), certificates or other authorization to practice a trade or profession: \_\_\_\_\_

\_\_\_\_\_

List any honors, awards or special achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any additional information and/or qualifications you think would help us evaluate your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List three people not related to you who know your qualifications:

Name

Phone

How Known

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

Starting with your most recent job first, list ALL your paid, military and volunteer work experience. Describe your knowledge, skills and abilities that best demonstrates your qualifications for this position. Copy and attach additional sheets if necessary. Do not leave any gaps in employment history. You must complete this section in full. You may attach a resume to provide additional information.

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Full Time  Part Time  Hours per Week: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you still employed with this employer:  YES  NO

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Full Time  Part Time  Hours per Week: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment used: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Full Time  Part Time  Hours per Week: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Full Time  Part Time  Hours per Week: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION & AUTHORIZATION**

**Please read carefully as your signature is acknowledgement of your understanding of this certification and authorization.** I certify that all information contained in my resume and/or this application is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on any document, regardless of time of discovery, shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references, former employers, and educational institutions listed to release to the Town of South Hill any and all information concerning my pervious employment. I release all parties from any and all liability for any damage that may result from furnishing same to the Town of South Hill.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

I understand that the Town of South Hill maintains a drug free and alcohol free workplace and that all applicants who are given a conditional offer of employment must pass a drug test before they will be allowed to begin employment. Any applicant who tests positive will not be employed.

I understand that Town of the South Hill requires a criminal history check for all applicants.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the information collected on this form is personal and confidential and will be filed in a secure file.

**ADDENDUM TO APPLICATION OF EMPLOYMENT and CONSENT FORM**

(If not completed in full, your application will not be accepted.)

Full Legal Name: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1) Have you ever had your driver’s license suspended?  YES  NO  
If yes, in what year and please explain the reason: \_\_\_\_\_

\_\_\_\_\_

2) Have you ever been convicted of a drug or alcohol related offense?  YES  NO  
If yes, please explain the conviction: \_\_\_\_\_

\_\_\_\_\_

The Town of South Hill maintains a drug free and alcohol free workplace. NO employee is permitted to work under the influence of drugs or alcohol nor are they permitted to use drugs and/or alcohol while on the job. All applicants who are given a conditional offer of employment must pass a drug test before they will be allowed to begin employment. Any applicant who tests positive will not be employed. The Town conducts drug and/or alcohol testing of employees when there is reasonable suspicion that the employee is using or under the influence of either. The Town also randomly tests employees in certain positions for drugs and/or alcohol as required by federal or state law.

I understand that the Town of South Hill tests employees for drugs and/or alcohol to ensure a drug free and alcohol free workplace and to maintain safety. I understand that the results of all drug screenings are placed in a secure file separate from the actual personnel files. I agree that failure to abide by policies is grounds for immediate dismissal and/or withdrawal of a conditional offer of employment.

3) Have you ever been convicted of a felony?  YES  NO  
If yes, please explain the conviction: \_\_\_\_\_

\_\_\_\_\_

I also understand that the Town of South Hill requires a criminal history check for all applicants. By signing below, I give my consent to this requirement. If required, I will also sign a Virginia State Police request for criminal record name check which authorizes release of information to the Town.

- 4) I certify that all information contained in my resume and/or applications is true and complete to the best of my knowledge and understand that, if employed, falsified statements on any document collected as part of the application process, regardless of time of discovery, shall be grounds for dismissal.

I authorize investigation of all statements. I also authorize all references, former employers, and educational institutions I have furnished to release to the Town of South Hill any and all information concerning my previous employment and any pertinent information they may have, and release all parties from any and all liability for any damage that may result from furnishing same to Town of South Hill.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the information collected on this form is personal and confidential and will be filed separately from my application in a secure file and that Social Security Number and Date of Birth are used for identification purposes only.