

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

ASHLAND D. FORTUNE - SHERIFF
P. O. Box 504 • LOUISA, VIRGINIA 23093



APPLICATION FOR EMPLOYMENT

Position Applying for:

Full-time Part-time

PERSONAL DATA

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? yes no If yes, attach a COPY to this application

Do you have a valid Virginia Operator's License? yes no

Table with 6 columns: Question, Yes, No, Question, Yes, No. Rows include: Work shift work or rotating work?, Work weekends?, Work as a salaried employee with benefits?, Work as an hourly employee (no benefits?), Part time employment?, Full time employment?, Travel if required to do so?, Provide your own transportation to work?

EDUCATION table with 6 columns: School, Name & Location, Field of Study, Dates Attended, Did you Graduate?, Diploma/Degree Received. Rows for High School, College, Graduate School.

LICENSE and CERTIFICATIONS table with 6 columns: LICENSE/CERT., TYPE, STATE, NUMBER, DATE ISSUED, EXPIRATION. Row for 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: _____
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Salary Starting _____ per _____ ending _____
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Name of Employer: _____ Immediate Supervisor: _____
Address _____ Dates of Employment: _____
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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 operators 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?				
Have you been convicted of a misdemeanor?				
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.)

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

- Copy of Birth Certificate
- Copy of High School Diploma or GED
- 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 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)