



# TAPPAHANNOCK POLICE DEPARTMENT

Post Office Box 266  
Tappahannock, Virginia 22560  
(804) 443-3992  
[www.tapp-pd.org](http://www.tapp-pd.org)



## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please write, in your own handwriting, legibly using ink. In order that your application may be properly evaluated, it is essential that all of the following questions be answered in their entirety. The questions that do not apply should be marked as "NONE" or "N/A". We accept applications only for positions which we are currently recruiting. Applications may be submitted to the Tappahannock Police Department by the time recruitment for the position ends, where applicable.

Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

### PERSONAL DATA

Legal Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(If applicable)

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

Mailing Address: \_\_\_\_\_  
P.O Box/Street City State Zip

Physical Address: \_\_\_\_\_  
(If different) Number and Street City State Zip

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

Do you have a valid driver's license? \_\_\_\_\_  
Yes No

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Are you a U.S. citizen or legally eligible for employment in the United States? \_\_\_\_\_  
Yes No

List any relative employed by Town of Tappahannock:  
Name Relationship Department  
\_\_\_\_\_  
\_\_\_\_\_

Do you have problems with working rotating shifts? \_\_\_\_\_  
Yes No

If yes, please explain: \_\_\_\_\_

Do you have any constraints that would limit your ability to work overtime or shift extensions?                
Yes No

If yes, please explain: \_\_\_\_\_

List any hobbies: \_\_\_\_\_

List clubs, organizations or societies of which you are or have been a member: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING**

	Name & Address	From	To	Did you Graduate	Course/Degree/Number of Credits
High School/GED				<u>    </u> Yes <u>    </u> No	
College				<u>    </u> Yes <u>    </u> No	
Other				<u>    </u> Yes <u>    </u> No	

List any awards, honors, or fellowships received: \_\_\_\_\_  
\_\_\_\_\_

List any professional or trade certificates or licenses you possess: \_\_\_\_\_  
\_\_\_\_\_

List office equipment and computer software in which you are proficient: \_\_\_\_\_  
\_\_\_\_\_

List any certifications that you have (i.e. DCJS Certifications, Firearms, First Aid, EMT, Water Safety, etc.): \_\_\_\_\_  
\_\_\_\_\_

List any training or experiences that you would consider useful to the Tappahannock Police Department: \_\_\_\_\_  
\_\_\_\_\_

Can you speak another language aside from English?                
Yes No

If yes, please list: \_\_\_\_\_

**MILITARY HISTORY**

Branch of Service                      Date Entered                      Date Discharge                      Type of Discharge  
Initial Rank: \_\_\_\_\_                      Final Rank: \_\_\_\_\_

<b>WORK EXPERIENCE</b>
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List all present and past employment beginning with your most recent job held including part-time employment while in school.

May we check with your current employer regarding your record of employment?            
Yes No

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

Employer Name:		Dates of Employment: From: _____ To: _____	
Employer Address:			
Your Title:	Beginning Pay:		Ending Pay:
Immediate Supervisor:	Supervisor's Title:		Phone Number:
Job Description:			
Reason for leaving:			

(For Additional Work Experience, Attach a Separate Sheet)

REFERENCES
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List three references (NOT relatives or former employers) that are responsible adults of reputable standing in their community whom have know you well during at least the past five years.

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Before any person selected for appointment with this office, all statements made in this application are thoroughly investigated. In addition thereto, a careful and complete character investigation is conducted. You may, on a separate sheet, attach any irregularities that may be disclosed by this investigation. If so, check here to see attached: \_\_\_\_\_.

I am aware that willfully withholding information or making false statements on this questionnaire will be the basis for withdrawal of an offer or subsequent dismissal from the position without question. I consent to the Tappahannock Police Department conducting a complete background investigation on me. I hereby release all parties from any liability for any damage that may result from this investigation. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Employees of Tappahannock Police Department and applicants shall be afforded Equal Opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, sex or age.**

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

**FAMILY**

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 (If Applicable)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

(For Additional Children, Attach a Separate Sheet)

Father's Name:	Phone No.:	Mother's Name:	Phone No.:
Address:		Address:	

Brother/Sister Name:	Phone No.:	Brother/Sister Name:	Phone No.:
Address:		Address:	

Brother/Sister Name:	Phone No.:	Brother/Sister Name:	Phone No.:
Address:		Address:	

Spouses' Relatives:

Father's Name:	Phone No.:	Mother's Name:	Phone No.:
Address:		Address:	

Brother/Sister Name:	Phone No.:	Brother/Sister Name:	Phone No.:
Address:		Address:	

Brother/Sister Name:	Phone No.:	Brother/Sister Name:	Phone No.:
Address:		Address:	

Are you or any member of your family (or have you or any member of your family formerly been) associated with any subversive organizations? \_\_\_\_\_

Yes No

If yes, explain: \_\_\_\_\_

List all other law enforcement agencies that you have applied with?

Name of Agency	Address	Date of Application

**RESIDENCY**

How long have you lived at your current address listed on the front page? \_\_\_\_\_

List in order from most current (excluding present) all your residences for the past 15 years:

Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:
Dates: _____ to _____	Address:	City:	State:	Zip:

(For Additional Residents, Attach a Separate Sheet)

**POLICE/DRIVING RECORD**

Have you ever been convicted of an offense that would be considered a felony or misdemeanor?            
Yes    No

If yes, explain in detail: \_\_\_\_\_

Furnish Information on **any summons or arrests**, including any traffic violations, as a juvenile or adult:

Date	Charge/Violation	Location	Court Findings or Disposition

(For any additional, please attach a separate sheet)

Have you been subject to a restraining order or a protective order?  Yes  No

If yes, explain in detail: \_\_\_\_\_

Have you ever been in a motor vehicle accident, as an operator, that resulted in death, personal injury or property damage exceeding \$1,000.00?  Yes  No

Has your operator's license ever been suspended or revoked?  Yes  No

If yes, date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Have you ever been convicted of driving while your license was suspended or revoked?  Yes  No

If yes, date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Have you ever been charged or convicted of any type of alcohol or drug related driving offense?  Yes  No

If yes, date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Have you ever held an operator's/driver's license in another state?  Yes  No

If yes, list all locations: \_\_\_\_\_

CIVIL RECORD/PERSONAL
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Have you ever sued anyone or been sued in a civil court action?  Yes  No

If yes, give date, place, court, nature of parties involved, nature of action and final disposition: \_\_\_\_\_

Have you ever testified in court as a witness?  Yes  No

If yes, described circumstances: \_\_\_\_\_

Have you ever sworn a warrant against anyone (other than job related)?  Yes  No

If yes, described circumstances: \_\_\_\_\_

Have you **ever**, as a juvenile or adult, experimented, possessed or used any type of illegal substance or drugs including marijuana, cocaine, hallucinogens, etc.?

               
Yes      No

If yes, list type of drug(s) when, what age and to what level of use:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been involuntary committed to a mental institution?

               
Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed or asked to resign from any employment or position held?

               
Yes      No

If yes, please list:

Position	Employer & Phone No.	Reason	Date

(For any additional, please attach a separate sheet)

**FINANCIAL STATUS**

Have you ever claimed bankruptcy, had your wages garnished or had a civil judgment against you?

               
Yes      No

If yes, not the time period and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Has your credit record ever been considered unsatisfactory or have you ever been refused credit?

               
Yes      No

If yes, where and when: \_\_\_\_\_

\_\_\_\_\_

Are you indebted to anyone or company (do not include mortgage?)

               
Yes      No

If yes, complete the following?

Name of Company	Address	Amount

(For any additional, please attach a separate sheet)

**TAPPAHANNOCK POLICE DEPARTMENT  
AUTHORIZATION TO OBTAIN INFORMATION**

**The following needs to be presented to a Notary Public before applicant signs.**

I, \_\_\_\_\_ hereby authorize the Tappahannock Police Department,  
(Applicant print your name)  
to conduct a Background Investigation in connection with my application for employment. This investigation may include information my residential history, schools attended, present employer, previous employers, previous applications to law enforcement agencies, personal references, professional references, credit standings, financial status, criminal history, Division of Motor Vehicle records, physicians, medical records, and any other appropriate sources.

I authorize the release of any information that the Tappahannock Police Department may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Tappahannock Police Department in connection with this application and background investigation is confidential and **shall not be disclosed to me.**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act, as amended, with regard to access and to the disclosure of records and statements and I hereby waive those rights.

I agree to indemnify and hold harmless the Tappahannock Police Department, its agents and employees and the person, company, agency or entity to whom this request is presented and its agents and employees from and against all claims, damages, losses, and expenses, including attorney's fee arising out of this request.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Notary Use Below This Line**

.....

State of Virginia, County/City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature