

Application for Appointment

An Equal Opportunity Employer

Applicants shall be afforded fair and equal treatment without regard to their race, color, religion, national origin, political affiliation, disability, sex, age, or marital status.

Office Use Only

Date(s) and Position(s) Interviewed: _____
 Date of Notification or Conditional Offer: _____ N/A Accepted Not Accepted

General Information

(Please print or type this application)

Date of Application: _____ Position(s) Applied For: _____

Name: _____
Last First Middle

Address (do not use P.O. Box): _____
Number Street City State Zip

Telephone: () _____ Social Security Number: _____

Are you available to work? Full Time Part Time Shift Work Weekends/Holidays
 If required, can you travel and/or provide your own transportation? Yes No
 Are you willing to complete required training and/or attend required training academies? Yes No
 Can you perform the essential functions of the job for which you are being considered with or without reasonable accommodation? Yes No

On what date would you be available to start? _____

Employment Experience

May we contact your present employer? Yes No

Starting with the most recent, list all paid work experience, military service, and applicable volunteer experience:

1. Job title:	Dates: from _____ to _____
Employer and Address:	General duties or work performed:
Phone:	
Immediate Supervisor:	
Salary: start _____ finish _____	Reason for leaving:

2. Job title:	Dates: from _____ to _____
Employer and Address:	General duties or work performed:
Phone:	
Immediate Supervisor:	
Salary: start _____ finish _____	Reason for leaving:

3. Job title:	Dates: from _____ to _____
Employer and Address:	General duties or work performed:
Phone:	
Immediate Supervisor:	
Salary: start _____ finish _____	Reason for leaving:

(if additional space is needed, please continue on a separate sheet of paper)

Have you ever worked here before? Yes No If yes, date(s) _____ to _____

Education and Training

Did you graduate high school? Yes No If yes, what year? _____
 Do you have a high school equivalency diploma? Yes No If yes, date received? _____

Starting with high school, list all educational institutions attended:

Name and Location:	Major or Specialty:	Degree Received:	Dates Attended:
1.			
2.			
3.			
4.			
5.			

Do you expect to complete an educational program in the near future? Yes No If yes, what type of program and the expected completion date? _____
 Are you fluent in other languages? Yes No If yes, please list? _____

List any licenses (to include driver's license) or certifications:

Type:	License Number:	Granted by:
1.		
2.		
3.		
4.		

Use this space for any additional information regarding education, training, seminars, workshops, achievements, etc.:

Background Information

Has your name ever been different from present? Yes No If yes, please list? _____
 Do you have a valid Virginia Driver's License? Yes No
 Are you legally eligible for employment in the United States? Yes No
 If you are or were required to register for the Selective Service, have you done so? N/A Yes No
 Are you a veteran who received an honorable discharge? Yes No
 Have you ever been convicted of any violation(s) of law (including traffic violations)? Yes No

List any violations:

Description of Offense:	Date of Conviction:	Location of Conviction:
1.		
2.		
3.		
4.		

List the name, address, and telephone number of three references who are not related to you and are not previous employers:

Name:	Address:	Phone:	Relationship:
1.			
2.			
3.			

Statement

In the event of my appointment to a position with the Shenandoah County Sheriff's Office, I understand that this appointment will be conditional, pending the results of, but not limited to the below mentioned requirements.

I understand that I may be required to pass a physical examination and I understand that I must pass a blood or urine test. I know that the examination and/or test will be conducted by a physician selected by the Sheriff's Office. I agree that the physician(s) may disclose the findings of such examinations and/or tests to the Sheriff's Office or an authorized agent of the Sheriff's Office. I also authorize any agent or hospital to release any information which may be necessary to determine my ability to perform the essential duties of the position for which I am being considered for at the Sheriff's Office.

I understand that information on this application is subject to verification and that I must pass a background check conducted by the Sheriff's Office to which I hereby consent (see attached Release Form).

I also understand that if there is no action taken on my application by the Shenandoah County Sheriff's Office within 12 months of receipt, I must resubmit an updated application if I so desire. I acknowledge that my application, upon receipt will become the property of the Sheriff's Office and is subject to destruction after the 12 month period. I understand that I will not be notified when this time period expires.

I certify that the answers given herein are true and complete to the best of my knowledge. I further understand that any false or misleading information given in this application or in any interview process, regardless of time of discovery, may result in discipline, up to and including termination.

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

SCSO 04-28-05

Shenandoah County Sheriff's Office

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all information or records, or any part thereof, concerning myself, by and to a duly authorized representative of the Shenandoah County Sheriff's Office, whether the said information or 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 any information or records from individuals, educational institutions, financial or credit institutions, credit and/or collection agencies, residential management agencies, city and county governments (includes tax records, permits, etc.), public utility companies, business establishments, medical or psychiatric treatment facilities (including hospitals, clinics, private practitioners, and the U.S. Veterans Administration), past and current employers (including employment and pre-employment records, background reports, all results of polygraph examination, efficiency ratings and/or performance evaluations, complaints or grievances filed by or against me, and salary records), criminal justice agencies (including records of complaints, arrests, trials or convictions for alleged or actual violations of law that include criminal and/or traffic records), criminal or civil court proceedings, and any other sources of information. This information may include but not limited to academics, achievements, performance, attendance, behavior, disciplinary actions, employment history, criminal history, financial and/or credit information.

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 Shenandoah County Sheriff's Office to consider in determining my suitability as an appointee with the department. I know that all information is for official purposes only.

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 are 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 appointment by the Shenandoah County Sheriff's Office. I have had explained to me, and 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. This authorization is valid for ten (10) years from the date signed or upon termination from the Shenandoah County Sheriff's Office, whichever is sooner.

Applicant Full Name (print): _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Applicant Signature: _____ Date: _____

SCSO 08-31-04