APPOMATTOX COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT

Your cooperation in reviewing your application to assure that each question is answered ACCURATELY AND COMPLETELY will help us to expedite the processing of your application. Incomplete answers will only result in the application being returned and delay processing. The following are some of the most common errors: Failure to give complete addresses where addresses or locations are required; Failure to explain law or traffic violations in accordance with the outline below: Failure to answer ALL questions concerning previous employment. It should also be noted that the positions of DEPUTY and DISPATCHER require both day and night work. All FULL-TIME and PART-TIME applicants must have been a resident of Appomattox County for at least (6) months prior to application; must be (18) years of age; and must have a high school education or equivalent. All applications will be kept on file for a period of (6) months. Applicant will be permitted to make a second application for (6) months.

For all positions, the applicant MUST submit a notarized AUTHORIZATION FOR RELEASE OF INFORMATION from the application.

1. Soc. Sec. Number: _____ Home Telephone: _____

2. Position Applied For: _____ Date of Birth: _____

3. Full Legal Name: _____

4. Address: _____

5. Have you previously been employed by this Department? _____
   When: _____ Position Held: _____

6. Do you have a valid Virginia Driver=s License: _____ Yes _____ No

7. Can you provide your own transportation to work? _____

8. Father=s Name: _____

   Father=s Address: _____

   Father=s Place of Employment: _____

   Father=s Home Telephone: _____ Employment:

9. I agree to be dressed neat at all times, no hair below the ears and no beard unless you are working undercover and approved by the Sheriff. _____ Yes _____ No

10. Mother=s Name: _____

Mother=s Address: _____

Mother=s Place of Employment: _____

Mother=s Home Telephone: _____ Employment: _____

11. Who should be notified in case of accident? _____

Relation: _____ Telephone: _____
(Home & Employment)

12. Are you a member of a reserve organization (National Guard, Reserve) that requires attendance of meetings? _____ Yes _____ No

13. Have you any chronic disease(s)? _____
(If so, explain: _____
)

14. Give vision without glasses or corrective lenses of any type.
Left: 20/_____ Right: 20/_____ Explain any defects of sight: _____

15. Have you any defects of hearing? _____ If so, explain: _____

16. Have you any defects of speech? _____ If so, explain: _____

17. Have you any defects of body or limb? _____ If so, explain: _____

18. Education:

a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

b. Name and location of last primary or secondary school attended: _____

c. If you did not complete high school, do you have a high school equivalency diploma? _____ Yes _____ No

d. Circle number of years of post high school education completed:

1 2 3 4 5 6

Name/Location of Institution	Hrs.	Degree	Major/Specialty

If you expect to complete your educational program in the near future, please indicate what type of degree & when you expect to receive it. _____

19. Are you willing to submit to a drug test? _____ Yes _____ No

20. Experience

Please describe all paid, military and applicable voluntary experience starting with the most recent. You may list significantly different positions within the same organizations as separate items. If you need additional space, please use a supplementary experience form (copy attached).

May we contact your present supervisor? _____ Yes _____ No

a. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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b. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____

Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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c. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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d. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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e. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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f. Job Title: _____ Duties: _____
Employer: _____
Address: _____

Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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g. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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h. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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i. Job Title: _____ Duties: _____
Employer: _____
Address: _____
Telephone: _____ Supervisor: _____
Type of Business: _____
Beginning Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Dates Employed: Beginning: _____
Ending: _____

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21. Use this space for any additional information you think would help us evaluate your

application. (Include training, seminars, workshops, or special achievements):

_____

22. If applicable: Typing Speed (WPM)

Shorthand Speed (WPM) _____

23. License (other than driver=s), certificate(s) or other authorization to practice a trade or profession.

Type	License # Expiration Date Granted By	Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. REFERENCES

List names and addresses of three persons not related to you who know your qualifications:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Miscellaneous:

a. Are you willing to work: _____ During the day only;
_____ Any shift other than day;
_____ Any shift

b. Will you accept employment which is (check only one):

_____ Permanent
_____ Temporary
_____ Either Temporary or Permanent

25. Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?

_____ Yes _____ No

If yes, explain: _____

The full facts requested for an affirmative answer to the above question should include the following information:

1. The offense charged for which you were found Aguilty@ or Anot innocent@.
2. When and where the offense occurred.
3. A brief explanation of your version of what you were doing that resulted in the charge being placed against you.
4. Where and when the trial was held.
5. State the exact terms of the penalty imposed by the court.
6. If you forfeited bond, state the amount and explain you reasons for doing so.
7. It would be well to use and additional sheet of paper for details of answers to this questions, if applicable.

26. Are you willing to take the required schooling? _____ Yes _____ No

27. When will you be available to start work? _____ Now

_____ Month _____ Day _____ Year

CERTIFICATION

I hereby certify that all information I have given on this application is true. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted regarding this application.

Date: _____

Applicant=s Signature: _____

Please complete for record keeping purposes only. This will NOT be used for making employment decisions. (Please check one from each category).

_____ Handicapped _____ Male _____ Female

_____ White (includes Arabian)

_____ Black (includes Jamaicans, Bahamians, etc.)

_____ Hispanic (includes persons of Mexican, Puerto Rican, etc., origin or culture)

_____ American Indian (includes Alaskans)

_____ Less than 8th grade _____ Completed 8th grade

_____ Attended High School _____ College Graduate

_____ High School graduate or equivalent

_____ Attended graduate college _____ Master=s Degree

_____ PhD. or professional degree

_____ Graduate Study beyond master=s requirement

AUTHORIZATION OF RELEASE OF ALL SCHOOL RECORDS

I hereby authorize the release of any and all information contained in my school records or known to school personnel and that such information and/or records be disclosed, furnished to,

and/or examined as requested for employment.

This authorization shall remain in effect until canceled by me in writing.

_____	_____
Age	Print Full Name
_____	_____
Date	Signature of Applicant

Years Attended School: From _____ to _____
(Year Completed)

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any doctor, hospital, medical association, U. S. Armed Forces, Maritime Service, veterans administration, or:

Any academic dean, registrar, principal, guidance counselor, other authorized person at a school (college, business, trade or high school) or:

Any past or present employer, credit bureau or retail merchants association, bank, financial institution or any other credit extending agency, or any other State or Federal agency.

I, _____, Address _____
, have applied for employment with the Appomattox County Sheriff's Office. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Appomattox County Sheriff's Office or its agent upon presentation of this release or copy hereof.

Selective Service Number, If Any: _____

Armed Forces Services or Serial Number, If Any: _____

Veterans Administration Claim Number, If Any: _____

Given under my hand this _____day of _____, 20_____.

_____
Signature of Applicant

For Notary Public:

State of Virginia, County of Appomattox:

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, 20_____.

_____
Notary Public

Release of information subject to this authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Protection Act.

Family Doctor: _____ Telephone: _

Doctor=s Complete Address: _____

CRIMINAL RECORD REQUEST

Name: _____
Last First Middle (Maiden, if applicable)

Social Security Number: _____City and State of Birth: _____

Race: _____ Date of Birth: _____ Sex: _____

Business or Company in which this record check is for:

Name and Address of Company/Business: _____

_____

_____
Signature of Applicant

AFFIDAVIT FOR RELEASE OF INFORMATION

State of Virginia, County of Appomattox: to wit this day, _____,

personally appeared before me in the County aforesaid, and under oath authorized this Office and/or the Central Criminal Records Exchange to release a copy of his/her records, if any, maintained in this office and/or the Exchange.

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

My commission expires: _____, 20_____.

_____
Notary Public

NOTE: The affidavit portion of this form is not necessary when request is made by a criminal justice academy.