



Instructions: Each question should be answered fully, accurately and neatly. Applications may be typed and E-Mailed.

APPLICATION INFORMATION										
Last Name		First		M.I.		Date				
Street Address				Apartment/Unit#						
City			State		Zip					
Primary Phone			Date of birth							
Other name(s) used:			When name(s) used:							
Position applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for the City of Hampton	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Are you related to anyone employed by the City of Hampton?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
MILITARY SERVICE										
Branch			From		To					
Rank at Discharge			Type of Discharge							
If other than honorable, explain:										
List ANY disciplinary actions:										

BEGIN WITH YOUR CURRENT DRIVER'S LICENSE AND LIST ANY AND ALL STATES WHERE YOU HAVE HELD A LICENSE TO OPERATE A MOTOR VEHICLE.

DRIVER INFORMATION			
State		Operator name/license number	
State		Operator name/license number	
State		Operator name/license number	
State		Operator name/license number	



SOCIAL MEDIA ACCOUNTS			
<i>PLEASE LIST ANY SOCIAL MEDIA ACCOUNTS AND CURRENT OR PREVIOUS EMAIL ACCOUNTS</i>			
Website		Screen/account name	
Website		Screen/account name	
Website		Screen/account name	
Website		Screen/account name	
Website		Screen/account name	
Website		Screen/account name	
E-Mail			
E-Mail			
E-Mail			
E-Mail			
E-Mail			
E-Mail			

BEGIN WITH YOUR PRESENT EMPLOYER AND WORK BACK FOR THE PAST TEN YEARS. INCLUDE PERIODS OF UNEMPLOYMENT.

PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Please check one:	Resigned: <input type="checkbox"/>	Terminated: <input type="checkbox"/>	
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Please check one:	Resigned:	Terminated:	

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 40 Lincoln Street
 Hampton, VA 23669
 Recruiting@hampton.gov

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Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Please check one:	Resigned: <input type="checkbox"/>	Terminated: <input type="checkbox"/>	
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Please check one:	Resigned: <input type="checkbox"/>	Terminated: <input type="checkbox"/>	

LIST YOUR ADDRESSES FOR THE LAST TEN (10) YEARS. IF YOU HAVE SERVED IN THE ARMED FORCES LIST YOUR DUTY STATIONS. START WITH YOUR PRESENT ADDRESS AND WORK BACK.

ADDRESS			
Address format: (street number, street name, city, state and zip code) Ex. 40 Lincoln Street Hampton, VA 23669			
From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			

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From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			
From		To	
Address			

REFERENCES			
<i>Please list six references, other than family, that can speak to your character</i>			
Full Name		Relationship	
Company		Phone	
Address		E-Mail	
Full Name		Relationship	
Company		Phone	
Address		E-Mail	
Full Name		Relationship	
Company		Phone	
Address		E-Mail	
Full Name		Relationship	
Company		Phone	
Address		E-Mail	
Full Name		Relationship	
Company		Phone	
Address		E-Mail	



Provide appropriate answers to the below questions. Explanations can be completed on page 9. Please reference the question number at the beginning of your explanation.

		YES	NO
1.	Will you consent to a thorough background investigation of your character?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will you consent to a rigid medical examination by a physician, upon conditional offer of employment?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been rejected for employment, for ANY reason, by ANY law enforcement agency? If "yes", explain on the explanation page what agency and why.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been terminated by ANY law enforcement agency? If "yes", give the date of termination and reason for termination on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been terminated or asked to resign from ANY job? If "yes", please list on the explanation page the name of job(s), dates of employment, and reason for termination or resignation under pressure.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you EVER , as an ADULT or JUVENILE, been arrested, charged, indicted or convicted for violation(s) of ANY city, municipal, state, or federal law, whether Felony or Misdemeanor? If so, utilize the explanation page to provide an explanation that includes date, location, charge and disposition.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you EVER been required to furnish bail or bond for an appearance in ANY court? If yes, please explain on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you EVER been detained by ANY law enforcement representative, been the subject of ANY criminal investigation, or been named as the accused on a warrant? If "yes", explain on the explanation page in detail.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you EVER received ANY tickets for traffic violations (excluding parking tickets) on ANY license that you have held since you began driving? If "yes", list type of violation, date received, jurisdiction, and disposition (i.e. fine, suspension, charge(s) dismissed) on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you EVER been involved in a motor vehicle accident? If yes, please provide date, location, and disposition (i.e. fine, suspension, charge(s) dismissed) on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you EVER had your license suspended or revoked? If so, provide date, location and disposition on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you EVER consumed ANY drugs prescribed for another person? If "yes" on the explanation page provide name or type of drug(s) and the last time consumed:	<input type="checkbox"/>	<input type="checkbox"/>



13.	Have you EVER used, tried, ingested, or experimented with marijuana or hashish (including as a juvenile or even one experimental use)? If "yes", provide a list the date of the first use and the date of the last use on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you EVER used, tried, ingested, or experimented with ANY other type of illegal narcotics or dangerous drugs or substances (i.e. heroin, cocaine, speed, LSD, methamphetamine, anabolic steroids, pcp, ecstasy, hallucinogens, exotic drugs, spice/salvia, etc.)? If "yes", on explanation page indicate what type of drug and when you last used it?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you EVER sold ANY type of illegal drug, delivered illegal drugs, or directed another person where to buy drugs? If "yes", on the explanation page indicate what type of drug and the last time you engaged in these activities.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever filed or declared bankruptcy, had ANY judgments, repossessions, foreclosures, or collections? If yes, on the explanation page provide details and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you currently meeting your financial obligations? Note: An applicant's prior financial history will not be the sole determination for disqualification from the selection process.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you know of anything that might prevent you from obtaining the position you have applied for? If so, please provide your concerns on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you ever been a Plaintiff or Defendant in a lawsuit? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever had your wages garnished? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are there ANY unpaid judgments against you? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are you delinquent in property taxes or other taxes? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you ever had a charge, complaint, or lawsuit filed against you alleging the use of excessive force? If so, provide details on explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
24.	Have you ever had a charge, complaint, or lawsuit filed against you alleging false arrest? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>



25.	Have you ever been a member of the Armed Forces in the United States or foreign country? If so, indicate: branch of service, date of entry, date of discharge, type of discharge. List ANY disciplinary actions (Article 15's, Court Martials, NJP's, Captains Mast, etc.) on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have you ever been a complainant, victim, or been involved in a complaint of domestic violence? If so, provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
27.	Do you have ANY visible tattoos and/or brands? Visible is defined as the area that is exposed to public view in short sleeves or the areas that are exposed in shorts. If "yes", provide the location and meaning of each one on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
28.	Have you ever received written reprimands from supervisors or employers for not doing your job correctly or conduct violations? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
29.	Have you been counseled or received warning for being late or absent from work? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
30.	Have you ever been suspended from a job for a period of time with or without pay? If so, please provide details on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
31.	Have you purposely omitted ANY information from your employment application?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are you available to work any hour of the day, day of the week, including holidays and be available during unusual occurrences for call-outs?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Did you file Federal and State Income Taxes last year?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Have you applied for ANY other Law Enforcement Agencies (Federal, State, & Local) either presently or in the past? If so, please list and provide disposition on the explanation page.	<input type="checkbox"/>	<input type="checkbox"/>
35.	Any volunteer work or internships as part of College within the last two years? If so, please list on the explanation page .	<input type="checkbox"/>	<input type="checkbox"/>
36.	How did you hear about the Hampton Police Division? Website, Facebook, Twitter, Online search? Please list on the explanation page.		



Provide the following regarding Family Relationships:

FAMILY BACKGROUND:			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
<i>Family Data: Please complete the following;</i>			
Father's Name		Date of Birth	
Address		Phone	
Occupation			
Mother's Name		Date of Birth	
Address		Phone	
Occupation			
Father in Law Name		Date of Birth	
Address		Phone	
Occupation			
Mother in Law Name		Date of Birth	
Address		Phone	
Occupation			

Provide the following for any household members:

NAME	ADDRESS	AGE	OCCUPATION	PHONE

If Divorced please provide the following:

Name of Court		Date of Decree	
Address of Court		City	
State		Zip Code	

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USE THIS SPACE TO CONTINUE TO ANSWER FOR ANY PREVIOUS QUESTIONS. BE SURE TO IDENTIFY THE QUESTION AND PAGE NUMBER BEING CONTINUED.

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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and my result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application through the services of City of Hampton or an outside agency. I understand that these investigations will include information of public record, which could include DMV records, civil and criminal court records, and other records as may be appropriate. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. Previous employment references will also be checked.

I hereby fully waive any rights or claims I have against all current and/or former employers, and their agents, employees and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me.

****DISCLOSURE:** If signing electronically, such signature shall be a valid signature for purposes of submitting this form to the Hampton Police Division.**

Print
Name: _____

Signature: _____ **Date:** _____