

**CITY OF LEXINGTON  
POLICE DEPARTMENT**

300 East Washington Street  
Post Office Box 922  
Lexington, Virginia 24450  
[540] 462-3729; fax [540] 463-5310

**APPLICATION  
FOR EMPLOYMENT**

POSITION: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**INSTRUCTIONS:** Please print or type all information. This application for employment shall be considered active for a period 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.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

**We are an Equal Opportunity Employer.**

_____	_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Phone Numbers</b>	
_____	_____	_____	_____	_____
<b>Address</b>	<b>City</b>		<b>State</b>	<b>Zip code</b>
Best time and manner to contact you: _____				

Are you currently employed? Yes/No _____	May we contact your present employer? Yes/No _____
Date available for employment: _____	Can you travel if a job requires it? Yes/No _____
Would you accept full-time work? Yes/No _____	Would you accept part-time work? Yes/No _____
What is your desired salary range? _____	
Have you ever been employed with us before? Yes/No If yes, when? _____	

**EDUCATION** (Give names and addresses of schools attended)

**High School** \_\_\_\_\_  
Course of study: \_\_\_\_\_ Did you graduate: Yes/No \_\_\_\_\_ Degree or diploma \_\_\_\_\_  
Dates attended/completed: \_\_\_\_\_

**College** \_\_\_\_\_  
Course of study: \_\_\_\_\_ Did you graduate: Yes/No \_\_\_\_\_ Degree or diploma \_\_\_\_\_  
Dates attended/completed: \_\_\_\_\_

**Graduate School** \_\_\_\_\_  
Course of study: \_\_\_\_\_ Did you graduate: Yes/No \_\_\_\_\_ Degree or diploma \_\_\_\_\_  
Dates attended/completed: \_\_\_\_\_

**Vocational/Other School** \_\_\_\_\_  
Course of study: \_\_\_\_\_ Did you graduate: Yes/No \_\_\_\_\_ Degree or diploma \_\_\_\_\_  
Dates attended/completed: \_\_\_\_\_

**Continuing Education** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your present or most recent employer first; use additional paper if necessary)

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**OTHER**

List computers, software products, office equipment, or heavy equipment you are familiar with, and indicate the degree of your familiarity with them. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application (i.e., licensures or certifications; military service; specialized training; apprenticeships; skills; extra-curricular activities; professional, trade, business or civic activities; or offices held). Attach copies of documents or certificates that will support your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1.	Name _____ Address _____ _____	Phone _____ Relationship _____
2.	Name _____ Address _____ _____	Phone _____ Relationship _____
3.	Name _____ Address _____ _____	Phone _____ Relationship _____

**How did you learn about us?**  Advertisement  Relative  Inquiry  Friend  Employment Agency  
 Other: \_\_\_\_\_

**APPLICANT'S STATEMENTS**

- 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.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Lexington 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager of the City of Lexington.
- In the event of employment, I understand that exaggerated, 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 City of Lexington.

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

\_\_\_\_\_  
**Date**

**FOR INTERNAL USE ONLY**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Entry Test Score: \_\_\_\_\_ Assessment Results: \_\_\_\_\_

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

Employed:  Yes  No

Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Step: \_\_\_\_\_ Grade: \_\_\_\_\_ Hourly Rate/Annual Salary: \_\_\_\_\_

By: \_\_\_\_\_  
Name & Title \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize full disclosure and review of all public, private, or confidential records, or any part thereof, concerning myself, by a duly authorized agent of the Lexington Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of

- educational institutions;
- financial or credit institutions;
- commercial or retail credit agencies (including credit reports and/or ratings);
- medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration;
- public utility companies;
- employment and pre-employment records, including background reports and polygraph examination reports, efficiency ratings, complaints or grievances filed by or against me, and salary records;
- real and personal property records, and other financial statements and records wherever filed;
- records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records;
- and records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lexington Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereby, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(SS#)

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

City of \_\_\_\_\_; State of \_\_\_\_\_; to-wit:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

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



**City of Lexington**  
 Department of Police  
 540-462-3705



Steven E. Crowder  
 Chief of Police

Roger D. Clark  
 Executive Secretary

**PHYSICIAN STATEMENT FORM**

I, \_\_\_\_\_, as a physician for \_\_\_\_\_, a police applicant wishing to participate in the “Police Office Physical Agility Test” sponsored by the Lexington Police Department, do hereby state that the aforementioned individual can safely perform the physical agility test as described in this document, which I have personally reviewed.

\_\_\_\_\_  
**Print / Type Name of Physician**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Social Security Number**

**What are the “physically demanding requirements of the job”?**

The City of Lexington and Cardinal Criminal Justice Academy have taken the stance that physical fitness is a very important aspect of a Police Officer’s job. Through the implementation of this philosophy, they have devised a test aptly named the Police Officer Physical Agility Test, or POPAT for short. This test must be passed before taking any other tests that are required by the Police Department during the hiring process. The test you must complete consists of:

1. The applicant will be seated in a patrol vehicle with seat belt on and is given a street intersection to remember.
2. The applicant must run 200 yards.
3. The applicant must drag an approx. 150 pound simulated person 50 feet.
4. The applicant must run a set of six steps ( 3 steps up and 3 steps down) three times.
5. The applicant must open a patrol vehicle door from the prone position.
6. The applicant must do 10 push ups and 10 sit ups.
7. The applicant must run the set of six steps (3 steps up and 3 steps down) three times again.
8. The applicant must crawl through a 40 foot tunnel using a flashlight.
9. The applicant must repeat the 10 push ups and 10 sit ups.
10. The applicant must run 200 yards again.
11. The applicant must drag the 150 pound simulated person 50 feet and recall the street intersection.

\*\* If the applicant fails to recall the intersection he / she must run an additional 200 yard

**This test must be completed in 10 minutes.**