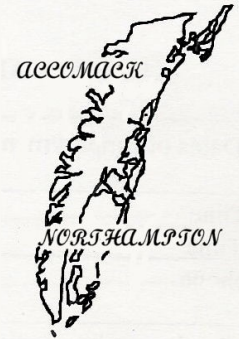




*Application for Employment
for the
Accomack County Sheriff's Office
(An Equal Opportunity Employer)*

(Please Print Plainly)



*Larry J. Giddens Sr.
Sheriff*

POSITION YOU WISH TO APPLY FOR: _____

FULL LEGAL NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
911 STREET ADDRESS

P.O. BOX # CITY/TOWN STATE ZIP

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____
MONTH DAY YEAR

TELEPHONE NUMBER: () _____

DRIVERS LICENSE NUMBER: _____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

1. DATES OF EMPLOYMENT	NAME OF FIRM	SALARY: STARTING	FINAL
TO			
FULL TIME _____	ADDRESS	REASON FOR LEAVING	
PART TIME _____			
TELEPHONE	SUPERVISOR	YOUR NAME WHEN EMPLOYED IF DIFERENT	

DESCRIBE THE WORK YOU DID:

2. DATES OF EMPLOYMENT	NAME OF FIRM	SALARY: STARTING	FINAL
TO			
FULL TIME _____	ADDRESS	REASON FOR LEAVING	
PART TIME _____			
TELEPHONE	SUPERVISOR	YOUR NAME WHEN EMPLOYED IF DIFERENT	

DESCRIBE THE WORK YOU DID:

3. DATES OF EMPLOYMENT	NAME OF FIRM	SALARY: STARTING	FINAL
TO			
FULL TIME _____	ADDRESS	REASON FOR LEAVING	
PART TIME _____			
TELEPHONE	SUPERVISOR	YOUR NAME WHEN EMPLOYED IF DIFERENT	

DESCRIBE THE WORK YOU DID:

4. DATES OF EMPLOYMENT	NAME OF FIRM	SALARY: STARTING	FINAL
TO			
FULL TIME _____	ADDRESS	REASON FOR LEAVING	
PART TIME _____			
TELEPHONE	SUPERVISOR	YOUR NAME WHEN EMPLOYED IF DIFERENT	

DESCRIBE THE WORK YOU DID:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? **YES/NO** IF NOT, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT. _____ (LIST OTHER JOBS, IF MORE, ON BACK)

ARE YOU A RESIDENT OF ACCOMACK COUNTY? **YES/NO** IF SO, HOW LONG? _____
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY ACCOMACK COUNTY? **YES/NO** IF SO WHEN? _____
IF ANY, LIST RELATIVES WORKING FOR THE SHERIFF'S OFFICE OR THIS COUNTY.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES/NO** IF YES, FOR WHAT? _____

HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS IN THE
LAST FIVE (5) YEARS? **YES/NO**

HAVE YOU BEEN ASSIGNED TO AN ALCOHOL SAFETY ACTION PROGRAM OR A DRIVER
REHABILITATION PROGRAM IN THE LAST FIVE (5) YEARS? **YES/NO**

DO YOU OBJECT TO HAVING YOUR PRESENT/PREVIOUS EMPLOYER QUESTIONED ABOUT YOUR WORK
RECORD? **YES/NO**

RATE OF PAY EXPECTED \$ _____ PER YEAR IN THIS POSITION.

IF YOUR APPLICATION IS FAVORABLY CONSIDERED, ON WHAT DATE WILL YOU BE AVAILABLE TO
START WORK? _____

GIVE SPEED IN WORDS PER MINUTE: SHORTHAND _____ TYPING _____ LIST TYPES OF MACHINES
THAT YOU CAN OPERATE _____

LIST BELOW THE NAMES, OCCUPATIONS, ADDRESSES AND PHONE NUMBERS OF THREE PERSONS WHO
KNOW YOUR QUALIFICATIONS OR CHARACTER. (**NOT RELATIVES**)

1. _____

2. _____

3. _____

NAME AND LOCATION OF LAST ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL ATTENDED:

NAME OF SCHOOL: _____ HIGHEST GRADE COMPLETED: _____

LOCATION: _____ DATE OF GRADUATION: _____

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY
DIPLOMA? **YES/NO**

IF YES, GIVE THE DATE RECEIVED: _____ CHECK ONE: ___ GED ___ USAFI ___ OTHER

COLLEGE, UNIVERSITY, OR TRADE (TECHNICAL) SCHOOL

NAME: _____ YEARS COMPLETED: _____

LOCATION: _____ DID YOU GRADUATE? **YES/NO** TYPE OF DEGREE: _____

NAME: _____ YEARS COMPLETED: _____

LOCATION: _____ DID YOU GRADUATE? **YES/NO** TYPE OF DEGREE: _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

SELECTIVE SERVICE NUMBER (IF ANY): _____

ARMED FORCES SERVICE OR SERIAL NUMBER (IF ANY): _____

VETERANS ADMINISTRATION CLAIM NUMBER (IF ANY): _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT MY EMPLOYMENT IS CONTINGENT UPON THE RESULTS OF A PHYSICAL EXAMINATION, WRITTEN TEST(S), A PHYSICAL TEST AND AN ORAL REVIEW.

SIGNATURE OF APPLICANT: _____ ***DATE:*** _____

PLEASE HAVE NOTARY PUBLIC COMPLETE THE FOLLOWING

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20_____

SIGNATURE

STATE OF VIRGINIA, COUNTY OF ACCOMACK, TO-WIT:

THIS DAY, _____ PERSONALLY APPEARED BEFORE ME AND ACKNOWLEDGED HIS/HER SIGNATURE TO THE ABOVE STATEMENT.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON THE _____ DAY OF _____, 20_____

RELEASE OF INFORMATION SUBJECT TO THIS AUTHORIZATION IS NOT IN CONFLICT WITH THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, NOT VIRGINIA STATUTES RELATING TO THE PRIVACY PROTECTION ACT.