



AMHERST COUNTY SHERIFF'S OFFICE

This application must be received by the Sheriff's Office by the closing date.

APPLICATION FOR APPOINTMENT

P.O. Box 410, 115 Taylor Street

An Equal Opportunity Employer ~ Women and Minorities are encouraged to apply.

Amherst, Virginia 24521

This application for appointment is only the first step in the selection process. After this application is reviewed and accepted you will be required to complete a Personal History Statement. Print all answers in **BLACK INK** or type. Failing to follow all directions and completely fill out this application will disqualify you from further consideration.

Appointees of the Amherst County Sheriff's Office and applicants for appointment shall be afforded equal opportunity in all aspects of employment without regard to their race, color, religion, gender, national origin, disability, age, sexual orientation, marital status or political affiliation. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Sheriff's Office.

Position applied for _____ Social Security # _____ Date of Birth _____
(one per application)

Full legal name _____ Home Phone _____
Last First Middle

Address _____ Cellular or other Phone _____
City State Zip E-mail Address _____

- EDUCATION - PROVIDE A COPY OF YOUR DIPLOMA, GED CERTIFICATE, AND/OR COLLEGE TRANSCRIPT**
 - Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year completed _____
 - If you did not complete high school, do you have a high school equivalency diploma? Yes No Year Received _____
 - Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

- EXPERIENCE - Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.**

May we contact your present supervisor? Yes No

- Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week Your name if different from present _____

- Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
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d. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

e. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

f. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

g. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

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

Type	License Number	Granted by (licensing board)
_____	_____	_____

3. **REFERENCES** List names, addresses and relationships of three persons **NOT** related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

4. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No.
 If no, state reason: _____

g. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:

Offense Description	Statute or ordinance (if known)	Date of Charge	Date of Conviction	Court of Conviction (City & State)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(For additional convictions use plain paper. Include all information listed above.) *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 Month _____ Day _____ Year _____

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**
 I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any appointment in the service of the Amherst County Sheriff's Office. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Amherst County Sheriff's Office to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicants Signature** _____



AMHERST COUNTY SHERIFF'S OFFICE

RELEASE OF INFORMATION AUTHORIZATION

400-01 rev. 08/15/2012

TYPE or clearly PRINT (in black ink)

TO WHOM IT MAY CONCERN: I am an applicant for an appointment with the Amherst County Sheriff's Office in Virginia. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Amherst County Sheriff's Office.

I hereby authorize any representative of the Amherst County Sheriff's Office bearing this release, or a copy thereof, to obtain any information in your files pertaining to my personal and employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Amherst County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure (including DMV records). 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 that may provide pertinent data for the Amherst County Sheriff's Office to consider in determining my suitability for appointment in that Office. It is my specific intent to provide access to personnel information, however personal and confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Amherst County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. I understand the information obtained pursuant to this release will be one of the factors that will be used by the Amherst County Sheriff's Office in considering my qualifications and aptitude for employment as a Sheriff's Deputy and that the information obtained pursuant to



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this release can be used as grounds for disqualification for appointment with the Amherst County Sheriff's Office.

For and in consideration of the Amherst County Sheriff's Office's acceptance and processing of my application for appointment, I agree to hold you or your organization, its agents and employees harmless from any and all claims and liability associated with my application for appointment or in any way connection with the decision whether or not to appoint me with the Amherst County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Amherst County Sheriff's Office in conjunction with appointment procedures. In consideration of the Amherst County Sheriff's Office considering my application for appointment, I hereby waive any and all rights of access and discovery of any documents, information, DMV records, reports, records, statements, or letters obtained by the Sheriff's Office pursuant to this release.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

The authorization to release information is valid for a period of one year from the date of my signature. The other terms in this agreement are valid indefinitely. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further acknowledge that all paperwork obtained through this investigation/background check is the property of the Amherst County Sheriff's Office and I release any rights to the ownership of such documents or related paperwork.

_____		_____		_____	
FULL NAME ~ PRINTED OR TYPED		FULL NAME ~ SIGNATURE		SOCIAL SECURITY NUMBER	
_____	_____	_____	_____	_____	_____
DATE OF BIRTH	HOME PHONE NUMBER	CELL PHONE NUMBER	OTHER PHONE NUMBER		
_____		_____	_____	_____	_____
ADDRESS	NUMBER AND STREET	APT.	CITY	STATE	ZIP CODE

SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 ____ .

NOTARY PUBLIC