

GREENE COUNTY SHERIFF'S OFFICE

SHERIFF Steven S. Smith



EMPLOYMENT APPLICATION (AN EQUAL OPPORTUNITY EMPLOYER)

10005 SPOTSWOOD TRAIL
STANARDSVILLE, VIRGINIA 22973

434-985-2222 (PHONE)
434-985-3373 (FAX)

www.greenecountysheriffva.com

- 1) APPLICATION is to be hand printed in INK or TYPED.
- 2) ANSWER all questions CLEARLY and COMPLETELY.
- 3) QUESTIONS that do not apply should be marked "NONE or N/A".
- 4) ATTACH to this APPLICATION the following:
 - (a) Photo COPY of your VIRGINIA OPERATORS LICENSE
 - (b) Photo COPY of your HIGH SCHOOL DIPLOMA / G.E.D. and/or your COLLEGE DEGREE
 - (c) Photo COPY of your MILITARY "DD 214" (if applicable)

POSITION APPLYING FOR: _____

FULL NAME: _____
Last First Middle

NICKNAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____ DOB _____

PHONE NUMBERS: HOME: (____) _____ CELL: (____) _____
WORK: (____) _____ OTHER: (____) _____

EMAIL ADDRESS: _____

LIST IN ORDER ALL OF YOUR RESIDENCES FOR THE PAST TEN (10) YEARS:

FROM	TO	ADDRESS	CITY	STATE	RENT/OWN?

HAVE YOU EVER SERVED OR ARE YOU SERVING IN THE ARMED FORCES, RESERVES, OR NATIONAL GUARD OF THE U.S.? YES NO
WHAT BRANCH: _____ DATE OF SEPARATION: _____
TYPE OF DISCHARGE: _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT OR APPOINTMENT WITH ANY OTHER CRIMINAL JUSTICE AGENCY? YES NO

(IF YES, GIVE DATE AND AGENCY)

ARE YOU CURRENTLY EMPLOYED BY THE COUNTY OF GREENE? YES NO
IF YES, WHICH DEPARTMENT? _____

HAVE YOU EVER WORKED FOR THE COUNTY OF GREENE? YES NO
IF YES, WHICH DEPARTMENT, WHEN AND WHY DID YOU LEAVE?

ARE YOU A CITIZEN OF THE U.S. OR ARE YOU OTHERWISE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

(Anyone offered employment, is REQUIRED to provide proper identification and documentation of eligibility for employment in the United States.)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
DRIVER'S LICENSE CUSTOMER ID # _____ STATE _____ EXPIRATION DATE _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO
IF YES, WHEN AND EXPLAIN: _____

ARE ALL YOUR DEBTS AND FINANCIAL OBLIGATIONS CURRENT? YES NO
IF NO, EXPLAIN: _____

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT AS AN OPERATOR WHICH RESULTED IN DEATH, PERSONAL INJURY, OR PROPERTY DAMAGE EXCEEDING ONE THOUSAND DOLLARS (\$1,000.00). YES NO
IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY IN VIRGINIA OR ANY OTHER STATE? IF YES, EXPLAIN: _____

DO YOU AUTHORIZE THE GREENE COUNTY SHERIFF'S OFFICE TO CHECK YOUR DRIVING RECORD, BOTH NOW AND ON PERIODIC RANDOM BASIS DURING EMPLOYMENT? YES NO

ARE YOU WILLING TO WORK: (CHECK ALL THAT APPLY)
PART TIME _____ FULL TIME _____ TEMPORARY _____ SUBSTITUTE _____
(LESS THAN 30 HOURS) (40 HOURS)

WOULD YOU ACCEPT THIS APPOINTMENT WITH THE UNDERSTANDING THAT NO OTHER OUTSIDE ACTIVITY SUCH AS MEETINGS, PERSONAL PLANS, SERVICE ORGANIZATIONS, OR OTHER EMPLOYMENT WILL BE ALLOWED TO INTERFERE WITH YOUR DUTIES AS AN APPOINTEE OF THIS OFFICE? YES NO

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT OR POSITION YOU HAVE EVER HAD? YES NO IF YES, LIST BELOW:

EMPLOYER	SUPERVISOR NAME	ADDRESS/PHONE # (include state)

ARE YOU SUBJECT TO A RESTRAINING ORDER, OR PROTECTIVE ORDER? YES NO

IF YES, EXPLAIN: _____

HAVE YOU EVER USED MARIJUANA OR ANY OTHER CONTROLLED SUBSTANCE? YES NO

IF YES, EXPLAIN: _____

GIVE FIVE (5) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS, FELLOW EMPLOYEES, OR YOUR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS.

NAME	ADDRESS	PHONE #	OCCUPATION

IF OFFERED A POSITION WITHIN OUR AGENCY AS A LAW ENFORCEMENT OFFICER, WOULD YOU SIGN A CONTRACTUAL WORKING AGREEMENT? YES NO NOT APPLICABLE

PLEASE LIST IMMEDIATE FAMILY MEMBERS INFORMATION AS REQUESTED BELOW

NAME	ADDRESS	PHONE #	RELATIONSHIP

NAME, LOCATION AND YEAR GRADUATED AND/OR YEARS COMPLETED OF THE FOLLOWING IF APPLICABLE.

HIGH SCHOOL: _____

COLLEGE: _____

TRADE SCHOOL: _____

MILITARY: _____

OTHER: _____

WORK EXPERIENCE

LIST JOBS STARTING WITH THE PRESENT AND WORKING BACK

MAY YOUR PRESENT EMPLOYER BE CONTACTED? YES or NO

EMPLOYER- _____
ADDRESS CITY & STATE- _____
SUPERVISOR & PHONE #- _____
JOB TITLE- _____ DUTIES- _____
FROM- _____ TO- _____
REASON LEFT- _____

EMPLOYER- _____
ADDRESS CITY & STATE- _____
SUPERVISOR & PHONE #- _____
JOB TITLE- _____ DUTIES- _____
FROM- _____ TO- _____
REASON LEFT- _____

EMPLOYER- _____
ADDRESS CITY & STATE- _____
SUPERVISOR & PHONE #- _____
JOB TITLE- _____ DUTIES- _____
FROM- _____ TO- _____
REASON LEFT- _____

EMPLOYER- _____
ADDRESS CITY & STATE- _____
SUPERVISOR & PHONE #- _____
JOB TITLE- _____ DUTIES- _____
FROM- _____ TO- _____
REASON LEFT- _____

EMPLOYER- _____
ADDRESS CITY & STATE- _____
SUPERVISOR & PHONE #- _____
JOB TITLE- _____ DUTIES- _____
FROM- _____ TO- _____
REASON LEFT- _____

USE THE FOLLOWING SPACE TO INCLUDE ANY SPECIAL QUALIFICATIONS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, WHICH ARE NOT COVERED ELSEWHERE IN YOUR APPLICATION (SUCH AS PROFESSIONAL LICENSE OR CERTIFICATE, SKILLS IN THE OPERATION OF MACHINES/EQUIPMENT, TECHNICAL SKILLS, ACCOMPLISHMENTS OR OTHER SPECIALIZED TRAINING).

15.2-1603 APPOINTMENT OF DEPUTIES; THEIR POWERS; HOW REMOVED.

The treasurer, the sheriff, the commissioner of the revenue, and the clerk of any circuit court may at the time he qualifies as provided in 15.2-1522 or thereafter appoint one or more deputies, who may discharge any of the official duties of their principal during his continuance in office, unless it is some duty the performance of which by a deputy is expressly forbidden by law. The sheriff making an appointment of a deputy under the provisions of this section may review the record of the deputy as furnished by the Federal Bureau of Investigation prior to certification to the appropriate court as provided hereunder.

The sheriff may appoint as deputies medical and rehabilitation employees as are authorized by the State Compensation Board. Deputies appointed pursuant to this paragraph shall not be considered by the State Compensation Board in fixing the number of full-time or part-time deputies which may be appointed by the sheriff pursuant to 14.1-70.

The officer making any such appointment shall certify the appointment to the court in the clerk's office of which the oath of the principal of such deputy is filed, and a record thereof shall be entered in the order book of such court.

Any such deputy at the time his principal qualifies as provided in 15.2-1522 or thereafter, and before entering upon the duties of his office, shall take and prescribe the oath now provided for in 49-1. The oath shall be filed with the clerk of the court in whose office the oath of his principal is filed, and such clerk shall properly label and file all such oaths in his office for preservation. Any such deputy may be removed from office by his principal. The deputy may also be removed by the court as provided by 24.2-230.

AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT A DECISIONS REGARDING MY EMPLOYMENT OR CONTINUED EMPLOYMENT. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN TERMINATION. I FURTHER UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE GREENE COUNTY SHERIFF'S OFFICE AND THAT APPOINTMENTS MADE BY THE SHERIFF ARE PURSUANT TO VIRGINIA CODE 15.2-1603. I SERVE AT THE PLEASURE OF THE SHERIFF AND MAY BE TERMINATED AT ANYTIME WITHOUT CAUSE. I CONSENT TO THE GREENE COUNTY SHERIFF'S OFFICE CONDUCTING A COMPLETE BACKGROUND INVESTIGATION ON ME AND HEREBY RELEASE ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THIS INVESTIGATION. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

Greene County Sheriff's Office

10005 Spotswood Trail, Stanardsville VA 22973

(434) 985-2222, fax (434) 985-3373

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, US Armed Forces, Maritime Service, Veterans Association, Any Academic Dean, Registrar, Principal, Guidance Counselor, Authorized person at any: School, College, University, Business School, Trade School, High School or Elementary School, Any Local, State or Federal Human Resource Agency or Federal Law Enforcement Agency, Any past or present employer, Credit Bureau or Retail Merchants Association, or U.S. Selective Service System.

Name _____
Last, First, Middle

Address _____

City, State, Zip _____

Phone # _____

To Whom It May Concern:

I am an applicant for a position with the Greene County Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my employment and personal history be disclosed to the Greene County Sheriff's Office. I hereby authorize any representative of the Greene County Sheriff's Office bearing this release to obtain any information in your files pertaining to my 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 any duly authorized agent of the Greene County Sheriff's Office, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies, and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Greene County Sheriff's Office to consider in determining my suitability for original and continued employment in the Sheriff's Office. It is my specific intent to provide access to personnel information, however personal or 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 record(s), and 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, 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 damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, 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 an attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Greene County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Greene County Sheriff's Office will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

In and for consideration of the Greene County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Greene County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Greene County Sheriff's Office. I understand that should information of a 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 Greene County Sheriff's Office in conjunction with employment procedure. Additionally, I understand that the **Virginia Freedom of Information Act** and the **Virginia Government Data Collection and Dissemination Practices Act** provide me the right to request access to and disclosure of records related to my application for employment with the Greene County Office.

I hereby waive my right to request access to or disclosure of information obtained by the Greene County Sheriff's Office during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that Virginia Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Greene County Sheriff's Office not to release this information unless required by law. A photocopy or FAX of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid from the date of my signature until my eligibility for original or continued employment is discontinued. 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 their 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.

TO BE SIGNED IN FRONT OF A NOTARY PUBLIC

Applicant Signature _____ Date: _____

City/County of _____
Commonwealth or State of _____

The foregoing instrument was acknowledged before me
this _____ day of _____, 20____

By _____, whom I personally know,
or he/she produced _____ as identification.

In witness whereof, I here unto set my hand and official seal.
_____, Notary Public

My registration number: _____
My commission expires: _____