

Application for Employment

Please Print



County Of Buckingham

PO Box 252

Buckingham, VA 23921

434-969-4242

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____

Address _____

Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- ☐ Walk-In _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____

- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

If necessary, best time to call you is _____ AM
PM
☐ Home ☐ Cellular/Other

May we contact you at work? _____ ☐ Yes ☐ No

If yes, work number and best time to call:

() _____ AM
PM

If you are under 18 and it is required,
can you furnish a work permit? _____ ☐ Yes ☐ No

If no, please explain: _____

Have you submitted an application here before? _____ ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? _____ ☐ Yes ☐ No

If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
following an extended military leave of absence
from this company? _____ ☐ Yes ☐ No

Are you legally eligible for employment
in this country? _____ ☐ Yes ☐ No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? _____ ☐ Yes ☐ No

Will you travel if job requires it? _____ ☐ Yes ☐ No

If they have been explained to you, are you able to meet the
attendance requirements of the position? _____ ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? _____ ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying: _____

State _____

Have you ever been bonded? _____ ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to
or been convicted of a crime? _____ ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other
party (such as a noncompetition agreement) that might, in any way,
restrict your ability to work for our company? _____ ☐ Yes ☐ No

If yes, please explain: _____ **Criminal background and drug test
will be done if your application is
chosen for interview. For drivers
of County vehicles, DMV records
will be checked also**

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Starting job title/final job title		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?	E-mail:	
Summarize the type of work performed and job responsibilities.		

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Starting job title/final job title		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
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What were the things you liked least about the position?

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Starting job title/final job title		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?	E-mail:	
Summarize the type of work performed and job responsibilities.		

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

☐ Yes ☐ No

If yes, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years:	<input type="checkbox"/> Internet	Years:
<input type="checkbox"/> Spreadsheets	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> Presentation	Years:	<input type="checkbox"/> Other	Years:
<input type="checkbox"/> E-mail	Years:	<input type="checkbox"/> Other	Years:

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# - -

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date / /



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Application for Employment (Long Form) #RB-A1821



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CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To:

Virginia State Police
Central Criminal Records Exchange
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- ☐ CHILD DAY CARE
☐ DOMESTIC ADOPTION
☐ ADULT DAY CARE OR ADULT CARE RESIDENCE
☐ NURSING HOME OR HOME HEALTH

- ☐ COUNTY/CITY PUBLIC SCHOOLS
☐ INTERNATIONAL ADOPTION
☐ FOSTER CARE
☐ EMPLOYMENT
☐ OTHER (Please Specify) _____

NAME TO BE SEARCHED:

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

RACE

SEX

DATE OF BIRTH

/ /

(MM/DD/YYYY)

SOCIAL SECURITY NUMBER

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: / / (MM/DD/YYYY)

Signature of Person Making Request:

Printed Name:

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME

ATTENTION

ADDRESS

CITY

STATE

ZIP CODE

FEES FOR SERVICE:

FEES:

- ☐ \$15.00 CRIMINAL HISTORY SEARCH
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

- ☐ \$ 8.00 CRIMINAL HISTORY SEARCH
☐ \$ 16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

CHARGE CARD: ☐ MasterCard  OR ☐ Visa ☐ Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: - - -

☐ Virginia State Police Charge Account Number: _____

Expiration Date: /

Signature of Cardholder:

FOR STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- ☐ No Conviction Data - Does Not Preclude the Existence of an Arrest Record
☐ No Criminal Record - Name Search Only
☐ No Sex Offender Registration Record
- ☐ No Criminal Record - Fingerprint Search
☐ Criminal Record Attached

Purpose code: ☐ C
☐ N
☐ O

Date _____ By CCRE/ _____

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST:

Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, Code of Virginia, governing the program for which the search is requested.

NAME TO BE SEARCHED:

Type the full name (last, first middle [no initials] and maiden name if applicable), sex, race, date of birth, and completed address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. Note: Signature of person making request is required.

Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

**NAME AND MAILING ADDRESS OF
AGENCY, INDIVIDUAL OR AUTHORIZED
AGENT MAKING REQUEST:**

Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.

FEES FOR SERVICE:

Indicate the fee for the service requested.

METHOD OF PAYMENT:

Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa.
For charge account; record charge account number issued by State Police.

Mailing Instructions:

Mail to: VIRGINIA DEPARTMENT OF STATE POLICE
CENTRAL CRIMINAL RECORDS EXCHANGE
P.O. BOX 85076
RICHMOND, VIRGINIA 23261-5076

Convictions Reportable to the Sex Offender & Crimes Against Minors registry are
Violations or Attempted Violations or Conspiracy to Violate or a Person that is "Not Guilty
of Insanity" on or after July 1, 2007 of the Following Offenses Defined in §9.1-902, Code of Virginia:

1. "Sexually Violent Offense" means a Violation or Attempted Violation of:	
Charge	Section
Abduction for Immoral Purpose	18.2-48(ii)
Rape	18.2-61
Forcible Sodomy	18.2-67.1
Object Sexual Penetration	18.2-67.2
Aggravated Sexual Battery	18.2-67.3
Sexual Battery where the perpetrator is 18 years of age or older and the victim is under the age of 6	18.2-67.4
Attempted Rape, Forcible Sodomy, Object Sexual Penetration, Aggravated Sexual Battery	18.2-67.5(A)(B)
Taking Indecent Liberties with Minor	18.2-370
Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship	18.2-370.1
Production, Distribution, Financing, etc of Child Pornography	18.2-374.1
OR	
Any Person Convicted under Chapter 117 (18 U. S. Code § 2421 et seq.)	
Any Person Convicted for Sex Trafficking (18 U. S. Code, § 1591)	
OR	
A Second or subsequent conviction, where the individual was at liberty between such convictions, of the following:	
Carnal Knowledge of Minor (Victim Ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 or Older) of Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed 2005)	18.2-67.2:1
Enter Dwelling House with Intent to Rape	18.2-90
OR	
A SECOND or subsequent conviction, where the individual was at liberty between such convictions, and where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:	
Abduction	18.2-47(A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48(i)(ii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C)
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry; Incest	18.2-366
Possess Child Pornography (2 or more convictions)	18.2-374.1:1 (C)
OR	
If the offense was committed on or after July 1, 2006, and if the person has been convicted or adjudicated delinquent of any two or more such offenses, provided that person had been at liberty between such convictions or adjudications	
Enter Dwelling House etc. with intent to Commit Felony	18.2-91
2. "Sexual Offenses" means:	
Charge	Section
Murder (Victim is under 15) or (Victim is 15-17) is related to an offense under § 9.1-902	18.2-31, 18.2-32
Carnal Knowledge of Minor (Victim ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 and older) Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed in 2005)	18.2-67.2:1
Sexual Battery (3 or more convictions)	18.2-67.4
Sexual Abuse Against Child under 15 (3 or more convictions)	18.2-67.4:2
Attempted Sexual Battery (3 or more convictions)	18.2-67.5 (C)
Enter Dwelling House etc. with Intent to Rape	18.2-90
Possession of Child Pornography (2 Counts)	18.2-374.1:1(B)(C)
Unlawful Filming, Videotaping or Photographing of Another (3 or more convictions)	18.2-386.1
Use of Communication System to Solicit a Minor under age 15 or who the defendant believes is less than 15 years, with lascivious intent, to commit specified acts.	18.2-374.3 (C)
Third Misdemeanor Sexual Offense as set forth in	18.2-67.5:1
OR	
If the offense is committed on or after July 1, 2006	
Enter Dwelling House etc. with intent to Commit Felony Under § 9.1-902	18.2-91
Possession of Child Pornography	18.2-374.1:1(A)
OR	
Where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:	
Abduction	18.2-47 (A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48(i)(ii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C)
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry; Incest	18.2-366
OR	
Any Criminal Homicide in conjunction with a violation of clause (i) of §18.2-371 (Contributing to the delinquency) or §18.2-371.1 (abuse and neglect of children) when the offenses arise out of the same incident.	
OR	
"Offense for which registration is required" includes (i) any similar offense under the laws of any foreign country or any political subdivision thereof, the United States or any political subdivision thereof.	
OR	
Any offense for which registration in a Sex Offender and Crimes Against Minor Registry is required under the laws of the jurisdiction where the offender was convicted.	

Authorization for Release of Information

To: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Services, Veterans, Administration, or,

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (College, Business, Trade or High School) or,

Any Past or present employer, Credit Bureau, or Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State or Federal Agency.

I, _____, Address, _____, have applied for employment with the County of Buckingham. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the County of Buckingham or its agent upon presentation of this release or copy thereof.

Dates Attended School, if any _____

Selective Service Number, if any _____

Armed Forces Service or Serial Number, if any _____

Veterans Administration Claim Number, if any _____

Given under my hand this _____ day of _____, 20____.

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, _____.

Notary Public : _____

Release of information subject to this authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Act.



William G. Kidd Jr.
Sheriff

SHERIFF'S OFFICE
BUCKINGHAM COUNTY
13043 West James Anderson Highway
P.O. BOX 50
Buckingham, Virginia 23921
Office 434-969-1772
Fax 434-969-2104



Roger L. Jamerson
Captain

SUPPLEMENT APPLICATION FOR EMPLOYMENT

Thank you for your interest in the Buckingham County Sheriff's Office. Applications are only accepted for vacant positions. The Sheriff's Office does not maintain applications or interview for positions unless they are vacant, or expected to become available. You may download an electronic version of our Application for Employment at the County website www.buckinghamcountyva.org as well as the supplement application.

WHAT HAPPENS NEXT: Once the application deadline has passed, applications will be reviewed to determine if they meet the criteria for the position. If your credentials have met the qualifications for the position, your application will advance for consideration for an interview.

INTERVIEW: The Sheriff's Office is not able to interview every candidate interested in a position. Qualified applications are reviewed to rank candidates for interview consideration. After this determination, the Sheriff's Office will be in contact with those candidates who are to be scheduled for an interview. The top candidate will be selected and a background and reference check will commence.

BACKGROUND INVESTIGATION: All positions at the Sheriff's Office require some form of background investigation and/or criminal history background check. In addition, most positions require a driver's record check. This process may take several weeks. The Sheriff's Office ability to quickly complete the background and reference process is improved by candidates ensuring they have provided complete and accurate information.

NOTIFICATION OF EMPLOYMENT: The official notification of employment will be transmitted including the starting date and terms and conditions of employment. The successful candidate will be asked to come for an appointment to enroll in the benefits program and schedule the orientation process.

DRUG FREE WORKPLACE PROGRAM: The Sheriff's Office is committed to having an alcohol/drug free workplace. Candidates, as a condition of employment, will be required to have a test for illegal substances. Positive results on this test will result in immediate denial of employment.

THE BUCKINGHAM COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Section 1
INSTRUCTIONS

IMPORTANT: Read the following instructions carefully before completing your application.

- You must furnish all requested information on this application. The information you provide on the application will be used to determine your qualifications for employment. If you do not answer all questions on your application fully and accurately, you may delay consideration of your application and may lose employment opportunities.
- Please print clearly and in your own handwriting using dark ink. Write "NA" (not applicable) beside those items that do not apply to you, unless instructions indicate otherwise.
- After completing the application, you may attach a resume, but do NOT send a resume instead of completing this application unless directed to do so.
- Mail applications to: Buckingham County Sheriff's Office, Attn: Applicant, P.O. Box 50, Buckingham, Virginia 23921.

Your cooperation in reviewing your application to assure that each question is answered accurately and completely will help us to expedite the processing of your application. Incomplete answers will only result in the application being returned and delayed processing. The following are some of the most common errors:

- Failure to give complete address where addresses and locations are required.
- Failure to explain law or traffic violations.
- Failure to answer all questions concerning previous employment.

Applicants for both full-time and part-time positions **MUST**:

- Be a resident of Buckingham County.
- Be twenty-one (21) years of age or older to apply for the position of Deputy.
- Be of good character and have a good reputation.
- Have no DUI convictions.
- Have no felony convictions or serious misdemeanor convictions. Any exceptions of a misdemeanor conviction will be at the discretion of the Sheriff.
- Have or be able to obtain a valid Virginia Operator's license.
- Have vision with a minimum of 20/40 or better in each eye.
- Have a high school education or equivalent.
- Ability to speak clearly, hear, analyze and react quickly to high stress situations.
- Appointees must comply with the Sheriff's Office Code of Ethics to maintain employment.
- All persons appointed serve at the pleasure of the Sheriff (code of Va. §15.2-1603) and while basic job and shift assignments given to persons appointed, they are subject to change at any time the Sheriff deems necessary to meet the law-enforcement needs of the community and maintain discipline and tranquility in the Sheriff's Office.

It should also be noted that positions at the Sheriff's Office require both day and night work. All positions require the applicant to submit a notarized authorization for release of personal information (included in application). All applications will be kept on file for a period of six (6) months. Applicants must be willing to submit to a physical examination and drug screening.

The Sheriff's Office does not discriminate in the selection of appointees based on sex, race, religion nor any ethnic beliefs. It is our policy to follow all Federal EEOC and ADA guidelines.

DATE:	POSITION APPLYING FOR:
-------	------------------------

Section 2 PERSONAL INFORMATION	
FULL LEGAL NAME (LAST, FIRST, MIDDLE):	SOCIAL SECURITY NUMBER (SSN):
HOME ADDRESS:	MAILING ADDRESS (if PO Box):
HOME PHONE:	CELL PHONE:

I am available to work: ☐ Full-Time ☐ Part-Time ☐ Nights ☐ Days ☐ Weekends

If hired, on what date will you be available to commence work?

Section 3 PRE-SCREENING QUESTIONNAIRE

	YES	NO
1. Are you over 21 or within six months of your 21 st birthday?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a Virginia Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you provide your own transportation to and from work?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to submit to a drug test?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you previously applied or have you previously been employed by the Sheriff's Office?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a violent act or domestic assault?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past five years, have you been convicted of driving a motor vehicle while intoxicated?	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past five years, have you been convicted of more than one driving offense?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you experimented with marijuana in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever used cocaine, PCP, LSD, heroin, designer drugs, or any other hallucinogenic, experimentally or otherwise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you a member of the Reserves or the National Guard that requires attendance to regular meetings?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any chronic disease(s)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you require corrective vision with glasses or corrective lenses of any type? (If yes, please provide vision without corrective lenses below)	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have any other defects in sight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have any defects in your hearing?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any defects in your speech?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have any defects concerning your body or limb?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any question, five (5) through seventeen (17), please provide a detailed account of activity and additional information. The full facts requested for the above questions should include the following:

- The offense charge for which you were found "guilty" or "not innocent."
- When and where the offense occurred.
- A brief explanation of your version of what you were doing that resulted in the charge being placed against you.
- When and where the trial was held.
- State the exact terms of the penalty imposed by the Court.
- If you forfeited bond, state the amount and explain your reasons for doing so.

(USE ADDITIONAL PAPER IF NEEDED)

Section 4
FAMILY / SIBLING INFORMATION

☐ SINGLE

☐ MARRIED

☐ DIVORCED

Do you have children? ☐ YES ☐ NO

If yes, how many?....

SPOUSE INFORMATION

FULL NAME (First, Middle, Last):

HOME ADDRESS:

PLACE OF EMPLOYMENT:

POSITION:

HOME PHONE:

CELL PHONE:

WORK PHONE:

FATHER INFORMATION

FULL NAME (First, Middle, Last):

HOME ADDRESS:

PLACE OF EMPLOYMENT:

POSITION:

HOME PHONE:

CELL PHONE:

WORK PHONE:

MOTHER INFORMATION

FULL NAME (First, Middle, Last):

HOME ADDRESS:

PLACE OF EMPLOYMENT:

POSITION:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMERGENCY CONTACT INFORMATION
(person you wish for us to contact in case of emergency)

FULL NAME (First, Middle, Last):

HOME ADDRESS:

PLACE OF EMPLOYMENT:

POSITION:

HOME PHONE:

CELL PHONE:

WORK PHONE:

Section 5
LEGAL HISTORY

Note: A firing or a conviction does not necessarily mean that you cannot be hired. The circumstance of the occurrence(s) and how long ago it occurred are important. Give all facts so that a decision can be made.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you authorize the Sheriff's Office to check your driving record, both now and on a periodic random basis during employment, for repeated or significant traffic violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a citizen of the United States or are you otherwise legally eligible for employment in the United States?
<i>(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the last 5 years have you been fired from any job for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Within the last 5 years have you quit a job after being notified that you would be fired? | <input type="checkbox"/> | <input type="checkbox"/> |

When answering questions five (5) and six (6) below, you may omit:

- Any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law.
- Any conviction in which the record has been expunged under Federal or State Law.
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 5. Have you ever been convicted, imprisoned, on probation or parole, or forfeited collateral for any felony or any firearms or explosives offenses against the law?
<i>(A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 7 years, have you been convicted, imprisoned, on probation or parole or forfeited collateral for any misdemeanor or any other offense against the law not included in the above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. While in the military service were you ever convicted by a general court martial? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the Sheriff's Office employ any relative of yours by blood or marriage? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to questions three (3) through eight (8) above, please provide a detailed account of activity and additional information.

(USE ADDITIONAL PAPER IF NEEDED)

Section 6
CERTIFICATION & SIGNATURE

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that any employment is conditioned on a background check to include Criminal History and Credit History, I authorize the Buckingham County Sheriff's Office to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Buckingham County Sheriff's Office, without giving me prior notice of such disclosure. In addition, I release the Buckingham County Sheriff's Office, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I also understand that if hired by the Buckingham County Sheriff's Office I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Buckingham County Sheriff's Office unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Buckingham County Sheriff's Office and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Buckingham County Sheriff's Office the results of the examination, which results shall remain confidential and segregated from my personnel file.

If hired, I agree to abide by all work rules, policies and procedures. The Buckingham County Sheriff's Office retains the right to revise its policies or procedures, in whole or in part, at any time.

APPLICANT SIGNATURE

DATE



William G. Kidd Jr.
Sheriff

SHERIFF'S OFFICE
BUCKINGHAM COUNTY
13043 West James Anderson Highway
P.O. BOX 50
Buckingham, Virginia 23921
Office 434-969-1772
Fax 434-969-2104



Roger L. Jamerson
Captain

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Buckingham County Sheriff's Office, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; public-utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of.

I understand that any information obtained by a personal-history-background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Buckingham County Sheriff's Office.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, 20_____.

Signature (sign before Notary)

COMMONWEALTH OF VIRGINIA, COUNTY OF BUCKINGHAM

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

My Commission Expires on the _____ day of _____, 20_____.

NOTARY PUBLIC