



# MOUNT JACKSON POLICE DEPARTMENT

P. O. BOX 487 MOUNT JACKSON, VIRGINIA 22842

PHONE: (540) 477-2242 FAX: (540) 477-2302

CHIEF OF POLICE J. K. COWART



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## Application for Employment

To All Applicants:

**The following are requirements for this position:**

- 21 years of age or older
- Hold a current Virginia driver's license
- High School diploma or equivalent
- U.S. citizenship
- Virginia certification in law enforcement
- Must not have been convicted of, pled guilty to or no contest to a felony or any offense that would be a felony if committed in Virginia.

**Prior to an interview, the following must be supplied to Town staff:**

- A completed application for employment as provided
- Copy of high school diploma/GED
- Copy of college diploma, if applicable
- Copy of current valid driver's license
- Copy of DCJS and any other applicable certificates
- Signed and notarized release forms for the Town to run a background check, financial report and driver's record

Any application that is not fully completed will not be considered.

The cost of obtaining of the items listed above will not be reimbursed by the Town of Mount Jackson or the Mount Jackson Police Department.

All items submitted with the application will become the property of the Town of Mount Jackson and will not be returned to the applicant.



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## Application for Employment

The Town of Mount Jackson is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_  Full Time  Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (*circle one*) 1 2 3 4 **Diploma:**  Yes  No **G.E.D.:**  Yes  No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of Years Completed (*circle one*) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

### Other Training or Degrees:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

### PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held \_\_\_\_\_ State of Virginia License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_ Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 180 days only.  
Consideration for employment after 180 days requires a new application.**



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Have you ever been employed in any facility of The Town of Mount Jackson?  Yes  No

If so, please state facility name and location and dates of employment \_\_\_\_\_

### RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?

Yes  No

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

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer?  Yes  No

If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_



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If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?      \_\_\_ Yes      \_\_\_ No

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

**REFERENCES:**

**Professional**

**Personal**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Phone (    ) \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Phone (    ) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Town of Mount Jackson to verify their accuracy and to obtain reference information on my work performance. I hereby release The Town of Mount Jackson from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause.

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

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



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

To Whom it May Concern:

I hereby authorize a representative of the Town of Mount Jackson, bearing this release or copy thereof, within one year of the above date, to obtain any information in your files pertaining to my police record, medical record, credit record, school record, or past and present employee record for the purpose of a background investigation.

In applying for employment with the Town of Mount Jackson, I hereby waive my right of access to the letters relating to police records, medical, credit, school or employment history and letters of recommendations.

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

\_\_\_\_\_  
Applicant Name Printed

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Commonwealth of Virginia

County of Shenandoah

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Notary Registration Number: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Stamp