

TOWN OF DUMFRIES POLICE



Employment Application

18130 TRIANGLE SHOPPING PLAZA * DUMFRIES, VA 22026 * (703) 221-1111 * FAX (703) 221-1011

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Date of Application: _____ Date Available _____

Position (s) Applied For:

Name _____

Last

First

Middle

Address:

Number

Street

City

State

Zip Code

Date of Birth: _____ Social Security # _____

Driver's Permit Number: _____

Phone Numbers: Home: _____ Cellular: _____

AN EQUAL OPPORTUNITY EMPLOYER

(rev. 2/13)

If employed and you are under 16, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date

Have you ever been employed here before? Yes No If yes, give date

Are you employed now? Yes No May we contact your present employer? Yes
 No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If yes, give pertinent facts, including date (s), court(s), and crime convicted of:

(Exclude any offense committed before your eighteenth birthday which was adjudicated in a Juvenile Court or under a Youth Offender Law and traffic violations for which you paid a fine.)

DRIVING RECORD

IN WHAT STATE ARE YOU CURRENTLY LICENSED TO DRIVE?

PERMIT NUMBER: _____ EXPIRATION DATE: _____

LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

ARE THERE ANY RESTRICTIONS OR SPECIAL CONDITIONS ATTACHED WITH YOUR OPERATOR'S LICENSE/DRIVER PERMIT? Yes No IF YES, GIVE CONDITIONS BELOW:

HAVE YOU EVER RECEIVED A TRAFFIC SUMMONS, CITATION OR TICKET? Yes No
IF YES, HOW MANY SINCE YOU HAVE BEEN DRIVING? _____

GIVE A CHRONOLOGICAL LISTING STARTING WITH THE MOST RECENT OFFENSE AND INDICATE THE FOLLOWING:

DATE: _____ JURISDICTION: _____

CHARGE(S):

DISPOSITION: _____

DATE: _____ JURISDICTION: _____

CHARGE(S):

DISPOSITION: _____

HAS YOUR PERMIT OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED OR REVOKED? Yes
 No

IF YES, GIVE DATE, PLACE AND REASON FOR SUSPENSION/REVOCATION:

HAVE YOU EVER BEEN REQUIRED TO ATTEND A DRIVER IMPROVEMENT COURSE?

Yes No

IF YES, GIVE DETAILS BELOW:

DATE: _____ LOCATION: _____

REASON: _____

HAVE YOU EVER VOLUNTEERED TO ATTEND A DRIVER IMPROVEMENT COURSE?

Yes No

WERE ANY POINTS REMOVED FROM YOUR DRIVING RECORD UPON COMPLETION OF THIS COURSE?

Yes No IF YES, HOW MANY? _____ DATE: _____

JURISDICTION: _____

HAS YOUR AUTOMOBILE INSURANCE EVER BEEN CANCELLED? Yes No

MILITARY DATA

Have you registered with the United States Selective Service as required by law? Yes No

If yes, please provide:

Present Selective Service Classification Number: _____

Date of Classification: _____

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE MILITARY/ARMED FORCES?

Yes No

IF YES, GIVE BRANCH NAME:

SERVICE NUMBER: _____

DATE ENTERED: _____

DATE DISCHARGED OR PENDING DISCHARGE: _____

NUMBER OF ENLISTMENTS: _____

PRIMARY DUTIES:

TYPE OF DISCHARGE: GENERAL HONORABLE DISHONORABLE

ARE YOU A MEMBER OF ANY MILITARY RESERVE UNIT OR NATIONAL GUARD? Yes No

IF YES, GIVE BRANCH: _____ SERIAL # _____

RANK: _____ ACTIVE INACTIVE

HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR SOVEREIGN COUNTRY'S
MILITARY/ARMED FORCES? Yes No

IF YES, WHAT COUNTRY? _____

IDENTIFICATION NUMBER: _____ LENGTH OF SERVICE: _____

DURING YOUR MILITARY SERVICE AS OUTLINED ABOVE:

A. WERE YOU EVER DISCIPLINED, DID YOU EVER RECEIVE A SUMMARY OR DECK COURT
MARTIAL (Including Article 15)? Yes No

B. DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER OR OTHER PERSON
REPRESENTING HIM/HER FOR DISCIPLINARY REASONS? Yes No IF YES, GIVE
REASON(S) BELOW:

DATE: _____ CHARGE(S): _____

DISPOSITION: _____

DATE: _____ CHARGE(S): _____

DISPOSITION: _____

C. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATION OR ARRESTED BY
THE MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR
PART? Yes No

IF YES, GIVE DETAILS BELOW:

DATE: _____ LOCATION: _____

ALLEGATIONS:

HAVE YOU EVER BEEN TURNED DOWN, DENIED ENTRY OR REJECTED BY ANY BRANCH OF THE MILITARY OR ARMED FORCES FOR ANY REASON? (Exclude medical reasons) Yes No
IF YES, GIVE DETAILS:

DATE: _____ BRANCH: _____

REASON:

Veteran of the U.S. Military Service? Yes No If yes, Branch

Indicate languages you speak, read and/or write:

LIST ANY OTHER NAMES YOU HAVE USED IF DIFFERENT FROM INDICATED ABOVE (Include all nicknames)

Have you ever legally changed your name? Yes No If yes, provide details below

From: _____ To: _____

Court Jurisdiction: _____ Date: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

Social Security Number: _____

Hair Color: _____ Eye color _____

Place of Birth (City and State): _____

Place Where you grew up (City and State): _____

If applicable, place of naturalization: _____

City and State: _____

Date of Naturalization: _____

Naturalization Certificate Number: _____

Name of Father: _____

Address if still living: _____

Father's Occupation: _____

Phone Numbers: Home: _____ Office: _____ Cellular: _____

Name of Mother: _____

Address if still living: _____

Mother's Occupation: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

IF YOU WERE RAISED BY SOMEONE OTHER THAN YOUR NATURAL PARENTS, INDICATE WHO YOU LIVED WITH BETWEEN THE AGES OF 13 YEARS OLD AND 18 YEARS OLD:

NAME: _____

ADDRESS:

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

IF EITHER PARENT IS REMARRIED, GIVE NAME, ADDRESS AND PHONE NUMBER OF STEP PARENTS:

A. _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

B. _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

LIST ALL THE NAMES OF YOUR BROTHERS AND SISTERS, GIVING AGES AND ADDRESSES OF EACH. ALSO INCLUDE ANY STEP BROTHERS AND STEP SISTERS:

NAME: _____ AGE: _____

ADDRESS:

Phone Numbers: Home: _____ Office: _____

Cellular: _____

NAME: _____ AGE: _____

ADDRESS:

Phone Numbers: Home: _____ Office: _____

Cellular: _____

NAME: _____ AGE: _____

ADDRESS:

Phone Numbers: Home: _____ Office: _____

Cellular: _____

NAME: _____ AGE: _____

ADDRESS:

Phone Numbers: Home: _____ Office: _____

Cellular: _____

WHAT IS YOUR PRESENT MARITAL STATUS?

SINGLE MARRIED DIVORCED WIDOWED

SPOUSE: (Include maiden name, if applicable)

NAME: _____ DATE OF BIRTH: _____

ADDRESS:

SSN: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

NAME AND ADDRESS OF SPOUSE'S EMPLOYER:

PHONE NUMBER: _____

OCCUPATION: _____

HOW MANY TIMES HAVE YOU BEEN MARRIED: _____ NUMBER OF TIMES DIVORCED: _____

WIDOWED: _____

IF PREVIOUSLY MARRIED GIVE:

1. NAME OF EX-SPOUSE: _____

ADDRESS: _____

DATE OF DIVORCE: _____

JURISDICTION: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

2. NAME OF EX-SPOUSE: _____

ADDRESS: _____

DATE OF DIVORCE: _____

JURISDICTION: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

DO YOU HAVE ANY CHILDREN? Yes No IF YES, GIVE:

1. NAME: _____ AGE: _____

ADDRESS IF OTHER THAN YOURS:

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

2. NAME: _____ AGE: _____

ADDRESS IF OTHER THAN YOURS:

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

3. NAME: _____ AGE: _____

ADDRESS IF OTHER THAN YOURS:

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

4. NAME: _____ AGE: _____

ADDRESS IF OTHER THAN YOURS:

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

DO YOU HAVE ANY OTHER DEPENDENTS OTHER THAN LISTED ABOVE? Yes No
IF YES, LIST BELOW:

1. NAME: _____ AGE: _____

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

2. NAME: _____ AGE: _____

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

3. NAME: _____ AGE: _____

RELATIONSHIP: _____

Phone Numbers: Home: _____ Office: _____

Cellular: _____

HAVE YOU USED, TRIED OR EXPERIMENTED WITH ANY HABIT FORMING OR UNLAWFUL DRUG SUCH AS HALLUCINOGENS, BARBITURATES, MARIJUANA OR ANY CONTROLLED SUBSTANCE IN ANY FORM?

Yes No IF YES, EXPLAIN BELOW:

1. DRUG TYPE: _____ TOTAL USAGE: _____

LAST DATE USED: (Month/Year) _____

2. DRUG TYPE: _____ TOTAL USAGE: _____

LAST DATE USED: (Month/Year) _____

3. DRUG TYPE: _____ TOTAL USAGE: _____

LAST DATE USED: (Month/Year) _____

DO YOU USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, PIPE, CHEW OR SNUFF?):

Yes No

THIS DEPARTMENT REQUIRES ALL NEW POLICE OFFICERS AND POLICE CADETS TO BE NON-TOBACCO USERS. YOU WILL BE REQUIRED TO SIGN AN EMPLOYMENT CONTRACT TO THAT EFFECT.

ARE YOU A MEMBER OR HAVE YOU EVER BEEN A MEMBER OF ANY COMMUNIST OR SUBVERSIVE ORGANIZATION OR ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES, OR DO YOU HAVE MEMBERSHIP IN, OR ANY AFFILIATION WITH, ANY GROUP, ASSOCIATION OR ORGANIZATION WHICH ADVOCATES OR LENDS SUPPORT TO ANY ORGANIZATION OR MOVEMENT ADVOCATING THE OVERTHROW OR OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?: Yes No

IF YES, GIVE COMPLETE DETAILS BELOW:

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR SUPPORTED THE BASIC TENETS AND BELIEFS OF ANY GROUP, ASSOCIATION OR ORGANIZATION WHICH ADVOCATES AGGRESSION OR VIOLENCE TOWARDS ANY PERSON OR GROUP OF PERSONS BECAUSE OF RACE, RELIGION OR ETHNIC ORIGIN? Yes No

IF YES, GIVE COMPLETE DETAILS BELOW:

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY LAW ENFORCEMENT ENTITY TO INCLUDE FEDERAL, STATE, LOCAL OR PUBLIC SAFETY EMPLOYER? Yes No

IF YES, LIST BELOW:

DATE: _____ AGENCY: _____

AGENCY PHONE NUMBER: _____

POSITION: _____

EMPLOYMENT STATUS: _____

DATE: _____ AGENCY: _____

AGENCY PHONE NUMBER: _____

POSITION: _____

EMPLOYMENT STATUS: _____

HAVE YOU EVER BEEN DENIED EMPLOYMENT WITH ANY LAW ENFORCEMENT ENTITY TO INCLUDE FEDERAL, STATE, LOCAL OR PUBLIC SAFETY EMPLOYER? (Exclude medical reasons)

Yes No

IF YES, EXPLAIN BELOW:

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL LAST ATTENDED OR GRADUATED FROM:

DATE OF GRADUATION: _____

IF YOU DID NOT GRADUATE, HIGHEST GRADE COMPLETED OR LAST YEAR ATTENDED:

IF G.E.D., GIVE DATE AND STATE OF ISSUANCE: _____

NAME AND LOCATION OF COLLEGE OR OTHER SCHOOLS ATTENDED:

MAJOR/MINOR: _____

TYPE OF DEGREE: _____

HAVE YOU EVER ATTENDED OR BEEN ENROLLED IN A POLICE OR PUBLIC SAFETY ACADEMY OR SCHOOL? Yes No IF YES, GIVE DETAILS BELOW:

NAME OF SCHOOL: _____ COURSE: _____

DATES ATTENDED: _____

NAME OF SCHOOL: _____ COURSE: _____

DATES ATTENDED: _____

FINANCIAL DATA

LIST ALL DEBTS, INCLUDING HOME MORTGAGES, CAR NOTES, OPEN CREDIT CARD ACCOUNTS, OTHER OPEN ACCOUNTS, SCHOOL AND PERSONAL LOANS:

TYPE OF ACCOUNT: _____ MONTHLY PAYMENT: _____

PRESENT BALANCE: _____

PAYEE NAME & FULL ADDRESS:

TYPE OF ACCOUNT: _____ MONTHLY PAYMENT: _____

PRESENT BALANCE: _____

PAYEE NAME & FULL ADDRESS:

TYPE OF ACCOUNT: _____ MONTHLY PAYMENT: _____

PRESENT BALANCE: _____

PAYEE NAME & FULL ADDRESS:

TYPE OF ACCOUNT: _____ MONTHLY PAYMENT: _____

PRESENT BALANCE: _____

PAYEE NAME & FULL ADDRESS:

TYPE OF ACCOUNT: _____ MONTHLY PAYMENT: _____

PRESENT BALANCE: _____

PAYEE NAME & FULL ADDRESS:

(COMPLETE AN ADDITIONAL SHEET IF NECESSARY)

HAVE YOU EVER FILED OR BEEN ADJUDICATED BANKRUPTCY? Yes No IF YES,

GIVE DATE OF DISCHARGE: _____

COURT OF JURISDICTION: _____

AMOUNT OF INDEBTEDNESS: _____ GIVE PERTINENT DETAILS:

ARE YOU NOW BEING OR HAVE YOU EVER BEEN SUED? Yes No IF YES, GIVE DETAILS,
SUCH AS DATE, PLACE, COURT, AMOUNT OF EACH JUDGEMENT AND FINAL DISPOSITION:

DO YOU PAY ALIMONY OR CHILD SUPPORT? Yes No

DO YOU RECEIVE ALIMONY OR CHILD SUPPORT PAYMENTS? Yes No

IF YES TO QUESTION #1, LIST TO WHOM: _____

IN THE AMOUNT OF: _____ PER MONTH: _____

TOTAL PER YEAR: _____

GIVE DETAILS:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex national origin, handicap or other protected status. Any periods of unemployment or military service must be accounted for. If you need additional space, please continue on a separate sheet of paper.

Name of Employer / Company:

Phone Number of Employer: _____

Dates Employed: From: _____ To: _____

Supervisor:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving:

Name of Employer / Company:

Phone Number of Employer: _____

Dates Employed: From: _____ To: _____

Supervisor:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting: Final:

Reason for Leaving:

Name of Employer / Company:

Phone Number of Employer: _____

Dates Employed: From: To:

Supervisor:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting: Final:

Reason for Leaving:

Name of Employer / Company:

Phone Number of Employer: _____

Dates Employed: From: To:

Supervisor:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting: Final:

Reason for Leaving:

ARREST RECORD

EXCLUDE ANY OFFENSE WHICH WAS TRIED IN A JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW.

HAVE YOU EVER BEEN CHARGED OR ARRESTED FOR ANY CRIMINAL OFFENSE? Yes No
IF YES, GIVE DETAILS BELOW:

DATE: _____ JURISDICTION: _____

CHARGE(S):

DISPOSITION:

RESIDENTIAL HISTORY

CHRONOLOGICALLY, LIST ALL YOUR RESIDENCES FOR THE PAST 10 YEARS STARTING WITH YOUR PRESENT ADDRESS. ALSO GIVE THE NAME AND CURRENT ADDRESS OF TWO NEAREST NEIGHBORS, ROOMMATES, LANDLORDS, REALTY COMPANY, ETC.

DATES: FROM: _____ TO: _____ OWN RENT

COMPLETE ADDRESS:

NEIGHBORS COMPLETE NAME AND ADDRESS:

1. _____

Neighbors Phone Number: _____

2. _____

Neighbors Phone Number: _____

IF RENTED, LIST LANDLORD'S NAME, ADDRESS & PHONE NUMBER: _____

DATES: FROM: _____ TO: _____ OWN RENT

COMPLETE ADDRESS:

Landlords Phone Number: _____

NEIGHBORS COMPLETE NAME AND ADDRESS:

1. _____

Neighbors Phone Number: _____

2. _____

Neighbors Phone Number: _____

IF RENTED, LIST LANDLORD'S NAME, ADDRESS & PHONE NUMBER: _____

Landlords Phone Number: _____

DATES: FROM: _____ TO: _____ OWN RENT

COMPLETE ADDRESS:

NEIGHBORS COMPLETE NAME AND ADDRESS:

1. _____

Neighbors Phone Number: _____

2. _____

Neighbors Phone Number: _____

IF RENTED, LIST LANDLORD'S NAME, ADDRESS & PHONE NUMBER: _____

Landlords Phone Number: _____

DATES: FROM: _____ TO: _____ OWN RENT

COMPLETE ADDRESS:

NEIGHBORS COMPLETE NAME AND ADDRESS:

1. _____

Neighbors Phone Number: _____

2. _____

Neighbors Phone Number: _____

IF RENTED, LIST LANDLORD'S NAME, ADDRESS & PHONE NUMBER: _____

Landlords Phone Number: _____

REFERENCES: LIST THREE PERSONS YOU HAVE KNOWN AT LEAST ONE YEAR. NOT RELATED TO YOU BY BLOOD OR MARRIAGE. GIVE FULL NAME, ADDRESS, TELEPHONE NUMBER, INCLUDING AREA AND ZIP CODES.

NAME: _____

ADDRESS:

Phone Number: Home: _____ Office: _____

Cellular: _____

OCCUPATION: _____

NAME: _____

ADDRESS:

Phone Number : Home: _____ Office: _____

Cellular: _____

OCCUPATION: _____

NAME: _____

ADDRESS:

Phone Number: Home: _____ Office: _____

Cellular: _____

OCCUPATION: _____

Describe specialized training, skills, qualifications and extra-curricular activities:

List professional, trade, business or civic activities and offices held:

Honors Received: State any additional information you feel may be helpful to us in considering your application:

STATE IN YOUR OWN WORDS WHY YOU WANT TO BE A DUMFRIES POLICE OFFICER. THIS IS TO BE WRITTEN IN NOT LESS THAN 25 WORDS, NOR MORE THAN 100 WORDS.

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

Check one: Male Female

Check one of the following: Race/Ethnic Group White Black Hispanic
 American Indian / Alaskan Native Asian / Pacific

Islander

Special Employment Notice to Disabled Veterans, Vietnam ERA Veterans and Individuals with Physical or Mental Handicaps.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Sign:

APPLICANT, PLEASE NOTE:

IT WILL BE NECESSARY FOR YOU TO FURNISH THE FOLLOWING DOCUMENTS AT THE TIME YOU SUBMIT YOUR APPLICATION.

- 1. COPY OF BIRTH CERTIFICATE OR OTHER DOCUMENT SHOWING YOU ARE A UNITED STATES CITIZEN.**
- 2. COPY OF HIGH SCHOOL DIPLOMA OR EQUIVALENT CERTIFICATE.**
- 3. COPY OF YOUR SOCIAL SECURITY CARD.**
- 4. SIGNED IMPLIED CONSENT FORM.**

IF APPLICABLE

- 5. COPY OF MILITARY DISCHARGE, (DD214) MEMBER 1 AND 4**
- 6. COPY OF MARRIAGE CERTIFICATE, IF MARRIED.**
- 7. COPY OF DIVORCE DECREE OR LEGAL SEPARATION PAPERS, IF DIVORCED OR SEPARATED.**
- 8. CERTIFIED COPIES OF COLLEGE OR UNIVERSITY TRANSCRIPT(S).**

Applicant's Statement:

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer,

Signature of Applicant:

Date:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself, by and to any duly authorized agent of the Town of Dumfries, 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 all records, wherever located, which pertain to me. This authorization overrides any claim of privilege or confidentiality previously made by me or on my behalf. This authorization covers, but is not limited to the following, which is by way of illustration and not by way of limitation:

- educational institutions;
- financial and/or credit institutions (including records of deposits, withdrawals and balances of checking and savings accounts; records of loans, repayments, deferments and defaults);
- credit agency reports and ratings;
- medical, psychiatric and psychological treatment and/or consultation (including hospitals, clinics, private practitioners and the U.S. Veterans Administration as well as reports of diagnosis, treatment and medications administered or prescribed);
- public utility companies;
- employment and pre-employment records (including background reports, polygraph reports, drug tests, efficiency ratings, complaints or grievances filed by or against me and salary records);
- tax statements and records (including both real and personal property taxes and income taxes);
- other financial statements and records wherever filed;
- records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and /or traffic records (except records which have been expunged by a court);
- records of complaints of a civil nature made by or against me, wherever located (including records and recollections of attorneys-at-law or other counsel, whether representing me or another person in any case in which I presently have or had an interest).

The intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Dumfries to consider in determining my suitability for employment. The purpose of such investigation is to determine my character and personality as they pertain to my ability to perform the duties of the position to which I have applied.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically listed above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this Release Authorization will be considered in determining my suitability for employment by the Town of Dumfries. I have had explained to me, and I fully understand that a refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

Date:

Signature of Applicant

Subscribed and Sworn before me this _____ day of _____, _____

Notary Public

My Commission Expires _____

Notary Number

For Personnel Department Use Only

Position Applied for is Open: Yes No

Position(s) Considered For:

Arrange Interview Yes No

Remarks

Interview

Date

Employed

Yes

No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

Name and Title

Date

Data Record

Confidential For personnel office use only

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As government contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT OR TYPE) Date of Application:

Position(s) Applied For

Referral Source:

Advertisement

Friend

Relative

Walk-In

Employment Agency Other

Name

Last

First

Middle

Address

Number

Street

City

State

Zip Code

Telephone Numbers: Office: _____ Home: _____

Cellular: _____

Date Available: _____

Social Security Number: _____