



# LYNCHBURG SHERIFF'S OFFICE

## APPLICATION FOR APPOINTMENT

AN EQUAL OPPORTUNITY EMPLOYER



**Position:** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

LAST NAME	FIRST	MIDDLE	21 OR OLDER
			YES [ ] NO [ ]
ALIAS, NICKNAMES, MAIDEN NAME		SOCIAL SECURITY NUMBER	PHONE / CELL NUMBER ( )
PRESENT ADDRESS	STREET/ R.F.D/ P.O.	CITY	STATE/ZIP
			EMAIL ADDRESS

### **RESIDENCES:**

List all residences for the past 10 years, beginning with your present address:

MONTH AND YEAR		CITY OR COUNTY	STATE OR COUNTRY
FROM	TO		

### **REFERENCES:**

CHARACTER REFERENCE: List only character references that have definite knowledge of your qualifications and fitness for the position which you are applying. (do not include relatives or former employers).

NAME	YEARS KNOWN	ADDRESS (CITY, STREET, STATE)	PHONE

### **EDUCATION:**

List High School(s) attended [attach transcript]

NAME	ADDRESS	DATES ATTENDED	YEARS COMPLETED	GRADUATED	
				YES	NO

**HIGHER EDUCATION:**

List information below for all Colleges or Universities attended:

NAME AND ADDRESS OF INSTITUTION	DATES ATTENDED	DECREE RECEIVED	YEAR RECEIVED

Major and Minor College Courses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List extra-curricular activities during High School or College, ie. Clubs, organizations, athletic programs etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors received while in high school or college: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other schools or training (Vocational, Trade, Business, or Military) List name, location, dates attended, certificates received, and any other pertinent data. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL QUALIFICATIONS AND SKILLS:**

Indicate type of special license such as pilot, radio operator, etc. List licensing authority, date of issuance and expiration date. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special skills you possess as well as the machinery and equipment you can use (for example two way radio, data entry equipment, calculator, fax machine, copier, transcribing machine, scientific or professional devices, computer, and software knowledge) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPING SKILLS:      YES [   ]      NO [   ]      NUMBER OF WORDS PER MINUTE \_\_\_\_\_

**LIST SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION** (Public speaking, publications, inventions, specific memberships, professional or scientific societies etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY STATUS:**

Have you ever served in the United States Armed Forces? YES [ ] NO [ ] Type of Discharge \_\_\_\_\_

While in the Military Service, were you ever arrested for an offense which resulted in a trial by Court, summary, special, or General Court-Martial? YES [ ] NO [ ] If YES, List date, place, type and explain in detail below

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

Are you presently a member of the United States National Guard ? YES [ ] NO [ ] IF Yes, Complete the following:

GRADE AND SERVICE NUMBER	NAME OF SERVICE		
ORGANIZATION AND STATION OR UNIT LOCATION	ACTIVE [ ]	INACTIVE [ ]	STANDBY [ ]
INDICATE RESERVE OBLIGATION, IF ANY			

**VEHICLE OPERATOR’S LICENSE INFORMATION:**

List the following information concerning any vehicle operator’s license you have held or now hold:

OPERATORS LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked (excluding medical reasons)? YES [ ] NO [ ] If yes explain \_\_\_\_\_

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

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes [ ] No [ ] If yes explain \_\_\_\_\_

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

**EMPLOYMENT:**

Beginning with your most recent job and list your work history for the past ten years, including part-time, temporary, seasonal and all periods of unemployment. (use a separate sheet if necessary)

From Date	Name and Address of Employer	Reason for Leaving	Job Title
To Date		Description of Duties	Phone
Salary		Name of Supervisor or Co-worker	Ok to contact employer? <input type="radio"/> Yes <input type="radio"/> No

## PAGE 4

From Date	Name and Address of Employer	Reason for Leaving	Job Title
To Date		Description of Duties	Phone
Salary		Name of Supervisor or Co-worker	Ok to contact employer? <input type="radio"/> Yes <input type="radio"/> No

From Date	Name and Address of Employer	Reason for Leaving	Job Title
To Date		Description of Duties	Phone
Salary		Name of Supervisor or Co-worker	Ok to contact employer? <input type="radio"/> Yes <input type="radio"/> No

From Date	Name and Address of Employer	Reason for Leaving	Job Title
To Date		Description of Duties	Phone
Salary		Name of Supervisor or Co-worker	Ok to contact employer? <input type="radio"/> Yes <input type="radio"/> No

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? YES [ ] NO [ ] If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever resigned or quit after being informed that your employer intended to discharge or fire you for any reason? YES [ ] NO [ ] If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL STATUS:**

**RESOURCES:**

Do you have income from any source other than your principal occupation? YES [ ] NO [ ] IF YES, Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OBLIGATIONS:**

List the names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt include any loans on which you are co-maker. (use a separate sheet if necessary)

NAME AND ADDRESS OF CREDITOR	KIND OF DEBT	AMOUNT

**ARREST, DETENTION, AND LITIGATION (Since Age 18):**

Have you ever been arrested or detained by a law enforcement agency? YES [ ] NO [ ]

If yes, were you convicted? YES [ ] NO [ ]

Have you been involved, in this state or elsewhere, in any court action, civil or criminal? Include all traffic violations, parking, garnishments, bankruptcies, etc. YES [ ] NO [ ] IF YES, EXPLAIN:

\_\_\_\_\_

Have you ever been fingerprinted for any reason? (arrest, job application, etc.) YES [ ] NO [ ]

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

**PAST OR PRESENT MEMBERSHIP IN ANY ORGANIZATIONS:**

NAME AND ADDRESS	TYPE OF ORGANIZATION	MEMBERSHIP	
		TO	FROM

**HOBBIES AND SPORTS:**

Do you have any hobbies or participate in sports? YES [ ] NO [ ] IF YES, LIST \_\_\_\_\_

\_\_\_\_\_

Is there any other circumstance, happening, event, incident, that has not been previously mentioned in this application that would affect your performance on this job? YES [ ] NO [ ] If yes, explain in full

\_\_\_\_\_

\_\_\_\_\_

Do you presently have any other applications on file with any other law enforcement agency?

YES [ ] NO [ ] If yes, list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I DO HEREBY CERTIFY** that all the information listed in this application made by me is true and complete to the best of my knowledge. I agree and understand that falsification of the information provided, regardless of the time of discovery, will result in termination as an employee with this department. By signing below, I give the Lynchburg Sheriff’s Office permission to contact any person or business listed in the above application and for any person or business to release any information concerning my history or background. Additionally, I understand that this position falls within the guidelines of the Code of Virginia code section 15.2-1603.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AUTHORITY FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the Lynchburg, Virginia Sheriff's Office. The department 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 above department.

**I direct you to release** such information upon request of the representative of the Lynchburg Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. I understand my rights under Title 5, U.S. Code Section 522a involving the Privacy Act of 1974, with regard to access and disclosure of records and I waive those rights with the understanding that information furnished will be used by the Lynchburg Sheriff's Office in conjunction with employment procedures.

**I hereby authorize** any representative of the Lynchburg 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 Lynchburg 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. 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 Lynchburg Sheriff's Office to determine my suitability for employment in the Sheriff's 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, psychological 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 to any local, 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 Lynchburg 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 Lynchburg Sheriff's Office in considering my qualifications and aptitude for employment as a deputy sheriff or civil employee and that the information obtained pursuant to this release can be used as grounds for disqualification for employment with the Lynchburg Sheriff's Office.

**I agree to hold harmless** and defend the City of Lynchburg, the Lynchburg Sheriff's Office, and its officials, agents and employees from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me with the Lynchburg 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 the Government Data Collection and Dissemination Practices Act, VA Code Section 2.2-3800 *et. seq.* with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lynchburg Sheriff's Office in conjunction with my application process. I hereby waive any and all rights of access and discovery of any documents, information, reports, records, statements, test results, 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.

**I agree to indemnify**, hold harmless, and defend 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 Lynchburg Sheriff's Office and I release any rights to the ownership of such documents or related paperwork

Full Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, applicant \_\_\_\_\_, whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature, and affirmed that the above information is accurate and that they fully understand the content of the above document.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_