

# Louisa County SHERIFF'S OFFICE

1 Woolfolk Ave, Suite 101  
Louisa, Va. 23093



## Application for Employment

POSITION APPLIED FOR: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_



APPLICANT:

**EMPLOYMENT HISTORY - List current or most recent employer first**

Name of Employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Street city state  
Telephone # ( ) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
area phone Job Title  
Salary Starting \_\_\_\_\_ per \_\_\_\_\_ ending \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employer may be contacted for reference  yes  no

Name of Employer: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Street city state  
Telephone # ( ) \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
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Employer may be contacted for reference  yes  no

APPLICANT:

REFERENCES: (Other than a supervisor listed in the employment section, who has knowledge of your qualifications:			
NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

BACKGROUND INFORMATION/HISTORY:				
	Yes*	No	If yes, date	If yes, explain
Are you or any member of your family presently or formerly associated with any subversive organization?				
Have you held an operator's license in another state?				
Have you been convicted of driving while your license was suspended or revoked?				
Have you been convicted of any type of alcohol or drug related driving offense?				
Have you been convicted of a felony or misdemeanor?				
Have you ever been charged with a crime involving theft or moral turpitude (as an adult or juvenile)?				
Have you been convicted of a moving traffic violation in the past 24 months?				
Have you been dismissed or requested to resign from a former position?				
Have you, as a juvenile or adult, experimented or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc?				
Have you claimed bankruptcy, had wages garnished, or had a civil judgment against you?				

\* An answer of "yes" to any of these questions does not necessarily exclude you from consideration for employment. (Each incident will be judged on it's own merit with respect to time, circumstances, and seriousness.) Use additional sheets as necessary.

**THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:**

- 1-Copy of Birth Certificate
- 2-Copy of High School Diploma or GED
- 3-Authorization for release of information

**PLEASE READ CAREFULLY AND SIGN BELOW;**

*I certify that the answers and information given herein are true and complete. I hereby grant Louisa County Sheriff's Office permission to request any school of learning, creditor, past or current employer or law enforcement agency to release information contained in their records for use in conducting research specifically relating to my suitability as an employee of Louisa County Sheriff's Office, except where my written statement upon this form specifically requests that no investigation be made. I understand this information is for use by Louisa County Sheriff's Office, and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release.*

*I understand any misrepresentation of facts in this application will be considered just cause for dismissal at the discretion of the Louisa County Sheriff's Office. In the event that I am employed, I understand I am required to abide by the policies and procedures of the Louisa County Sheriff's Office.*

Signature of Applicant : \_\_\_\_\_ date \_\_\_\_\_

Witness: \_\_\_\_\_ date \_\_\_\_\_  
 (Print) (signature)

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

Applicant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_ am an applicant for the position of \_\_\_\_\_ with the Louisa County Sheriff's Office. I hereby authorize the release of any and all information to any employee or agent of the Louisa County Sheriff's Office they may request, from whomever they may deem it necessary to make such request, from any of my records or files. Such information will include, but not be limited to, hospital records, military records, police records, arrest records, court records, police reports (including juvenile records), police polygraph examination reports, credit records and reports, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc.

I hereby release all persons from any and all liability that could result from furnishing this information to the Louisa County Sheriff's Office.

Further, I authorize the Louisa County Sheriff's Office to copy or otherwise reproduce this original document, and to let such copied or otherwise reproduced copy act with the same authority as the original instrument. This original document is to be retained on file with the Louisa County Sheriff's Office.

I further understand neither the sources nor the confidential information provided will not be revealed or released to me, regardless of the status of my application.

This authorization is given this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Signature of applicant

Witness \_\_\_\_\_

(Print)

(Signature)