



## PATROL OFFICER

The Town of Lawrenceville is seeking applicants for Patrol Officer.

Duties include but are not limited to:

- Day to Day patrolling of the Town of Lawrenceville.
- Answering complaints from citizens.
- Enforcing laws of the Commonwealth of Virginia, municipal code, and federal violations.
- Investigating criminal and traffic offenses.
- Effecting arrests.
- Communicating both orally and in writing. (Effectively interviewing individuals)
- Testifying in court.
- Safely operate a law enforcement vehicle.
- Safe loading, unloading, and firing of issued firearms.
- Reading and comprehension of a variety of legal and administrative documents.

Minimum Qualifications for Patrol Officer:

- Must be at least 21 years old.
- Must be a high school graduate or equivalent.
- Must be a United States Citizen.

Lawrenceville Police Department  
400 N Main Street  
Lawrenceville, Virginia 23868  
(434) 848-2020



- Must be of good character and reputation as established by a background investigation: educational achievements, prior work experience, character and reputation, credit history and police record.
- Must not have been convicted, pled guilty or pled no contest to a felony or any offense
- Must successfully pass a pre-employment physical and drug screen.
- Must be in possession of a valid Virginia and good driving record.
- Must be willing to work 12 hour shifts.
- Must attend a state mandated training session. (CVCJA)

Skills:

- Effective keyboarding and computer skills.
- Preferred DCJS Law Enforcement basic certification or related work experience.  
(Salary is commensurate with qualifications and experience.)

Applications will be received at the Town of Lawrenceville Municipal Building located at 400 N. Main Street Lawrenceville, VA 23868 until the position is filled.

Applications can be picked up at Municipal Building or  
[www.lawrencevillepolice.org](http://www.lawrencevillepolice.org) Town of Lawrenceville is an equal opportunity employer.

Lawrenceville Police Department  
400 N Main Street  
Lawrenceville, Virginia 23868  
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## Instructions for the online application

This PDF document contains the fillable application.

Save this file to your computer / table / device.

Fill out the below form and e-mail it's entirety to [chief@lawrencevillepolice.org](mailto:chief@lawrencevillepolice.org).

If you have any questions please e-mail [chief@lawrencevillepolice.org](mailto:chief@lawrencevillepolice.org)

Thank you.

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is:

\_\_\_\_:\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before? .....

☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....

☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....

☐ Yes ☐ No

Are you currently employed? .....

☐ Yes ☐ No

May we contact your present employer? .....

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment. ....* ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....

☐ Yes ☐ No

Can you travel if a job requires it? .....

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_\_\_YES \_\_\_\_\_NO

## REFERENCES

1.	_____ ( _____ ) _____	Phone #
	(Name)	
	_____	
	(Address)	
2.	_____ ( _____ ) _____	Phone #
	(Name)	
	_____	
	(Address)	
3.	_____ ( _____ ) _____	Phone #
	(Name)	
	_____	
	(Address)	

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_



# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

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 and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

