



OCCOQUAN POLICE DEPARTMENT

314 Mill Street • PO Box 195 • Occoquan, Virginia 22125
(703) 491-1918 • Fax (571) 398-5016 • info@occoquanva.gov
www.occoquanva.gov



APPLICATION COVER

Position applied for: Police Officer

Full-Time

Part-Time

Auxiliary Police Officer

Level 1 - Sworn - full police powers

Level 2 - Sworn - limited police powers

Level 3 - administrative

Basic Personal Information

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Telephone Number: () _____ () _____ () _____
Home Number Daytime Number Cell Number

Please attach your resume to this cover page



TOWN OF OCCOQUAN

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EMPLOYMENT APPLICATION

The Town of Occoquan 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 Seasonal

Date Available _____ Salary Desired _____ Phone Number _____

Email _____ Social Security Number _____

Are you over 18 years old? Yes No | If required, will you work: Saturdays and Sundays Yes No | Holidays 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 30 days only.
Consideration for employment after 30 days requires a new application.**

SKILLS:

Please list any skills you have that are appropriate for the position you are applying for: _____

Have you ever been employed by the Town of Occoquan? ___ Yes ___ No
If so, please state position held 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 ___ Seasonal ___ 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 ___ Seasonal ___ No. of Hrs. _____

Reason for Leaving _____

Employer _____ **Address** _____

Telephone _____ Position _____
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Salary _____ Supervisor _____ Department _____

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Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From ____ (Mo/Yr) To ____ (Mo/Yr)

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ Seasonal ___ No. of Hrs. ____

Reason for Leaving _____

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 (____) _____

Email _____

Email _____

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Email _____

Email _____

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 Occoquan to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Occoquan 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 Town. 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 Town may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date: _____