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# SHERIFF'S OFFICE

BUCKINGHAM COUNTY

P. O. BOX 50

BUCKINGHAM, VIRGINIA 23921

PH: 434-969-1772 FAX: 434-969-2104

WILLIAM KIDD, SHERIFF

JOHN DIXON, CAPT.

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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 delayed processing. The following are some of the most common errors:

- Failure to give complete addresses where addresses and 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 be also noted that the position of **Deputy** and **Dispatcher** required both day and night work. Applicants for both full-time and part-time positions must be a resident of Buckingham County; must be twenty-one (21) years of age or older to apply for the position of Deputy; must be of good character and have a good reputation, must have no DUI convictions, must have no felony convictions or serious misdemeanor convictions. (Any acceptance of a misdemeanor conviction will be at the discretion of the Sheriff). Must have a valid Virginia drivers license, vision must be a minimum of 20/40 in both eyes with or without corrective lenses. Must have a high school education or equivalent. All applications will be kept on file for a period of six (6) months. Applicants must be willing to submit to a physical examination and/or drug screening.

For all positions, the applicant must submit a notarized authorization for release of information from the application. **APPLICATION MUST BE COMPLETED IN YOUR OWN HANDWRITING.**

1. Soc. Sec. Number: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

2. Position Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

4. Address: \_\_\_\_\_  
(Street Name and/or P. O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

5. Have you been previously employed by this Department? \_\_\_\_\_  
If yes, When? \_\_\_\_\_ Position Held: \_\_\_\_\_

6. Do you have a Virginia Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Can you provide your own transportation to and from work? \_\_\_\_\_

8. Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
Father's Place of Employment: \_\_\_\_\_  
Father's Telephone Home: \_\_\_\_\_ Employment: \_\_\_\_\_

9. Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Mother's Place of Employment: \_\_\_\_\_  
Mother's Telephone Home: \_\_\_\_\_ Employment: \_\_\_\_\_

10: Who should be notified in case of an accident?  
Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home & Employment)

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

12. Have you any chronic disease(s)? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

13. Give vision without glasses or corrective lenses of any type.  
Left: 20/ \_\_\_\_\_ Right: 20/ \_\_\_\_\_  
Explain any defects of sight: \_\_\_\_\_

14. Have you any defects of hearing? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

15. Have you any defects of speech? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

16. Have you any defects of body or limb? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

17. 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: 1 2 3 4 5 6

<u>Name/Location of Institute</u>	<u>Hours</u>	<u>Degree</u>	<u>Major/Specialty</u>	<u>Minor</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

18. Are you willing to submit to a drug test? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Experience

Please describe all paid, military, and applicable voluntary experience starting with the most recent. You may list significantly different jobs within the same organization 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 \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

b. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

c. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

d. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

e. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

f. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

g. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

h. Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
Job Duties \_\_\_\_\_

Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

i. Job Title \_\_\_\_\_ Employer \_\_\_\_\_

?

?

Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
 Beginning Salary \_\_\_\_\_ Ending \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Dates Employed: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

20. Use this space for any additional information you think would help us evaluate your application.  
 (Include training, seminars, workshops, or special achievements):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Typing Speed (WPM): \_\_\_\_\_ Shorthand Speed (WPM): \_\_\_\_\_

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

<u>Type</u>	<u>License</u>	<u>Expiration Date</u>	<u>Whom Granted By</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. References:

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

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

24. Miscellaneous

a. Are you willing to work: \_\_\_\_\_ day shift \_\_\_\_\_ any shift other than day  
 \_\_\_\_\_ any shift

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

\_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Either permanent or temporary

24. Have you ever been convicted of any law violation, including moving traffic violations but excluding those committed before your eighteenth birthday, which were finally adjudicated in a juvenile court or under a youth offender law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- The offense charged for which you were found "guilty" or "not innocent".
- When and where the offense occurred.
- A brief explanation of your version of what you were doing that resulted in the charge being placed against you.
- When and where the trial was held.
- State the exact terms of the penalty imposed by the Court.
- If you forfeited bond, state the amount and explain your reasons for doing so.

Please use an additional sheet if you need to further explain.

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

27. When will you be available to start work? \_\_\_\_\_ Now  
\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**This application will be disposed of after six (6) months.**

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 employees being contacted regarding this application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Please complete the following 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)

\_\_\_\_\_ High School graduate or equivalent  
\_\_\_\_\_ Attended College and/or associates degree  
\_\_\_\_\_ College graduate  
\_\_\_\_\_ Attended graduate school  
\_\_\_\_\_ Master's degree  
\_\_\_\_\_ Ph.D. or professional degree  
\_\_\_\_\_ Graduate study beyond Master's requirement

**Authorization For Release of Information**

Primary Doctor: \_\_\_\_\_

Doctor's complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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 Buckingham 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 Buckingham County Sheriff's Office or its agent upon presentation of this release or copy thereof.

Dates Attended School, If any \_\_\_\_\_  
Selective Service Number, If any \_\_\_\_\_  
Armed Forces Service or Serial Number, If any \_\_\_\_\_  
Veterans Administration Claim Number, If any \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

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

My Commission Expires on the \_\_\_\_\_ day of \_\_\_\_\_, 2001.

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.