PITTSVILLE POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Please type or use black ink to answer all the following questions.

Check one: ◉ Full time ○ Part time ○ Both

Check one: ◉ Police Officer ○ Dispatcher ○ Other: _____

I. PERSONAL DATA

NAME (LAST, FIRST MIDDLE)			SOCIAL SECURITY #	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE #	WORK PHONE #	E-MAILADDRESS		
AGE	DATE OF BIRTH	SEX	CITIZENSHIP	

II. **RESIDENCE FOR THE PAST 10 YEARS** (Begin current and go back)

From	To	Complete mailing address	City	St	ZIP Code

*If additional space is needed, use an attachment.

III. EDUCATION

HIGHEST GRADE COMPLETED	NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED	DATE GRADUATED

HIGH SCHOOL EQUIVALENCY TEST (DATE AND CERTIFICATION ◯ YES ◯ NO CERT.#	U. S. ARMED FORCES DIPLOMA (DATE AND CERTIFICATION ◯ YES ◯ NO CERT.#

COLLEGE OR UNIVERSITY (NAME AND LOCATION)		
DATES ATTENDED	CREDIT HOURS / SEMESTER	DEGREE RECEIVED

MAJOR AND MINOR COURSES

GRADUATE STUDIES (DETAIL FIELD OF STUDY)

SPECIALIZED SCHOOLS OR TRAINING (NAME AND LOCATION, SUBJECT STUDIED, CERTIFICATE RECEIVED)

SPECIAL SKILLS AND QUALIFICATIONS

*YOU MAY HAVE TO SUBMIT OR ARRANGE FOR SUBMISSION, A TRANSCRIPT FROM EACH SCHOOL ATTENDED. FORWARD TO: CHIEF OF POLICE, PITTSVILLE POLICE DEPT.

IV. MILITARY AND SELECTIVE SERVICE HISTORY

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED
SERIAL #	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE / SEPARATION

ARE YOU A MEMBER OF THE NATIONAL GUARD UNIT? (IF YES, NAME, AND ADDRESS OF UNIT) ◯ NO ◯ YES

STATUS ◯ ACTIVE ◯ INACTIVE	DO YOU ATTEND ENCAMPMENT? (IF YES, NUMBER OF DAYS YOU ATTEND, AND NUMBER OF HOURS) ◯ NO ◯ YES

LIST ANY MILITARY OCCUPATIONAL SPECIALITIES

SELECTIVE SERVICE REGISTRATION (LOCATION AND DATE OF REGISTRATION)

V. EMPLOYMENT HISTORY (START WITH PRESENT AND GO BACK)

EMPLOYER (NAME ANDADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			
EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			
EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			
EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			
EMPLOYER (NAME AND ADDRESS)		DATE STARTED	DATE FINISHED
TYPE OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISHED
TITLE OF POSITION	SUPERVISORY DUTIES (IF ANY)		
MAJOR DUTIES			

Copy if additional sheet needed.

VI. EMERGENCY CONTACT

Name__________________________ Address_____________________________________ Phone#________________

Name__________________________ Address_____________________________________ Phone#________________

VII REFERENCE DATA

Personal

Name	Address	Phone#	Years Known

Business or Professional

Name	Address	Phone#	Years Known

VIII. GENERAL INFORMATION

1. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR CHARGED BY ANY LAW ENFORCEMENT AGENCY? (IF YES, EXPLAIN) ◯ **NO** ◯ **YES**

2. HAS ANYTHING EVER HAPPENED IN YOUR LIFE THAT MAY REFLECT ON YOUR ABILITY TO PERFORM DUTIES YOU MAY BE CALLED UPON TO UNDERTAKE? (IF YES, EXPLAIN) ◯ **NO** ◯ **YES**

DRIVER'S LICENSE #	STATE OF ISSUE	LICENSE CLASS	EXPIRATION DATE	LICENSE RESTRICTIONS

HAS YOUR LICENSE EVER BEEN SUSPENDED? (IF YES, EXPLAIN)

◯ NO ◯ YES

HAVE YOU EVER APPEARED IN CIVIL COURT? (IF YES, EXPLAIN)

◯ NO ◯ YES

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, EXPLAIN)

◯ NO ◯ YES

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS OR ANY OTHER LAW ENFORCEMENT AGENCY? (IF YES, WHICH AGENCIES)

◯ NO ◯ YES

HAVE YOU EVER BEEN REJECTED FOR THE POSITION OF POLICE OFFICER, OR DISPATCHER? (IF YES, EXPLAIN)

◯ NO ◯ YES

IX. DRUG AND ALCOHOL USE

HAVE YOU EVER USED ILLEGAL A DRUG? (IF YES, COMPLETE THE BOX BELOW)

◯ NO ◯ YES

LIST ALL DRUGS USED OR EXPIRIMENTED WITH, TO INCLUDE THE FOLLOWING: COCAINE, L.S.D., PCP, HEROIN, AMPHETAMINES, AND BARBITUATES. ANY LIST LAST TIME USED.

DO YOU EVER USE ALCOHOLIC BEVERAGES?

◯ NO ◯ YES

HAVE YOU EVER BEEN CHARGED WITH DWI or DUI? (IF YES, DATE OF CHARGE)

◯ NO ◯ YES

This space may be used for additional information.

TRUTHFULNESS

One of the most critically important issues that defines the effectiveness of any organization is its perception as a credible organization. Central to that image is the integrity and truthfulness of the group's members, from the newest entrant all the way to the top-level management.

The need for the honest, impartial, and accurate representation of facts is nowhere more vital than within a law enforcement agency, whose success or failure rests with the degree of public support it receives. Public support is quickly eroded by a lack of credibility toward an agency as a whole and towards its members as individuals.

The very basis of an individual's integrity, both as perceived by the public, and fellow workers, is at stake when he fails to tell the truth. The loss of that integrity by an individual, or group of individuals, can quickly spread throughout an agency to the point that its viability as a trusted organization is lost.

As Chief of Police, it is my responsibility to maintain the effectiveness of the Pittsville Police Department as a viable law enforcement agency. This will serve as notice that I will not tolerate lies of any kind by any uniformed and civilian personnel or applicant of this Agency.

Any statements, either written or verbal, that are given by any applicant with the intent to deceive, will result in rejection for further consideration for employment with this Agency.

Chief of Police

I have read and considered the above statement and agree that all information that I supply during the course of my process, (either written or verbal) will be answered honestly and truthfully.

Name _____ Address: _____

_____

D.O.B.: _____

Signature: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records or any part thereof, concerning myself, by and to the Pittsville Police Department and its agents, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans and also the records of commercial or retail credit agencies (including rent reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veterans Administration; public utility companies; employment and preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial records wherever filed; records of complaint, arrest, trial and/or traffic records; records of complaints of civil nature made by or against me, where so ever located and to include the records and recollections of attorney at law, or of other counsel, whether representing me or another person in person in which I have, or have had an interest.

I reiterate and emphasize that the intent of this document is to provide full and free access to the background and history of my personal life, for the specific purposes of pursuing a background investigation, which may provide pertinent data for the Pittsville Police Department to consider in determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential, as it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by personal history background investigations that develop directly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Pittsville Police Department. I fully understand that refusal to grant this

authorization will not, in and of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original herein, even though the said photocopy does not contain an original writing of my signature.

Sworn and subscribed to before me this _____Day of_____, 20

Name: _____

Address _____

_____

D.O.B.. _____

_____

Signature of Notary Public

(_____)

Print or type name of Notary

_____

Signature

My Commission expires_____

NOTARY IS NOT REQUIRED TO SUBMITT APPLICATION. IT WILL BE COMPLETED LATER IN THE HIRING PROCESS.