



WAYNESBORO POLICE DEPARTMENT

APPLICANT INSTRUCTION SHEET

1. **Fill in the application and Personal History Questionnaire completely. All blanks must be either filled in or N/A put in those that do not apply.**
2. Please print or type application. Longhand is not acceptable (unless specified).
3. The **Authorization For Release Of Information and Credit Report forms** must be signed, notarized and returned with the application. **The application will not be processed unless this form is properly executed.**
4. The completed application must be returned to the Human Resources Department. The application may be mailed or hand delivered to the following address:

City of Waynesboro
Human Resources Department
503 W. Main Street, Room 102
Waynesboro, VA 22980

NOTE: Any application not received by one of the above methods may not be considered in the employment process.

5. **A copy of your DMV driving record must be submitted with the application.**
6. **A copy of your High School Diploma or GED Certification Equivalency must accompany your application.** If you do not have these documents in your possession, you must make a statement to that fact and let us know that you are in the process of obtaining a duplicate or transcript from the learning institution. At least one of these must be provided before a hiring decision is made.



CITY OF WAYNESBORO

POLICE DEPARTMENT

250 South Wayne Avenue
Suite 102, Box 3
Waynesboro, Virginia 22980-4622

POLICE OFFICER APPLICANT INFORMATION

Starting Salary: \$31,000 Merit or Cost of Living Raises approved by City Council annually

Probationary Period: Eighteen Months

Health Insurance: Southern Health

Retirement: Virginia Retirement System. 5% contribution from employee required, Retirement at age 50 after 25 years of service.

Long Term Disability Policy: Two-thirds of your salary paid after a 90 day absence from work until such time the employee can return to work or is declared totally disabled

Workman's Compensation: Any injury resulting from work is covered totally

Sick Leave: One day per month of service unlimited accumulation

Vacation: (Accrued Monthly)

- 5 days -- First year
- 10 days -- Two to Five Years
- 12 days -- Six to Ten Years
- 15 days -- Eleven to Fifteen Years
- 18 days -- Sixteen to Twenty Years
- 20 days -- Twenty-one plus Years

Maximum accrual of 36 days of vacation (288 hours)

Authorized Overtime: 1 ½ Times regular rate of pay

Holidays: Ten days

Uniforms: Furnished

Working Hours: Rotating Shift

Commonwealth of Virginia Minimum Standards for a Police Officer:

1. Must be a United States Citizen.
2. Must be a High School Graduate or have a GED certificate.
3. Must possess or be able to obtain a Virginia Operator's License.
4. Must pass a physical examination.
5. Must pass a complete background investigation.

Agreement for the Reimbursement of Police Related Training and Equipment

1. Three year agreement with "forgiveness schedule"



CITY OF WAYNESBORO

POLICE DEPARTMENT

250 South Wayne Avenue
Suite 102, Box 3
Waynesboro, Virginia 22980-4622

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ have applied for employment with the Waynesboro Police Department. I hereby authorize the Waynesboro Police Department (Herein the "WPD") and any duly appointed person acting on its behalf, to call and inquire into my background with prior employers, references, and any other person or entity that may have material information on me. This authority extends without limitation to obtaining any information from schools, financial institutions, doctors, hospitals, residential management agents, current or prior employers, criminal justice agencies, and individuals, relating to my activities. This information may include, but is not limited to, academic, medical, background, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.

I hereby specifically authorize and direct anyone who receives an oral or written request for information from the WPD to give any information (including opinions) that they may have to the WPD as to my character and fitness for working at the WPD. You are authorized to answer all of the WPD's questions and to release any requested documentation, forms or information to the WPD whether the information is oral or in writing.

I hereby fully and completely release any individual, church, company, corporation, agency or other person with whom the WPD conducts an inquiry, including record custodians, both collectively and individually, from any and all liability for any damages of whatever kind or nature that I, my heirs or family may allege happened to me at any time on account of compliance or any attempts to comply with this authorization.

I waive the right to inspect any information provided about me to the WPD by any person and waive the right to inspect the WPD's notes and files compiled as a result of any background check.

I have carefully read this Authorization For Release Of Information and sign it willingly with the intent that it be relied upon by any person or entity that receives it from the WPD. A photocopy of this Authorization For Release Of Information shall be effective as an original. This Authorization For Release Of Information is not limited as to time.

Social Security Number: _____

Given under my hand this ___ day of _____, 20__ .

Signature

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My Commission expires on the ___ day of _____, 20__

Notary Public

Phone 540-942-6545/Fax 540-942-6689

"We are in partnership with the community to provide a strong, safe and secure environment in which citizens of Waynesboro can live, work, play and prosper."



CITY OF WAYNESBORO

POLICE DEPARTMENT

250 South Wayne Avenue
Suite 102, Box 3
Waynesboro, Virginia 22980-4622

Police Department

Pursuant to 15 U. S. Code 1681b, I, _____
(Print name & social security number)

Hereby authorize the Waynesboro Police Department to request a copy of my credit report from a credit reporting agency of its choosing, for the purpose of evaluating my application for employment at the WPD.

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

Signature

State of Virginia, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ of _____, 20____.

Notary Public

II. FAMILY INFORMATION

a) Present Marital Status: () Single () Married () Widowed () Separated () Divorced

b) Spouse/Fiancee' Name: _____

Address: _____

Telephone: Home _____ Business _____

c) If ever separated or divorced, give date, name, and location of court granting decree:

| Name of Court | Location | Date |
|---------------|----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

d) Name and address of spouse(s) if separated or divorced:

1) _____

2) _____

e) Your father's full name, sex, date of birth: _____

Address: _____

f) Your mother's full name, sex, date of birth: _____

Address: _____

g) List the full name, race, sex, date of birth, and relationship of all persons living with you:

1) _____

2) _____

3) _____

4) _____

h) List all your addresses for the past 15 years. Start with your present address and work back. If you have served in the military, include your duty stations.

| <u>FROM</u> | <u>TO</u> | <u>ADDRESS</u> | <u>CITY/STATE/ZIP</u> |
|-------------|-----------|----------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

III. EMPLOYMENT HISTORY

Begin with your present job and list your work history for the past 10 years. Include periods of unemployment and part-time, temporary or seasonal jobs. Also include any volunteer work, military service, or reserve military service.

a) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

b) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

c) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

d) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

e) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

f) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

g) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

h) Employer name, address, telephone#: _____

Job Title: _____

Supervisor & Present Phone#: _____

Salary: Start _____ Finish _____ Dates: From _____ To _____

i) Have you ever been fired, discharged, or asked to resign from any of the positions you have listed above? If yes, give details:

j) Have you ever resigned or quit after being informed that your employer intended to fire or discharge you? If yes, give details:

IV. EDUCATIONAL HISTORY

List the name, address, dates of attendance, major course of study, graduation date, and type of degree (if applicable) for all high schools, colleges, universities, professional and trade schools you have attended. Start with the most recent.

Name Address Attendance Dates Major Graduation Date Degree/License/Diploma

V. FINANCIAL HISTORY

Give the names and address of all individuals, companies, or others to whom you are indebted. List the kind of debt and the amount. Include

any loans on which you are co-maker. Include any gambling debts. Include bankruptcy if applicable.

| <u>Name and address of creditor</u> | <u>Kind of debt</u> | <u>Amount</u> |
|-------------------------------------|---------------------|---------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

VI. LEGAL HISTORY

- a) If you served in the military, were you ever arrested or detained for any offense that could have resulted in a trial by deck court, summary, special, or general court-martial?

- b) Have you ever been arrested or detained by a law enforcement agency? _____
- c) Have you ever been involved in any court action, civil or criminal? Include bankruptcy if applicable _____
- d) Have you ever received a traffic summons? _____
- e) Have you ever been fingerprinted for any reason? _____
- f) Is any civil or criminal action involving you now pending? _____
- g) Has anyone residing with you ever been convicted of a felony?

- h) Have you ever had a driver's license application rejected or have you ever had your license suspended or revoked? _____

- i) Have you ever been involved in a transaction where illegal drugs were bought or sold? _____
- j) Have you gambled or bet within the last two years? _____
- k) If the answer to any of the above questions is YES, list below the date, place and full details of each incident. Use extra sheets if necessary.

VII. VEHICLE OPERATOR'S LICENSE

- a) List the state of issue, type of license, and restrictions on all licenses you have had: _____

VIII. HOBBIES AND SPORTS

IX. DRUG AND ALCOHOL HISTORY

RESPONSES TO THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU. FALSIFICATION OF INFORMATION WILL DISQUALIFY YOU. ANSWER THE QUESTIONS COMPLETELY.

- a) Have you smoked or used tobacco within the last two years?

- b) Have you consumed any alcoholic beverages within the last two years? _____
- c) Have you used, smoked, injected, inhaled, or absorbed any nonprescribed, controlled substance within the last two years? If yes, identify the controlled substance.

- d) Have you ever used or experimented with any of the following substances: hallucinogens (LSD, PCP, etc.), barbiturates, amphetamines, marijuana, hashish, cocaine, or other illegal and controlled substances? If yes, identify the controlled substance.

X. ADDITIONAL INFORMATION

- a) Have you ever applied for employment with this Department or any other police department? If yes, give date, department, location and status of application.

- b) Do you have any relatives, friends, or acquaintances employed by any police department? If yes, list their names, departments, locations, and positions.

- c) How many times were you late to work the past year?

- d) Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? If yes, give full details.

XI.

In your own words and handwriting, explain why you want to become a Waynesboro Police Officer. Do not print. A minimum of 100 words is required to complete this section.



EMPLOYMENT APPLICATION

CITY OF WAYNESBORO, VIRGINIA

503 West Main Street Waynesboro, Virginia 22980

Leadership Philosophy

We believe that the City employees are the foundation of a high performance organization and are integral to the quality of services provided to the citizens of Waynesboro.

We believe that Waynesboro's high performance organization encourages participation in initiatives, promotes personal growth, provides educational opportunities, embraces a clear and inspirational vision and acts in accordance with defined values.

We believe a free-flowing network of communication and collaboration is essential to fostering this high performing organizational community resulting in high quality and efficient public service.

AN EQUAL OPPORTUNITY EMPLOYER

To applicant: The City of Waynesboro appreciates your interest in becoming an employee, and assures you that the city is sincerely interested in you and your qualifications. Therefore, a clear understanding of your background and history is necessary for evaluation and possible placement of you into the best-qualified position. Detail descriptions help us to better understand your qualifications. **Please complete entire application. An incomplete or falsified application is grounds for immediate disqualification. All statements are subject to investigation and verification by the Human Resources Department of the City of Waynesboro, Virginia. It is the policy of the City of Waynesboro, Virginia to provide equal employment opportunity without regard to race, age, sex, national origin, religion, political affiliation or handicap.**

| PERSONAL | | | | | |
|---|--------------|------------------------|-----------------------------|------------------------------|--|
| 1. Name | | 2. Social Security No. | | 3. Position Applying For | |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | | | |
| 4. Address | | | | 5. Telephone Number | |
| | | | | Home | |
| | | | | Other | |
| 6. Have you been employed by the City of Waynesboro before? | | Yes | No | Dates of previous employment | From |
| | | | | | To |
| 7. When can you begin work? | | | 8. What salary is expected? | | 9. Do you have a valid driver's license? |
| 10. <i>For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants", please state whether you are legally eligible for employment in the United States. Yes No (You are legally eligible for employment if you are United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Dept. of Justice or U.S. Dept. of Labor.)</i> | | | | | |
| 11. Except for minor traffic violations, have you ever been convicted of any violation of law? Yes No | | | | | |
| If yes, explain. | | | | | |
| 12. Do you have any relatives who work for the City? | | Yes | No | Dept. | Relation |
| Name | | Position | | | |

EDUCATION

| School | Name and Address Of School | Course of Study | Highest Grade Completed | Did you Graduate? |
|-----------------|-------------------------------|--------------------|----------------------------|----------------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Technical/Other | | | | |

EMPLOYMENT EXPERIENCE

Start with your present or last job and work back. Include paid or unpaid, full or part-time, summer jobs, etc. If additional space is needed, use a plain piece of paper and attach to last page of application.

May your present employer be contacted? Yes No

| | |
|---|---|
| Employer: _____ | Phone: (_____) _____ |
| Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;">NumberStreetCityStateZip Code</small> | |
| Last Position: _____ | Employed from: _____ to _____ Last Rate of Pay: _____ |
| Supervisor Name / Title: _____ | |
| Duties and Responsibilities: _____ _____ _____ | |
| Reason for Leaving: _____ | |

| | |
|---|---|
| Employer: _____ | Phone: (_____) _____ |
| Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;">NumberStreetCityStateZip Code</small> | |
| Last Position: _____ | Employed from: _____ to _____ Last Rate of Pay: _____ |
| Supervisor Name / Title: _____ | |
| Duties and Responsibilities: _____ _____ _____ | |
| Reason for Leaving: _____ | |

Employment continued on next page...

Employer: _____ Phone: (_____) _____

Address: _____
Number Street City State Zip Code

Last Position: _____ Employed from: _____ to _____ Last Rate of Pay: _____

Supervisor Name / Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

REFERENCES

PLEASE LIST THREE REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS

| NAME | OCCUPATION | ADDRESS | PHONE | YEARS KNOWN |
|------|------------|---------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

Waynesboro City Government Values

Leadership

To guide and inspire others to achieve personal and organizational goals and to maximize the full potential of members of the organization.

Communication and Collaboration

Sharing truthful and meaningful information with all members of the organization and community and listening actively for the purpose of achieving positive outcomes.

Teamwork

Working together with a common purpose and with a shared identity to intentionally create and maintain a cooperative and productive climate within the organization.

Commitment to Excellence

Sincere determination to achieve a superior level of performance.

Creativity

Seeking opportunities to explore new ideas and cultivating an environment that celebrates talents and capabilities.

Responsive Customer Service

A willingness to take personal responsibility for full and fair delivery of customer service by being accessible, informative, respectful and courteous to all individuals.

Public Stewardship

A sincere desire to advance the best interests of the community, and a personal satisfaction taken in our role as keepers of the public trust.

In accordance with the City of Waynesboro's drug policy, Ordinance 1994-4, individuals offered employment are required to submit to a drug test. Offers of employment are conditional on the passage of the test.

I certify that 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 decisions regarding my employment or continued employment. I understand that this application is not and is not intended to be a contract of employment.

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, regulations and also will support and commit to upholding the values of this organization.

Signature of Applicant

Date

OPTIONAL: (Applicants are not required to complete this form).

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion or disability.

Check the line for the racial or ethnic group with which you identify:

- _____ White (includes Arabian)
- _____ Black (includes Jamaicans, Bahamians, and other Caribbeans of African but not Hispanic or Arabian descent)
- _____ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- _____ Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)
- _____ American Indian (includes Alaskans)

Check the line for the highest level of education you have completed (check only one):

- _____ Less than 8th grade
- _____ Completed 8th grade
- _____ Attended high school
- _____ High school graduate or equivalent
- _____ Attended college and/or associate degree
- _____ College graduate
- _____ Attended Graduate school
- _____ Master's Degree
- _____ Graduate study beyond master's requirements
- _____ Ph.D. or other professional degree

Check the appropriate line:

- _____ Female
- _____ Male

Please indicate your date of birth:

_____/_____/_____

Position applied for:

For Office Use Only

EEO Category: _____