

APPLICATION FOR EMPLOYMENT

PAGE COUNTY SHERIFF'S OFFICE



110 South Court St.
Luray, Virginia 22835
(540) 743-6571
www.pagesheriff.com

Position Applied For:

**Please read all instructions carefully and answer all questions completely
INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.**

Name: _____	Social Security Number: _____
Address: _____	Date of Birth: _____
Telephone: _____	Cell Phone: _____
Email Address: _____	Date completed: _____

Check if Applicable

<input type="checkbox"/>	I am a Certified Law Enforcement Officer or Jail Officer or Dispatcher
<input type="checkbox"/>	I have earned a college degree: Associate ___ Bachelor ___ Master ___ Area of study (Major/Minor): _____

Do Not Write In This Box- *Official Use Only*

Interview conducted on _____ by _____
Conditional offer of employment on _____ Background investigation completed: _____
Polygraph examination conducted: _____ Physical exam conducted: _____

PAGE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Please provide in reverse chronological order your work experience, beginning with your present employment for at least the last ten years, (or more if you wish). You must account for all periods of unemployment and military service. List all positions held, including military, part-time, summer and volunteer.

1 Current Position Title:

Dates of Employment:

From: _____ To: _____
Month/Year Month/Year

Full-time Part-time

Last Salary: \$ _____ per _____

Employer:

Address: _____

Type of Organization: _____

Immediate Supervisor: _____

Phone Number: _____

Describe your duties, responsibilities, accomplishments and reason for leaving below:

2 Position Title:

Dates of Employment:

From: _____ To: _____
Month/Year Month/Year

Full-time Part-time

Last Salary: \$ _____ per _____

Employer:

Address: _____

Type of Organization: _____

Immediate Supervisor: _____

Phone Number: _____

Describe your duties, responsibilities, accomplishments and reason for leaving below:

<p>3 Position Title: _____</p> <p>Dates of Employment: From: _____ To: _____ Month/Year Month/Year</p> <p>Full-time <input type="checkbox"/> Part-time <input type="checkbox"/></p> <p>Last Salary: \$ _____ per _____</p>	<p>Employer: _____</p> <p>Address: _____</p> <p>Type of Organization: _____</p> <p>Immediate Supervisor: _____</p> <p>Phone Number: _____</p>
<p>Describe your duties, responsibilities, accomplishments and reason for leaving below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>4 Position Title: _____</p> <p>Dates of Employment: From: _____ To: _____ Month/Year Month/Year</p> <p>Full-time Part-time</p> <p>Last Salary: \$ _____ per _____</p>	<p>Employer: _____</p> <p>Address: _____</p> <p>Type of Organization: _____</p> <p>Immediate Supervisor: _____</p> <p>Phone Number: _____</p>
<p>Describe your duties, responsibilities, accomplishments and reason for leaving below:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

IF ADDITIONAL SPACE IS NEEDED RECORD REQUESTED INFORMATION ON A BLANK SHEET OF PAPER AND ATTACH.

EDUCATION

Did you graduate from High School? Yes No If No, do you have a GED? Yes No

Year Completed: _____ Name of School/Institution: _____
 Address: _____
 Phone Number: _____

TRAINING (Complete if you have taken courses in business, trade, armed services, law enforcement, correspondence or night school)

Other Training:

Name:	Location- City and State:	Type:

ADVANCED EDUCATION: College, University, or Graduate School

Name:	Major/Minor	Credits Completed/Degree

MILITARY SERVICE

If male, have you registered with Selective Service System? Yes No

Have you ever served in the Uniformed Services of the United States Yes No

Branch	Dates of Service	Service Number	Rank at Discharge	Type of Discharge

Are you now a member of the Reserve or National Guard? Yes No

Rank	Service Number	Specialty	Location of Unit

RESIDENCES

Please provide in reverse chronological order your residence information, beginning with your current residence for at least the last ten years, (or more if you wish). You must account for all periods of time.

ADDRESS	DATES AT RESIDENCE

IF ADDITIONAL SPACE IS NEEDED RECORD REQUESTED INFORMATION ON A BLANK SHEET OF PAPER AND ATTACH.

FAMILY DATA

Relationship & Name	Present Address	Date of Birth
<i>(Father)</i>		
<i>(Mother)</i>		
<i>(Spouse)</i>		
<i>(Children)</i>		

MARITAL DATA

Current Marital Status: Married Single Legally Separated Divorced Widowed

If Legally Separated or Divorced, list:

Name of spouse	Address	Date of Divorce/Separation	Court granting divorce

Is there any court decree/divorce agreement mandating alimony/child support? _____

If yes explain:

CREDIT HISTORY

1. Have you ever filed a petition under any chapter of the bankruptcy code? _____
2. Have you ever had your wages garnished or anything repossessed? _____
3. Have you ever had a lien placed upon your property for failing to pay taxes? _____
4. Do you have any judgments against you which you have not paid? _____
5. Are you currently more than 120 days delinquent on any debt? _____
6. Have you ever been significantly delinquent on any debt? _____

If any above question was answered with yes explain below:

CHARACTER REFERENCES

Dates Known	Name & Relationship	Address	Telephone Number
1.			
2.			
3.			
4.			
5.			

SPECIAL SKILLS

List any special training you have received and any specialized skills you possess that would be applicable to the position for which you are applying that have not been documented elsewhere in this application.

Computer Proficiency:

1. Have you received any formal instruction on the use/operation of computers? _____
2. Do you have a computer in your home or open access at another location? _____
3. Do you have an email address? _____ If so please list; _____
4. How often do you access the internet? _____ times per _____
5. Do you belong to any computer social networking sites i.e. Facebook, MySpace, etc. _____

LAW ENFORCEMENT INTERACTIONS

Regardless of the outcome have you ever been:

1. arrested for any violation of the law? _____
2. charged for any violation of the law? _____
3. cited for any violation of the law? _____
4. investigated by any law enforcement agency? _____
5. detained by any law enforcement officer? _____

If you answered yes to any of the above questions explain in detail the date, reason or charge, name and location of law enforcement agency as well as the final disposition and or penalty.

PERSONAL HISTORY

1. Do you have a valid driver’s license? _____ State of issue: _____
2. May inquiry be made of your present employer? _____
3. Is there any reason you cannot perform the duties of the position applied for? _____
4. Have you ever applied to any law enforcement agency and been rejected? _____
5. Have you ever tried, used or possessed any narcotic, depressant, stimulant, hallucinogen or mind altering substance even one time or on an experimental basis, except as prescribed by a licensed health care provider? _____
6. Have you ever been involved in the illegal purchase, manufacture, transportation, production, or sale of any drug? _____
7. Have you ever misused or abused any drug prescribed by a licensed health care provider for yourself or someone else? _____
8. Has the misuse or abuse of alcoholic beverages ever resulted in your loss of job, disciplinary action or arrest by the police? _____

If you answered yes to any of the above questions explain in detail below.

ORGANIZATIONS

Have you ever been affiliated with any organization, association, movement, group, or combination of persons which:

1. Advocates the overthrow of our constitutional form of government? _____
2. Advocates or approves the commission of acts of force, violence, coercion, or intimidation to deny persons their rights under the Constitution of the United States or the Commonwealth of Virginia? _____
3. Seeks to alter the form of government of the United States, or any state thereof, by force, violence or other unconstitutional means? _____
4. Advocates or engages in the disruption or halting of the U.S. or state government activities through force, violence, or infiltration of the government service? _____

If you answered yes to any of the above questions explain in detail below.

Name of Applicant: _____ **Signature:** _____ **Date:** _____



Page County Sheriff's Office
110 South Court Street
Luray, Virginia 22835



I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Page County Sheriff's Office, whether said records are of a public, private or confidential nature.

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, including records of deposits, withdraws and balances of checking and savings accounts, and loans, and also the records of 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, all results of polygraph examinations; efficiency ratings, complaints or grievances filed by or against me and salary records; real and personal property tax statements and records and other financial statements and records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by 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 reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Page County Sheriff's Office to consider in determining my suitability for employment by that agency.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

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 Page County Sheriff's Office. I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this ____ day of _____ 20____. _____

(Signature of Applicant)

Commonwealth of Virginia, County of Page

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

(Notary Public)

My Commission expires: _____