



Charles City County Sheriff's Office

10780 Courthouse Road
Charles City, Virginia 23030

Sheriff Alan M. Jones, Sr.

Office: (804)829-9265
Fax: (804) 829-2514



EMPLOYMENT APPLICATION INSTRUCTIONS

Application In-Take Hours
Monday – Friday
8:00 a.m. – 5:00 p.m.

Application form must be fully completed or application will be invalidated

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE APPLICATION FOR EMPLOYMENT.

- A. **Applicant must submit a separate application for each position. Copies of application with an original signature will be accepted.** Indicate the exact position title on your application.
- B. Applicant must submit a Charles City County Sheriff's Office Application form. Resumes are to support the application only and **will not** be processed without a Charles City County Sheriff's Office Application.
- C. Application **must** be typed or written in **black or blue ink**. Be as accurate and legible as possible.
- D. Applicant **must** provide all relevant information regarding education and work experience, places and dates of employment (month/year), position(s) held, duties and responsibilities, training or academic study and credited hours. Credit for volunteer work will be given if included as part of the employment history section application.
- E. Charles City County Sheriff's Office Application consist of four parts:
 1. Basic Information
 2. Background Prescreening
 3. Lateral Entry Sheet (Certified Law Enforcement Officers Only)
 4. Confidential EEO Reporting Information
- F. Copies of transcripts, licenses and certifications must be submitted with each application designated as minimum qualifications.
- G. Please complete the application and return it to *Charles City County Sheriff's Office* in person at the above address or you may mail it to *Post Office Box 87; Charles City, Virginia 23030* to the Attention of *Mr. DaVon Jones*.

An Equal Opportunity Employer

Application for Charles City County Sheriff's Office Employment

10780 Courthouse Road Charles City, Virginia 23030

Type or print clearly in dark ink.

GENERAL INFORMATION

1 Position Applied For: (separate application required for each position)

2 Name: *(Last, First, Middle)*

Permanent Address:

Number & Street

City

State

Zip

3 Social Security Number

Birth Date *(Month, Day, Year)*

Sex:

Male

Female

Place of Birth:

4 Telephone Numbers: Home: Mobile: Work:

Email Address:

5 Are you at least 18 years of age Yes No

Are you a U.S. citizen or legally eligible for employment in the United States? Yes No

What is the minimum annual salary you will accept?

When will you be available for work?

What hours are you available to work?

6 List any relative now employed by the County of Charles City:

Name	Relationship	Department

7 Do you have a valid driver's license? Yes No

Driver's License Number: License State:

(For purposes of obtaining your driving record, should the position applied for require use of a County vehicle.)

8 Have you ever been: Convicted of a felony? Yes No

Convicted of a misdemeanor? Yes No

Convicted of a moving traffic violation in the past 24 months? Yes No

Dismissed or requested to resign from a former position? Yes No

If the answer to any of these is "Yes", please explain in detail. (A conviction will not necessarily exclude you from consideration for employment. Each conviction will be judged on its own merits with respect to the time, circumstances, and seriousness.)

Education and Training

9	Name and Address	Date Attended		Did you Graduate?		Courses/Degree
		From	To	Yes	No	
High School/GED						
College						
Other						

10 List any awards, honors, or fellowships received:

11 List any professional or trade certificates or licenses you possess:

12 List office equipment and computer software in which you are proficient:

13 Typing Speed: words per minute

Military History

14	Branch	Date of Entry	Date of Separation

(If you have not served in the military, then you may proceed to the next section)

Work Experience

15 List all present and past employment beginning with your most recent job:

May we check with your current employer regarding your record of employment? Yes No

Name of Employer		Dates of Employment From: To:
Job Title	Name of Immediate Supervisor	Telephone Number
Salary: Starting \$ per Ending \$ per	Number of hours worked per week	
Job Description:		
Reason For Leaving:	Can Employer Be Contacted for Reference?	

Work Experience Continue

Name of Employer		Dates of Employment From: To:
Job Title	Name of Immediate Supervisor	Telephone Number
Salary: Starting \$ per Ending \$ per		Number of hours worked per week
Job Description:		
Reason For Leaving:		Can Employer Be Contacted for Reference?

Name of Employer		Dates of Employment From: To:
Job Title	Name of Immediate Supervisor	Telephone Number
Salary: Starting \$ per Ending \$ per		Number of hours worked per week
Job Description:		
Reason For Leaving:		Can Employer Be Contacted for Reference?

Character Reference

16 List three people who are not related to you and are not supervisors you listed under 15 who know your qualifications and fitness for the kind of job for which you are applying. At least one should know you well on a personal basis.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

17 TO WHOM IT MAY CONCERN:

My signature is your authority to request any school or institution of learning, creditor, past or present employer or law enforcement agency to release information contained in their records to the proper official presenting this authorization for his use in conducting research specifically relating to my suitability as an employee of the County of Charles City.

SIGNATURE OF APPLICANT:

DATE:

18 CERTIFICATION

The facts set forth in my application for employment are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of an offer or subsequent dismissal if employed. I understand this information is for use by Charles City County Sheriff's Office and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release. I understand that if employment is offered, such employment shall be conditional upon successful completion of a probationary period.

SIGNATURE OF APPLICANT:

DATE:

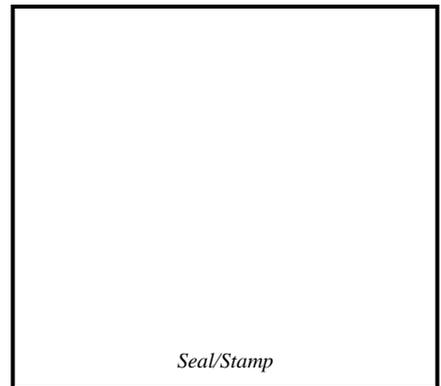
19 Applicant's Signature must be notarized below:

State of Virginia, County/City of _____

This ____ day of _____, 20____.

_____ personally appeared before me
(Name of applicant)
and acknowledged his/her signature to the statement on this page.

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



Notary Public : _____

Notary Registration Number: _____

Background Prescreening Worksheet for Charles City County Sheriff's Office Employment

10780 Courthouse Road Charles City, Virginia 23030

Type or print clearly in dark ink.

Personal History

1 Name: (Last, First, Middle)

Permanent Address:

Number & Street

City

State

Zip

2 Social Security Number

Birth Date (Month, Day, Year)

Sex:

Male

Female

Place of Birth:

3 Telephone Numbers: Home: Business:

4 Are you a U.S. citizen or legally eligible for employment in the United States? Yes No

5 **Family:** Are you or any member of your family or have you or any member of your family formerly been associated with any subversive organization?

Yes

If yes, explain:

No

6 **Operator's License:** Driver's License Number: License State:

Has your operator's license ever been suspended or revoked? Yes No

If yes, date Jurisdiction

Have you ever been convicted of driving while your license was suspended or revoked? Yes No

If yes, date Jurisdiction

Have you ever been charged or convicted of any type of alcohol or drug related driving offense? Yes No

If yes, date Jurisdiction

Have you ever held an operator's license in another state? Yes No

If yes, list all locations:

7 Furnish information on any summons or arrests including any traffic violations, as a juvenile or adult:

Date	Charge/Violation	Location	Court Finding or Disposition

8 Drug Use:

Have you ever, as a juvenile or adult, experimented, possessed or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc?

Yes No

If yes, list type of drug(s), when, what age and what level of use? Explain in detail.

9 POLICE RECORD:

Have you or any family member been arrested or convicted of a felony?

Yes No

If yes, explain in detail:

Have you ever been arrested or detained by the police?

Yes No

If yes, explain in detail:

Have you ever been arrested or convicted of domestic assault?

Yes No

If yes, explain in detail:

10 FINANCIAL STATUS:

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgment against you?

Yes No

If yes, note the time period and explain the circumstances.

11 BACKGROUND PRESCREENING CERTIFICATION:

I certify that the information that I have provided is true and correct, and that no attempt has been made to conceal pertinent information. I understand this information is subject to verification at a later date and that I will be eliminated from further consideration if such information is found to be false or deceptive.

SIGNATURE OF APPLICANT:

DATE:

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED BY THE SHERIFF'S OFFICE.

Lateral Entry Worksheet for Charles City County Sheriff's Office Employment

10780 Courthouse Road Charles City, Virginia 23030

Type or print clearly in dark ink.



Please complete the following worksheet when applying to the Charles City County Sheriff's Office **LATERAL ENTRY PROGRAM**. This information is used as a preliminary review of your qualifications to determine your individual eligibility and placement. All information shall be deemed accurate. Any attempt whether deliberate or otherwise to misrepresent yourself as a respective candidate for the Charles City County Sheriff's Office shall be cause for automatic disqualification from the selection process.

Full Name:
Current Employing Agency & Date of Hire:
Past Law Enforcement Experience (provide agency name & dates of employment):
Current Position (including Career Development Level, if applicable):
Current Salary:
Current Employing Agency Function: (check one) <input type="checkbox"/> security <input type="checkbox"/> campus police <input type="checkbox"/> courts/civil process/corrections <input type="checkbox"/> law enforcement
Name of Basic Law Enforcement Academy Attended:
Disciplinary Action & Dates (current & past law enforcement agencies):
Vehicle Accident(s) and Date(s) (current & past law enforcement agencies):
Firearms MDA Score Last Twelve Months:
Number of College Credit Hours (provide supporting documentation if available):
Unexcused Sick Leave Usage Last Twelve Months:

**CONFIDENTIAL
EEO REPORTING INFORMATION**

This information will be used to comply with State and Federal Equal Employment Opportunity Laws and related reporting requirements. This information will **NOT** be kept with your application for employment and will **NOT** be used for making employment decisions. Federal Law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

1. Position Number or Title

2. City or County of Residence

Check the appropriate line for the following:

3. Do you have a disability?

Yes No

Definition: *Individual with a disability* means any person who has a physical or mental impairment which substantially limits one or more major life activities of the person, a person who has a record of such an impairment, or a person who is regarded as having such an impairment.

4. Racial or Ethnic Group

5. Highest Level of Education Completed

6. Sex

<input type="checkbox"/>	White	<input type="checkbox"/>	Attended High School	<input type="checkbox"/>	Female
<input type="checkbox"/>	Black	<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	Male
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Attended College	<input type="checkbox"/>	
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Associate Degree		
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Bachelor Degree		
<input type="checkbox"/>	Other	<input type="checkbox"/>	Master's Degree		
<input type="checkbox"/>		<input type="checkbox"/>	Ph.D. or Professional Degree		

7. Date of Birth

8. How Did You Find Out About This Job?

<input type="checkbox"/>	Newspaper (name of newspaper)
<input type="checkbox"/>	Other Publication (name of publication)
<input type="checkbox"/>	Virginia Employment Commission
<input type="checkbox"/>	Web Site
<input type="checkbox"/>	County Employee
<input type="checkbox"/>	Friend, Relative or Other
<input type="checkbox"/>	Other (list