



SHERIFF'S OFFICE
BUCKINGHAM COUNTY
13043 West James Anderson Highway
P.O. BOX 50
Buckingham, Virginia 23921
Office 434-969-1772
Fax 434-969-2104



William G. Kidd Jr.
Sheriff

John Dixon II
Captain

EMPLOYMENT APPLICATION

Thank you for your interest in the Buckingham County Sheriff's Office. Applications are only accepted for vacant positions. The Sheriff's Office does not maintain applications or interview for positions unless they are vacant, or expected to become available.

WHAT HAPPENS NEXT: Once the application deadline has passed, applications will be reviewed to determine if they meet the criteria for the position. If your credentials have met the qualifications for the position, your application will advance for consideration for an interview.

INTERVIEW: The Sheriff's Office is not able to interview every candidate interested in a position. Qualified applications are reviewed to rank candidates for interview consideration. After this determination, the Sheriff's Office will be in contact with those candidates who are to be scheduled for an interview. The top candidate will be selected and a background and reference check will commence.

BACKGROUND INVESTIGATION: All positions at the Sheriff's Office require some form of background investigation and/or criminal history background check. In addition, most positions require a driving record check. This process may take several weeks. The Sheriff's Office ability to quickly complete the background and reference process is improved by candidates ensuring they have provided complete and accurate information.

NOTIFICATION OF EMPLOYMENT: The official notification of employment will be transmitted including the starting date and terms and conditions of employment. The successful candidate will be asked to come for an appointment to enroll in the benefits program and schedule the orientation process. All employees at the Sheriff's Office work at the pleasure of the Sheriff and may be excused at any time.

DRUG FREE WORKPLACE PROGRAM: The Sheriff's Office is committed to having an alcohol/drug free workplace. Candidates, as a condition of employment, will be required to have a test for illegal substances. Positive results on this test will result in immediate denial of employment.

EQUAL OPPORTUNITY EMPLOYER

Section 1
INSTRUCTIONS

IMPORTANT: Read the following instructions carefully before completing your application.

- You must furnish all requested information on this application. The information you provide on the application will be used to determine your qualifications for employment. If you do not answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.
- Please print clearly and in your own handwriting using dark ink. Write "NA" (not applicable) beside those items that do not apply to you, unless instructions indicate otherwise.
- After completing the application, you may attach a resume, but do NOT send a resume instead of completing this application unless directed to do so.
- Mail applications to: Buckingham County Sheriff's Office, Attn: Applicant, P.O. Box 50, Buckingham, Virginia 23921.

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 address where addresses and locations are required.
- Failure to explain law or traffic violations.
- Failure to answer all questions concerning previous employment.

Applicants for both full-time and part-time positions **MUST**:

- Be a resident of Buckingham County.
- Be twenty-one (21) years of age or older to apply for the position of Deputy.
- Be of good character and have a good reputation.
- Have no DUI convictions.
- Have no felony convictions or serious misdemeanor convictions. Any exceptions of a misdemeanor conviction will be at the discretion of the Sheriff.
- Have a valid Virginia driver's license.
- Have vision with a minimum of 20/40 in both eyes with or without corrective lenses.
- Have a high school education or equivalent.

It should be also noted that positions at the Sheriff's Office require both day and night work. All positions require the applicant to submit a notarized authorization for release of information (included in application). 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 drug screening.

DATE:	POSITION APPLYING FOR:
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Section 2 PERSONAL INFORMATION	
FULL LEGAL NAME (LAST, FIRST, MIDDLE):	
SOCIAL SECURITY NUMBER (SSN):	
HOME ADDRESS:	MAILING ADDRESS (if PO Box):
HOME PHONE:	CELL PHONE:

I am available to work: Full-Time Part-Time Nights Days Weekends

If hired, on what date will you be available to commence work?

Section 3 PRE-SCREENING QUESTIONNAIRE

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you over 21 or within six months of your 21 st birthday? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a Virginia Driver's License? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you provide your own transportation to and from work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you willing to submit to a drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you previously applied or have you previously been employed by the Sheriff's Office? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a violent act or domestic assault? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past five years, have you been convicted of driving a motor vehicle while intoxicated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the past five years, have you been convicted of more than one driving offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you experimented with marijuana in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever used cocaine, PCP, LSD, heroin, designer drugs, or any other hallucinogenic, experimentally or otherwise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you a member of the Reserves or the National Guard that requires attendance to regular meetings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any chronic disease(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you require corrective vision with glasses or corrective lenses of any type? (If yes, please provide vision without corrective lenses below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have any other defects in sight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have any defects in your hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have any defects in your speech? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have any defects concerning your body or limb? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any question, five (5) through seventeen (17), please provide a detailed account of activity and additional information. The full facts requested for the above questions should include the following:

- The offense charge 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.

(USE ADDITIONAL PAPER IF NEEDED)

Section 4
FAMILY / SIBLING INFORMATION

SINGLE MARRIED DIVORCED

Do you have children? YES NO If yes, how many?....

SPOUSE INFORMATION

<i>FULL NAME (First, Middle, Last):</i>		
<i>HOME ADDRESS:</i>		
<i>PLACE OF EMPLOYMENT:</i>		<i>POSITION:</i>
<i>HOME PHONE:</i>	<i>CELL PHONE:</i>	<i>WORK PHONE:</i>

FATHER INFORMATION

<i>FULL NAME (First, Middle, Last):</i>		
<i>HOME ADDRESS:</i>		
<i>PLACE OF EMPLOYMENT:</i>		<i>POSITION:</i>
<i>HOME PHONE:</i>	<i>CELL PHONE:</i>	<i>WORK PHONE:</i>

MOTHER INFORMATION

<i>FULL NAME (First, Middle, Last):</i>		
<i>HOME ADDRESS:</i>		
<i>PLACE OF EMPLOYMENT:</i>		<i>POSITION:</i>
<i>HOME PHONE:</i>	<i>CELL PHONE:</i>	<i>WORK PHONE:</i>

EMERGENCY CONTACT INFORMATION
(person you wish for us to contact in case of emergency)

<i>FULL NAME (First, Middle, Last):</i>		
<i>HOME ADDRESS:</i>		
<i>PLACE OF EMPLOYMENT:</i>		<i>POSITION:</i>
<i>HOME PHONE:</i>	<i>CELL PHONE:</i>	<i>WORK PHONE:</i>

**Section 5
EDUCATION AND TRAINING**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did you graduate from High School?
If not, what is the highest grade completed? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a GED certificate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any post high school education and/or college?
If yes, what is the number of years of post high school education? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you type?
If yes, what is the number of words per minute? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you perform shorthand?
If yes, what is the number of words per minute? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you hold a college degree? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you expect to complete an educational program in the near future?
If yes, indicate type of degree and expected time of graduation? | <input type="checkbox"/> | <input type="checkbox"/> |

COLLEGE(S) OR UNIVERSITY(IES) ATTENDED

	NAME AND LOCATION OF COLLEGE OR UNIVERSITY:	MAJOR FIELD OF STUDY:	DATES ATTENDED:	DEGREE (YES/NO):	TYPE OF DEGREE:	YEAR DEGREE RECEIVED:
COLLEGE 1						
COLLEGE 2						
COLLEGE 3						

OTHER TRAINING (Business, Trade, Military)

	NAME AND LOCATION OF OTHER TRAINING:	TYPE OF TRAINING:	COURSE TITLE OR SUBJECT MATTER:	YEAR:
OTHER 1				
OTHER 2				
OTHER 3				

**Section 6
EXPERIENCE**

Begin with your most recent work experience. You must account for periods of unemployment. Dates must include month and year.

List any jobs that you have held during the last 10 years (paid and volunteer). Write a clear and brief but complete description of your major duties and responsibilities. If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job. If additional experience blocks are needed, use a sheet of paper and include all information requested.

Include military assignments and volunteer activities. Your application will not be considered unless you provide all information requested below. Stating "See Resume" will make your application invalid.

EMPLOYER 1	<i>NAME & ADDRESS OF EMPLOYER:</i>		<i>JOB TITLE / POSITION:</i>	
			<i>SUPERVISOR:</i>	
	<i>EMPLOYER TELEPHONE:</i>		<i>REASON FOR LEAVING:</i>	
	<input type="checkbox"/> Check here if we may inquire with this employer regarding your character, qualifications and record of employment. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Employees Supervised:			
	DATES EMPLOYED (Month/Year) From _____ To _____		SALARY OR EARNINGS Beginning _____ Ending _____	
	<i>JOB DUTIES / WORK PERFORMED:</i>			

EMPLOYER 2	<i>NAME & ADDRESS OF EMPLOYER:</i>		<i>JOB TITLE / POSITION:</i>	
			<i>SUPERVISOR:</i>	
	<i>EMPLOYER TELEPHONE:</i>		<i>REASON FOR LEAVING:</i>	
	<input type="checkbox"/> Check here if we may inquire with this employer regarding your character, qualifications and record of employment. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Employees Supervised:			
	DATES EMPLOYED (Month/Year) From _____ To _____		SALARY OR EARNINGS Beginning _____ Ending _____	
	<i>JOB DUTIES / WORK PERFORMED:</i>			

EMPLOYER

<i>NAME & ADDRESS OF EMPLOYER:</i>		<i>JOB TITLE / POSITION:</i>	
		<i>SUPERVISOR:</i>	
<i>EMPLOYER TELEPHONE:</i>		<i>REASON FOR LEAVING:</i>	
<input type="checkbox"/> Check here if we may inquire with this employer regarding your character, qualifications and record of employment.			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Employees Supervised:			
DATES EMPLOYED (Month/Year)		SALARY OR EARNINGS	
From _____	To _____	Beginning _____	Ending _____
<i>JOB DUTIES / WORK PERFORMED:</i>			

EMPLOYER

<i>NAME & ADDRESS OF EMPLOYER:</i>		<i>JOB TITLE / POSITION:</i>	
		<i>SUPERVISOR:</i>	
<i>EMPLOYER TELEPHONE:</i>		<i>REASON FOR LEAVING:</i>	
<input type="checkbox"/> Check here if we may inquire with this employer regarding your character, qualifications and record of employment.			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Employees Supervised:			
DATES EMPLOYED (Month/Year)		SALARY OR EARNINGS	
From _____	To _____	Beginning _____	Ending _____
<i>JOB DUTIES / WORK PERFORMED:</i>			

EMPLOYER

<i>NAME & ADDRESS OF EMPLOYER:</i>		<i>JOB TITLE / POSITION:</i>	
		<i>SUPERVISOR:</i>	
<i>EMPLOYER TELEPHONE:</i>		<i>REASON FOR LEAVING:</i>	
<input type="checkbox"/> Check here if we may inquire with this employer regarding your character, qualifications and record of employment.			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of Employees Supervised:			
DATES EMPLOYED (Month/Year)		SALARY OR EARNINGS	
From _____	To _____	Beginning _____	Ending _____
<i>JOB DUTIES / WORK PERFORMED:</i>			

**Section 7
QUALIFICATIONS AND SKILLS**

Describe special qualifications and skills relevant to the position for which you are applying, which are not covered elsewhere in your application (such as professional license or certificate, skills in the operation of machines/equipment, technical skills, volunteer work, military experience, professional development activities, or other special training):

List software proficiencies:

DRIVER'S LICENSE INFORMATION		
<i>DRIVER'S LICENSE NUMBER:</i>	<i>STATE OF ISSUE:</i>	<i>EXPIRATION DATE:</i>

**Section 8
REFERENCES**

List three people who are not related to you and who have definite knowledge of your qualifications and suitability for the position for which you are applying.

REF 1	NAME:	ADDRESS:	TELEPHONE NUMBER:	OCCUPATION:
REF 2	NAME:	ADDRESS:	TELEPHONE NUMBER:	OCCUPATION:
REF 3	NAME:	ADDRESS:	TELEPHONE NUMBER:	OCCUPATION:

Section 10
CERTIFICATION & SIGNATURE

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I consent to the release of information about my ability and legal history for employment with the Buckingham County Sheriff's Office by employers, schools, law enforcement agencies and other individuals and organizations, to investigators, employment specialists, and other authorized employees of the Buckingham County Sheriff's Office.

I acknowledge that the Sheriff's Office may also review my background. This review will include a criminal record, employment, credit and driving record checks.

I certify that all of the statements made here are true, correct and complete. If I am hired, my misstatement or omission of fact on this application may result in my dismissal.

I understand and agree that this employment application, by itself or together with other documents or policy statements, does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason. I understand that if employed, I will be required to follow all rules and regulations of the Sheriff's Office.

APPLICANT SIGNATURE

DATE

The Buckingham County Sheriff's Office does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment.

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 Retain Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State or Federal Agency

I, _____ 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 transcripts of any academic record) to the Buckingham County Sheriff's Office or its agent upon presentation of this release or copy thereof.

(SIGNATURE OF APPLICANT)

Notary Public

COMMONWEALTH OF VIRGINIA

Given under my hand this __ day of _____, _____,

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

My Commission Expires: _____

AFFIRMATIVE ACTION DATA

All applicants are requested to complete this form. The Sheriff’s Office uses this information to help insure that personnel practices meet the requirements of Federal law. The completion of this form is voluntary; neither its completion nor refusal to complete will subject you to any adverse treatment. This form will be filed separately from your application and the provided information will not be used to discriminate against you in any way. The form is separated from your application prior to consideration for employment.

<i>POSITION APPLYING FOR:</i>	<i>SOCIAL SECURITY NUMBER (SSN):</i>
<i>NAME (LAST, FIRST, MIDDLE):</i>	<i>DATE OF BIRTH (DOB):</i>

ETHNIC ORIGIN

Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows. Please check which group applies:

- White, not of Hispanic Origin**
(All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origins)
- Black, not of Hispanic Origin**
(All persons having origins in any of the Black racial groups of Africa. Does not include person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origins)
- Hispanic**
(All persons of Mexican, Puerto Rican, Cuban or Southern Spanish culture or origin, regardless of race)
- Asian or Pacific Islander**
(All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa)
- American Native or Alaskan Native**
(All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition)

SEX

Please check which sex applies: MALE FEMALE

VETERAN STATUS

Veterans Status: Non-Veteran Vietnam Veteran Other Veteran

Disability Status: No Disability Partial Disability Other Disability

How did you learn of this vacancy? _____