



King William Sheriff's Office
351 Courthouse Lane Suite 160
King William Virginia 23086
(804)769-0999



APPLICATION FOR APPOINTMENT

INSTRUCTIONS: Please write, in your own handwriting, legibly using ink. In order that your application may be properly evaluated, it is essential that all of the following questions be answered in their entirety. The questions that do not apply should be marked as "NONE" or "N/A". We accept applications only for positions which we are currently recruiting. Applications must be submitted to the Sheriff's Office by the time recruitment for the position ends, where applicable.

Appointees of King William County Sheriff's Office and applicants shall be afforded Equal Opportunity in all aspects of appointment without regard to race, color, religion, national origin, disability, sex or age.

Date: _____

Position Desired: _____ Salary Desired: _____
 Check one : Full Time Part Time

PERSONAL DATA

Legal Name: _____
 Last First Middle

Maiden Name: _____ (If applicable) Nickname: _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Weight: _____

Mailing Address: _____
 P.O. Box/Street City State Zip

Physical Address: _____
 (If different) Number & Street City State Zip

Telephone Numbers: Home: _____ Work: _____
 Pager: _____ Cellular: _____

Email Address: _____

Do you have a valid driver's license? Yes No

Driver's License Number: _____ License State: _____

Are you a U.S. citizen or legally eligible for employment in the United States? Yes No

Have you ever applied for employment of appointment with any Criminal Justice Agencies? Yes No
 If yes, list agency and date: _____

List any relative employed by King William County:

Name	Relationship	Department
_____	_____	_____
_____	_____	_____

Do you have problems working rotating shifts? Yes No
 If yes, please explain: _____

Do you have any constraints that would limit your ability to work overtime or shift extensions? Yes No
 If yes, please explain: _____

List any hobbies: _____

List clubs, organizations or societies of which you are or have been a member: _____

Can you swim? Yes No

EDUCATION AND TRAINING

	Name & Address	From	To	Did you Graduate	Course/Degree/Number of Credits
High School/ GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					

List any awards, honors, or fellowships received: _____

List any professional or trade certificates or licenses you possess: _____

List office equipment and computer software in which you are proficient: _____

List any certifications that you have (i.e. DCJS Certifications, Firearms, First Aid, EMT, Water Safety etc.):

List any training or experiences that you would consider useful to the Sheriff's Office: _____

Check the following weapons that you have actually used on a firing range or in the field:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Revolver |
| <input type="checkbox"/> Pump Shotgun | <input type="checkbox"/> Semi-Auto Pistol |
| <input type="checkbox"/> Auto Shotgun | <input type="checkbox"/> Automatic Weapon |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Gas Gun |

Can you speak another language aside from English? Yes No

If yes, please list: _____

MILITARY HISTORY

Branch of Service	Date Entered	Date Discharge	Type of Discharge
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Initial Rank: _____ Final Rank: _____

WORK EXPERIENCE

List all present and past employment beginning with your most recent job held including part-time employment while in school.

May we check with your current employer regarding your record of employment? Yes No

Employer Name	Dates of Employment: From: _____ To: _____		
Employer Address:			
Your Title:	Beginning Pay:	Ending Pay:	
Immediate Supervisor:	Supervisor's Title:	Phone Number:	
Job Description:			

Reason for leaving:		
Employer Name		Dates of Employment: From: To:
Employer Address:		
Your Title:	Beginning Pay:	Ending Pay:
Immediate Supervisor:	Supervisor's Title:	Phone Number:
Job Description:		
Reason for leaving:		

Employer Name		Dates of Employment: From: To:
Employer Address:		
Your Title:	Beginning Pay:	Ending Pay:
Immediate Supervisor:	Supervisor's Title:	Phone Number:
Job Description:		
Reason for leaving:		

Employer Name		Dates of Employment: From: To:
Employer Address:		
Your Title:	Beginning Pay:	Ending Pay:
Immediate Supervisor:	Supervisor's Title:	Phone Number:
Job Description:		
Reason for leaving:		

Employer Name		Dates of Employment: From: To:
Employer Address:		
Your Title:	Beginning Pay:	Ending Pay:
Immediate Supervisor:	Supervisor's Title:	Phone Number:
Job Description:		
Reason for leaving:		

Employer Name		Dates of Employment: From: To:
Employer Address:		
Your Title:	Beginning Pay:	Ending Pay:
Immediate Supervisor:	Supervisor's Title:	Phone Number:
Job Description:		

Reason for leaving:

(For Additional Work Experience, Attach a Separate Sheet)

REFERENCES

List three references (NOT relatives or former employers) that are responsible adults of reputable standing in their community whom have known you well during at least the past five years.

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Name:	Phone Number:
Address:	
Occupation:	Years Known:

Before any person is selected for appointment with this office, all statements made in this application are thoroughly investigated. In addition thereto, a careful and complete character investigation is conducted. You may, on a separate sheet, attach any irregularities that may be disclosed by this investigation. If so, check here to see attached: _____

I am aware that willfully withholding information or making false statements on this questionnaire will be the basis for withdrawal of an offer or subsequent dismissal from the position without question. **I also understand that appointments made by the Sheriff are pursuant to section 15.2-1603 of the Code of Virginia and serve at the will and pleasure of the Sheriff and may be terminated at any time without cause.** I consent to the Sheriff's Office conducting a complete background investigation on me. I 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 of Applicant

Date

BACKGROUND INVESTIGATION QUESTIONNAIRE

FAMILY

Legal Name: _____ Date: _____

Spouse's Name: _____ Maiden Name: _____
(If Applicable)

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

(For Additional Children, Attach a Separate Sheet)

Father's Name:	Phone Number:	Mother's Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Spouse's Relatives:

Father's Name:	Phone Number:	Mother's Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Brother/Sister Name:	Phone Number:	Brother/Sister Name:	Phone Number:
Address:		Address:	

Are you or any member of your family (or have you or any member of your family formerly been) associated with any subversive organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

RESIDENCY

How long have you lived at your current address listed on the front page? _____

List in order from most current (excluding present) all your residences for the past 15 years:

Dates: to	Address:	City:	State:	Zip:
Dates: to	Address:	City:	State:	Zip:
Dates: to	Address:	City:	State:	Zip:
Dates: to	Address:	City:	State:	Zip:
Dates: to	Address:	City:	State:	Zip:
Dates: to	Address:	City:	State:	Zip:

(For Additional Residences, Attach a Separate Sheet)

POLICE/DRIVING RECORD

Have you ever been convicted of an offense that would be considered a felony or misdemeanor? Yes No

If yes, explain in detail: _____

Furnish information on **any summons or arrests**, including any traffic violations, as a juvenile or adult:

Date	Charge/Violation	Location	Court Findings or Disposition

(For any additional, please attach a separate sheet)

Have you been subject to a restraining order or a protective order? Yes No

If yes, explain in detail: _____

Have you ever been in a motor vehicle accident, as an operator, that resulted in death, personal injury or property damage exceeding \$1,000.00? Yes No

Has your operator's license ever been suspended or revoked? Yes No

If yes, date: _____ Jurisdiction: _____

Have you ever been convicted of driving while your license was suspended or revoked? Yes No

If yes, date: _____ Jurisdiction: _____

Have you ever been charged or convicted of any type of alcohol or drug related driving offense? Yes No

If yes, date: _____ Jurisdiction: _____

Have you ever held an operator's/driver's license in another state? Yes No

If yes, list all locations: _____

CIVIL RECORD/PERSONAL

Have you ever sued anyone or been sued in a civil court action? Yes No
 If yes, give date, place, court, nature of parties involved, nature of action and final disposition: _____

Have you ever testified in court as a witness? Yes No
 If yes, describe circumstances: _____

Have you ever sworn a warrant against anyone (other than job related)? Yes No
 If yes, describe circumstances: _____

Have you ever, as a juvenile or adult, experimented, possessed or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc.? Yes No
 If yes, list type of drug(s) when, what age and to what level of use: _____

Have you ever been involuntary committed to a mental institution? Yes No
 If yes, explain: _____

Have you ever been dismissed or asked to resign from any employment or position held? Yes No
 If yes, please list:

Position	Employer & Phone #	Reason	Date

(For any additional, please attach a separate sheet)

FINANCIAL STATUS

Have you ever claimed bankruptcy, had your wages garnished or had a civil judgment against you? Yes No
 If yes, note the time period and explain the circumstances: _____

Has your credit record ever been considered unsatisfactory or have you ever been refused credit? Yes No
 If yes, where and when: _____

Are you indebted to anyone or company (do not include mortgage)? Yes No
 If yes, complete the following:

Name of Company	Address	Amount

(For any additional, please attach a separate sheet)

**KING WILLIAM COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO OBTAIN INFORMATION**

The following needs to be presented to a Notary Public before applicant signs.

I, _____ hereby authorize the King William County Sheriff's Office,

(Applicant print your name)

to conduct a Background Investigation in connection with my application for appointment. This investigation may include information regarding my residential history, schools attended, present employer, previous employers, previous applications to law enforcement agencies, personal references, professional references, credit standings, financial status, criminal history, Division of Motor Vehicle records, physicians, medical records, and any other appropriate sources.

I authorize the release of any information that the King William County Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the King William County Sheriff's Office in connection with this application and background investigation is confidential and **shall not be disclosed to me.**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act, as amended, with regard to access and to the disclosure of records and statements and I hereby waive those rights.

I agree to indemnify and hold harmless the King William County Sheriff's Office, its agents and employees and the person, company, agency or entity to whom this request is presented and its agents and employees from and against all claims, damages, losses, and expenses, including attorney's fees arising out of this request.

It has been fully explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

Applicant's Signature

Date

Notary Use Below This Line

State of Virginia, County/City of _____.

On this _____ day of _____, 20_____.

Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: _____

Notary Public Signature