

Louisa County SHERIFF'S OFFICE

P.O. Box 504
Louisa, Va. 23093



Application for Employment

POSITION APPLIED FOR: _____

APPLICANT NAME: _____

DATE OF APPLICATION: _____



LOUISA COUNTY SHERIFF'S OFFICE
 Donald A. Lowe, Sheriff
 1 Woolfolk Avenue • P.O.Box 504 • Louisa, VA. 23093

APPLICATION FOR EMPLOYMENT

Position Applying For: _____ Full Time__ Part Time_____

Personal Information: _____

Name: _____
 Last, First Middle

SS#: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Address: _____
 Street City State Zip

Telephone: () _____ () _____ () _____ () _____
 Home Work Pager Cell

E-Mail Address: _____

Maiden/Other Name(s) Used: _____
 Last First Middle

Place of Birth: _____ (*Attach a copy* of your birth certificate to this application)

Are you a U.S. Citizen? yes no If Naturalized Citizen, Naturalization # _____
 When are you available to begin work? _____ What is the minimum salary you will accept? _____
 Do you have a high school diploma or GED ? no yes--- If yes, *attach a COPY* to this application
 Do you have a valid Virginia Operator's License ? no yes

Are you willing to do or accept the following?	Yes	No	Are you willing to do or accept the following?	Yes	No
Work shift work or rotating work?	<input type="checkbox"/>	<input type="checkbox"/>	Part time employment?	<input type="checkbox"/>	<input type="checkbox"/>
Work weekends?	<input type="checkbox"/>	<input type="checkbox"/>	Full time employment?	<input type="checkbox"/>	<input type="checkbox"/>
Work as a salaried employee with benefits?	<input type="checkbox"/>	<input type="checkbox"/>	Travel if required to do so?	<input type="checkbox"/>	<input type="checkbox"/>
Work as an hourly employee (no benefits)?	<input type="checkbox"/>	<input type="checkbox"/>	Provide your own transportation to work?	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION					
School	Name & Location	Field of Study	Dates Attended	Did you Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Diploma/Degree Received
High School	Name		DO NOT ENTER	yes no	
	Location				
College	Name			yes no	
	Location				
Graduate School	Name			<input type="checkbox"/> yes <input type="checkbox"/> no	
	Location				

LICENSE and CERTIFICATIONS					
LICENSE/CERT.	TYPE	STATE	NUMBER	DATE ISSUED	EXPIRATION
Driver's License					

Typing speed: _____ wpm List any computer software in which you are proficient: _____

List any interests, skills, honors, training, volunteer work, or other qualifications that may be helpful in considering your 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 _____
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 _____
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 _____
area phone Job Title
Salary Starting _____ per _____ ending _____
Job Description: _____
Reason for Leaving: _____
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)