

# APPLICATION FOR EMPLOYMENT

## PAGE COUNTY SHERIFF'S OFFICE



108 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: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date completed: \_\_\_\_\_

### Check if Applicable

I am a Certified Law Enforcement Officer or Jail Officer or Dispatcher

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.

<p><b>1 Current Position Title:</b></p> <p>_____</p> <p><b>Dates of Employment:</b></p> <p>From: _____ To: _____ Month/Year Month/Year</p> <p>Full-Time Part-time</p> <p>Last Salary: \$ _____ per _____</p>	<p><b>Employer:</b></p> <p>_____</p> <p><b>Address:</b></p> <p>_____</p> <p><b>Type of Organization:</b> _____</p> <p><b>Immediate Supervisor:</b> _____</p> <p><b>Phone Number:</b> _____</p>
<p>Describe your duties, responsibilities, accomplishments and reason for leaving below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

<p><b>2 Current Position Title:</b></p> <p>_____</p> <p><b>Dates of Employment:</b></p> <p>From: _____ To: _____ Month/Year Month/Year</p> <p>Full-Time Part-time</p> <p>Last Salary: \$ _____ per _____</p>	<p><b>Employer:</b></p> <p>_____</p> <p><b>Address:</b></p> <p>_____</p> <p><b>Type of Organization:</b> _____</p> <p><b>Immediate Supervisor:</b> _____</p> <p><b>Phone Number:</b> _____</p>
<p>Describe your duties, responsibilities, accomplishments and reason for leaving below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

**EMPLOYMENT HISTORY CONT'D**

<p>3 Current 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> <p>_____</p> <p>_____</p>	

<p>4 Current 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> <p>_____</p> <p>_____</p>	

Use blank paper, if needed, to provide additional requested information for requested period.

**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:** \_\_\_\_\_

Name:	Location- City and State:	Type:

**ADVANCED EDUCATION: College, University, or Graduate School**

**Name:** \_\_\_\_\_ **Major/Minor** \_\_\_\_\_ **Credits Completed/Degree** \_\_\_\_\_

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**                      **Specialty**                      **Rank at Discharge**                      **Type of Discharge**

Branch	Dates of Service	Specialty	Rank at Discharge	Type of Discharge

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

**Branch**                      **Rank**                      **Specialty**                      **Location of Unit**

Branch	Rank	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?**        Yes        No  
*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:**

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### CHARACTER REFERENCES *(DO NOT LIST RELATIVES)*

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

Use additional blank paper to provide additional references

**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.

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**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.**

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**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.**

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**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.**

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**Name of Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Page County Sheriff's Office**  
**108 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: \_\_\_\_\_