



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: \_\_\_\_\_

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**Skills and Qualifications**

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

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

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**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: \_\_\_\_\_

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### 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

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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 an 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: \_\_\_\_\_

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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?

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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: \_\_\_\_\_

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

Marijuana \_\_\_\_\_

Heroin \_\_\_\_\_

Speed \_\_\_\_\_

LSD \_\_\_\_\_

Cocaine/Crack \_\_\_\_\_

Hashish \_\_\_\_\_

Other: \_\_\_\_\_

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**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?

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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? \_\_\_\_\_

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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: \_\_\_\_\_





**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 \_\_\_\_\_