#### Town of Blacksburg

Job Description Applications accepted at Town Hall Through May 4<sup>th</sup>, 2016

Approved: cc

Division/Department: Police

Location: Town of Blacksburg, S.C. 105 S. Shelby St. Blacksburg, S.C. 29702 fax 864-839-3663

Job Title: Full-time Certified Police Officer

Complete and Submit Town of Blacksburg application, provide a copy of Social Security Card, Birth

Certificate, GED/HSD, SCCJA Basic certification, and Authorization of Release

### **General Description:**

- Provide public safety by maintaining order, responding to emergencies, protecting people and property, enforcing motor vehicle and criminal laws
- Promote good community relations
- Record facts to prepare reports that document incidents and activities
- Maintain logs, prepare reports, document incidents, arrests, request warrants
- Monitor and investigate suspicious persons and situations, safety hazards, and unusual or illegal activity in patrol area
- Communicate and cooperate with court personnel and officials
- Interact and assist other law enforcement agencies and Town staff to assure efficient and effective safety
- Attend training, maintain equipment, written orders to adhere with all legal requirements
- Complete Town of Blacksburg forms as applicable
- Maintain a clean and efficient work area
- Represent the Town in a professional and courteous manner
- Any other duties assigned by Administrator

#### **Education/Experience Requirements:**

- Police Academy training and certifications
- CPR certification
- Minimum of 2 years training as an officer
- Computer, email, phone, radio, vehicle, police uniform, firearms, safety equipment

If qualifications are met a physical, drug-screen, 10-year driving record and background check will be required. The Town of Blacksburg is an EEO. This is not a contract.

# **Application for Employment**



Plasta Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name	First			1	Applicant II	٦#		
AddressStreet	First				PPHOMIC 11	<i>σ</i> π		
Street				Middle				
	ther# (	)	City E	-mail Addı	ess	State		IP Code
Referral Source (How did you hear about us?)								
If you are under 18 and it is required, can you furn	ish a work p	ermit?	**********			*****	🗆 Y	es 🗌 No
If <b>no</b> , please explain:	_							
Have you ever been employed here before? If yes, g	ive dates an	d positions:					🗀 Y	es 🗌 No
Is this application a request for reemployment follo	wing an ext	ended military l	eave of	absence fro	om this com	pany?	🗆 Y	es 🗌 No
Are you legally eligible for employment in this cour	ntry?			********	*******	************	🗀 Y	es 🗆 No
Date available for work///	What i	is your desired s	alary rai	nge?			\$	
Type of employment desired:     Full-Time	Part-	Γime 🔲 ′	Tempor	ary	Seasona	1 [	] Education	al Co-Op
Are you able to perform the "essential functions" of	f the job for	which you are a	applying	g (with or v	vithout reas	onable acc	commodatio	n)?
This question is not designed to elicit information about an particular accommodation, or whether accommodation is nec								
Yes No Need more information a	about the jo	b's "essential fur	nctions"	to respond	l			
Driver's license number required if driving may be re	equired in th	e job for which	you are :	applying:			S	tate
Answering "yes" to either part of the following question doe seriousness and nature of the violation, rehabilitation and p	es not constitu osition applie	te an automatic ba I for will be taken	ır to empl into acco	loyment. Fac ount.	tors such as d	ate of the o	ffense,	
Have you ever pleaded "guilty" or "no contest" to,	or been con	victed of, a crim	1e?		***************************************		🗆 Ү	es 🗌 N
If yes, please provide date(s) and details:								
Employment History								
Employment History Starting with your most recent employer, provide t	ha fallawin	a information						
Employer	Telephone #	g miormation.	,	Dates employed:	Honth /	Year to	Honth /	Year
Street address	City )	State		Dates employed:	Comp	ensation (Start	ing)	
Starting job title/final job title	<del></del>			Hourty	Salary	\$	pe	r
Immediate supervisor and title (for most recent position held)	I,	May we contact for re		Commission/Bonu	s/Other Compensi Com	ition \$ pensation (Fin	al)	
Why did you leave?		Yes No	Later	Hourly	Salary	\$	ре	ř
Summarize the type of work performed and job responsibilities.		E-mail:		Commission/Bons	is/Other Compens	stion \$		-
Employer	Telephone #		- 1		Month /	Year	Honth /	Year
Street address	( ) City	State		Dates employed:	Comp	to ensation (Start		
Starting job title/final job title			[	Hourly	Salary	\$	pe	ď
Immediate supervisor and title (for most recent position held)		May we contact for re		Commission/Bon	us/Other Compens Corr	ntion \$ pensation (Fin	al)	CONTRACTOR OF THE PARTY OF THE
Why did you leave?		many of female from		Hourly	Salary	5	pe	:f
Summarize the type of work performed and job responsibilities.		E-mail:		Commission/Bon	us/Other Compens	ation \$		
Employer	Telephone #				Honth /	Year	Honth /	Year
Street address	( City	State		Dates employed:		ensation (Star		
Starting job title/final job title	Lity	2/0/2	[	Hourly	Salary	\$	po	er
Immediate supervisor and title (for most recent position held)		May we contact for re		Commission/Bon	us/Other Compens	ation \$ spensation (Fir	21) 100 100 100 100	and action
				Hourly	Salary	\$		er .
Why did you leave?		E-mail:		Commission/Bon	us/Other Compens	ation \$		

Skills and Qualifications Summarize any special training, skills, license	es and/or certificates t	hat may assist yo	u in performing the posit	ion for which y	ou are applying:
		5320			117 8
Computer Skills (Check appropriate boxes. Include	ie software titles and year	rs of experience.)			
Word Processing	Years:	_ E-mail_			Years:
Spreadsheet	Years:	_ Internet			Years:
Presentation		Other _			Years:
Educational Background			Manager of the State of the Sta		<b>新加州市场</b>
Starting with your most recent school attended	d, provide the followir	ng information. Years		TESTIT COATE	
School (include City & State)		Completed		GPA Class Rank	Major/Minor
			☐ Diploma ☐ GED ☐ Degree		
			☐ Certification		- 0.0
	E.W.		□ Diploma □ GED □ Degree		
			☐ Certification		
			☐ Other ☐ GED		
			☐ Degree		
			□ Other		1000
References					
List names and telephone numbers of three l If not applicable, list three school or persona				previous superv	risors.
Name Titl	e Relation to Yo	ship	Telephone	E-mail	# of Year Known
		(	)		
		(			
		(			
Facial Facurity Number	3				
Social Security Number			1 1 6		
	is information only for em	ployment purposes a	nd make reasonable efforts to sa	ateguard your priva	cy.
Applicant Statement					
I certify that all information I have provided in order to				m all sufaran and franch	manal and
I expressly authorize, without reservation, the employer professional), employers, public agencies, licensing auth application, resumé or job interview. I hereby waive an gathering and using truthful and non-defamatory infor furnishing such information about me.	norities and educational ins y and all rights and claims	stitutions and to othe I may have regarding	rwise verify the accuracy of all i the employer, its agents, emplo	information provid syces or representat	ed by me in this ives, for seeking,
I understand that this employer does not unlawfully di- applicant from consideration for employment on any b	asis prohibited by applicab	le local, state or feder	ral law.		
I understand that this application remains current for c employment, it will be necessary for me to reapply and	only 30 days. At the conclu fill out a new application.	sion of that time, if I	have not heard from the emplo	oyer and still wish t	o be considered for
If I am hired, I understand that I am free to resign at an employment at any time, with or without cause and with for employment for any specified period or definite dura contrary and that no implied oral or written agreements	h or without prior notice, e ition. I understand that no	xcept as may be requi supervisor or represen	red by law. This application doe trative of the employer is author	s not constitute an ized to make any as	agreement or contrac surances to the
I also understand that if I am hired, I will be required t require me to complete an I-9 Form in this regard.			•	•	
This Company does not tolerate unlawful discrimina an applicant from consideration for employment on status under applicable federal, state, or local law. The age, disability, or any other protected status. The Cor	the basis of his or her sex, its Company likewise doe	, race, color, religion s not tolerate harass:	, national origin, citizenship, ment based on sex, race, color	age, disability, or a , religion, national	any other protected origin, citizenship,
I understand that any information provided by me to from further consideration for employment, or (ii) m	hat is found to be false, in	ncomplete or misrep	resented in any respect, will I	be sufficient cause	
DO NOT SIGN UNTIL YOU HAVE RE I certify that I have read, fully understand					
Signature of Applicant	•			Date	
Carrie Cat II		n.D.	C Nat come as expectable for the		and declare the sentence teacher





## **AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:	
Applicant Name:	Maiden Name:
Date of Birth:	
Social Security Number:	
Driver's License Number:	<del></del>
pertaining to my credit/financial, police military records, and any other record id employment. This information may be o	rg with this release or copy thereof to obtain any information record, education record, past and present employment, entifying pertinent information applicable to possible of a privileged and confidential nature.
Applicant's Signature:	
Street Address:	
City, State, Zip:	
Notarized byday of _	
Notary Public	_ Commission Expires