



Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, political affiliation, age, Veteran's status or a non-job-related medical condition or disability.

City of Franklin Application for Employment

Position Applied for: _____ Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Cell: _____ Email: _____

How do you hear about this position? _____

If you have been in the armed services, please set forth which branch, how long and what rank:

Date of discharge from the armed services: _____ Type of discharge: _____

Are you legally eligible for employment in this country? _____

Have you submitted a City of Franklin application before? _____

If yes, give approximate date and position for: _____

Have you ever been employed by the City of Franklin before? _____

If yes, give approximate date of hire and separation from service? _____

If it is necessary to call you, what is the best phone number to call: _____

May we contact you at your current job? _____

Please provide your Driver's License information (number/state of issue): _____

Have you ever been convicted of or pled no contest to a felony, misdemeanor or traffic offences such as driving under the influence, driving on a revoked or suspended driver's license or driving without a license? _____

If so, please indicate the offense(s), the approximate date(s) and the court(s) which heard the case:

Educational Background Beginning with High School

<u>School</u>	<u>Location</u>	<u>Course Study</u>	<u>Degree/Date</u>
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If you do not have a high school education but have earned a GED, please indicate below that you have a GED and when you obtained it:

Employment History

Chronologically list your occupation or employment for the past ten (10) years (most recent/current first). Use page 4 if necessary:

<u>From/To</u>	<u>Title</u>	<u>Company Name/Address</u>	<u>Duties</u>	<u>Reason for Leaving</u>
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Explain any gaps of three (3) months or more in your employment history: _____

Skills and Qualifications

Describe any special training, skills, licenses or certifications that may assist you in performing the position for which you are applying: _____

If you have computer skills, please indicate what skills you have and what software you are proficient in the use of: _____

Other Job-Related Information

Indicate below any other job-related information that you would like the City of Franklin Police Department to know about you: _____

References

Provide names and addresses of three (3) references, either business or personal, not related to you:

(1) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

(2) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

(3) Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

Additional Information



City of Franklin

AUTHORIZATION FOR RELEASE OF INFORMATION

To: (1) Any physician, hospital medical association, dentist, psychologist or (2) any Academic Dean, Registrar, Principle, Guidance Counselor of any school or college or (3) any law enforcement agency or (4) any past or present employer or (5) any U.S. Armed Forces or (6) any credit bureau.

I, _____ of _____

Have applied for employment with the City of Franklin, Virginia, Police Department. I have agreed as a condition of my application, to have background inquires made to, include my credit being investigated by representatives of the Franklin Police Department. I hereby authorize and request the release of any legal and all information you have concerning me to include transcripts of any academic records and credit reports, to a representative of the City of Franklin Police Department upon presentation of this release or a copy thereof.

I agree that any person(s) who may furnish such information concerning me shall not be held accountable for providing this information, and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information.

Date of Birth: _____ Place of Birth: _____

Selective Service No: _____ Phone Number: _____

Armed Forces Membership: _____

Veteran's Administration File No: _____

Given under my hand this _____ day of _____, 20____.

ACKNOWLEDGEMENT BY NOTARY PUBLIC

State of _____

County/City of _____, to wit:

On this day, _____, appeared before me and acknowledged his or her signature to the above authorization and release.

SIGNATURE OF NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____



BACKGROUND INVESTIGATION FORM

This application must be typewritten or clearly printed in black ink. All questions must be fully answered if applicable. If not applicable, indicate N/A. Applications which are incomplete and/or illegible will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, use page fourteen (14) of this application and refer to the question being answered.

Position Desired _____ Date _____

Personal Information

Name _____ Phone: _____

Other names used (nicknames, aliases, maiden name, former name changed legally or other wise) _____

Present address _____

City _____ State _____ Zip _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eye Color _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Driver's License Number: _____ State _____ Expires _____

List all previous driver's licenses held (# and state) _____

Selective Service Number: _____ Draft Status _____

MILITARY SERVICE

Have you ever been a member of the Armed Forces, US or Foreign? _____

Branch of Service: _____ Service No: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____ Place of Discharge: _____

Rank upon Entry: _____ Rank upon Discharge: _____

Reserve Obligation: Active: _____ Inactive: _____ Until: _____

Military Citations and Awards Received: _____

List any Disciplinary Actions or Military Court Actions Received:

<u>Date</u>	<u>Command</u>	<u>Location</u>	<u>Nature of Charge</u>	<u>Disposition</u>
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FAMILY DATA

Present Marital Status: Single___ Married ___ Widowed ___ Separated ___ Divorced ___

If Married, Widowed or Divorced- List present and former Spouse Information:

Name: _____ Social Security No: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Spouse's Place of Employment: _____

Business Address: _____

Occupation: _____ Business Phone: _____

If Divorced, give date, name and location of court granting the decree:

Date: _____ Name of Court: _____

Location of Court: _____

List the names, ages and relationship of all persons living with you:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's Name: _____ DOB: _____

Address: _____

Occupation: _____ Cell Phone No: _____

Mother's Name: _____ DOB: _____

Address: _____

Occupation: _____ Cell Phone No: _____

Father-in-Law's Name: _____ DOB: _____

Address: _____

Occupation: _____ Cell Phone No: _____

Mother-in-Law's Name: _____ DOB: _____

Address: _____

Occupation: _____ Cell Phone No: _____

List the names, ages addresses and occupations of all brothers and sisters including step siblings

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

List your addresses for the past fifteen (15) years. If you have served in the Armed Forces, list your duty stations while in the military. Start with your present address and work back.

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

Addresses for the past fifteen (15) years continued:

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Address: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT

Start with your current employer and work back for the past ten (10) years, include periods of unemployment:

From/To: _____ Name of Employer: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Position Held: _____ Salary: _____

Reason for Leaving: _____

From/To: _____ Name of Employer: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Supervisor: _____ Position Held: _____ Salary: _____

Reason for Leaving: _____

From/To: _____ Name of Employer: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Position Held: _____ Salary: _____
Reason for Leaving: _____

From/To: _____ Name of Employer: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Position Held: _____ Salary: _____
Reason for Leaving: _____

From/To: _____ Name of Employer: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Position Held: _____ Salary: _____
Reason for Leaving: _____

From/To: _____ Name of Employer: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Position Held: _____ Salary: _____
Reason for Leaving: _____

From/To: _____ Name of Employer: _____
Address: _____ Business Phone: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Position Held: _____ Salary: _____
Reason for Leaving: _____

Have you ever received any disciplinary action against you on any job? _____

If yes, explain in detail: _____

If additional space is needed, use page fourteen (14).

LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense? _____

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? _____

Have you ever been required to furnish bail or bond for an appearance in any court of law?

Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor? _____

If yes, explain, in detail, include date, jurisdiction and disposition: _____

Have you ever tried, used or experimented with any of the following illegal drugs or substances:

Marijuana _____

Heroin _____

Speed _____

LSD _____

Cocaine/Crack _____

Hashish _____

Other: _____

Note: The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. Willful concealment of drug use will be grounds for rejection of your application or for dismissal from the City of Franklin Police Department if you have been employed.

FINANCIAL STATEMENT

Are you currently meeting your financial obligations? _____

Have you ever been contacted by a collection agency regarding any outstanding unpaid debt?

Have you ever been contacted for the collection of any debt contracted by you? _____

Have you ever been declared officially bankrupt? _____

Have you ever had any judgments against you or pending at this time? _____

If yes, give date, name of court and location: _____

List your current indebtedness:

Amount Owed	Payment	To Whom Owed	For What
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS INFORMATION

Have you previously served as a law enforcement officer? _____

If yes, indicate in what capacity you served, where, and when, and why you left: _____

Have you ever applied for employment with any Fire, Rescue or Law Enforcement agency/department? _____

If yes, give date, agency, location and status of the application:

Date	Agency	Location	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any relatives, friends or acquaintances employed by any Law Enforcement, Fire or Rescue agency/department:

Name	Agency	Location	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, names of institutions, location and course of instruction. If you graduated, type of degree or diploma:

From/To	_____	School	_____
Location/address	_____		
Course Pursued	_____	Degree or Diploma	_____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

From/To _____ School _____

Location/address _____

Course Pursued _____ Degree or Diploma _____

Do you have any special training or hold any license or permit? _____

REFERNCES

List the name, address and phone number of three (3) personal references not related to you and who you have known you for at least four years:

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

Name: _____ Age: _____ Cell Phone No: _____

Address: _____

Occupation: _____

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past:

ADDITIONAL INFORMATION SHEET IF NEEDED

Please note the question you are adding additional information for:

[illegible]

BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS RELATES TO THE QUESTION ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT, OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.

Signature of Applicant _____ Date _____

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

Witnessed By _____ Date _____