

Application for Employment As Auxiliary Deputy Sheriff

Rockingham County Sheriff's Office
25 South Liberty Street
Harrisonburg, VA 22801
(540) 564-3850

Please read carefully and understand fully the contents of this application before completion. The questions which are asked in this application are necessary for completion of a required background investigation. By nature of the positions within the Rockingham County Sheriff's Department, a security clearance is vital.

All information given will be used only for the purpose of determining suitability for the position. To avoid delay in the processing of your application, answer all questions thoroughly.

You are directly responsible for updating the application for employment if and when changes occur. Notification of such changes must be made in writing to this office.

Special Instructions

1. Fill in completely and answer all questions fully.
2. Use ink, in your own handwriting.
3. If more space is required for any of the questions, put the section number and the number of the question on an attached page and continue on with your answer.
4. Each section of the application contains a material omissions and willful misstatements clause. Each section must be signed and dated by you under the clause.
5. If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take what time is necessary to explain any section or part of the application which you do not fully understand.
6. A physical examination by a physician and additional medical records may be sought if a conditional offer of employment is made.
7. Return this application to the Rockingham County Sheriff's Office in person or by mail.

Section I
Personal History Statement

Position you are seeking _____

Your full name _____
(First) (Middle) (Maiden) (Last)

Address _____

Social Security Number _____

Date of Birth _____ Place of Birth _____

Marital Status _____ Date of Marriage _____

List the name, age, occupation, where employed and residence of your spouse and children. Also provide the same information for any other person or family member who resides in your household.

Relationship	Name	Age	Occupation
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Employed by			Residence mailing address
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Relationship	Name	Age	Occupation
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Employed by			Residence mailing address
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Relationship	Name	Age	Occupation
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Employed by			Residence mailing address
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Relationship	Name	Age	Occupation
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Employed by			Residence mailing address
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The statements made by me in Section I of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

Signature	Date	Phone Number
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Section III
Financial Status

List all items of a monetary value in which you own an interest:

Home (Describe) _____ Value _____

Current Balance Due _____ Monthly Payments _____

Automobiles (Describe) _____

Cost _____ Monthly Payments _____

Current Balance Due _____ Current Value _____

Others _____

Have you ever been garnished, claimed bankruptcy, or had a judgment placed against you? _____ If yes, explain in detail. _____

List all outstanding loans or obligations (include charge accounts):

Company	Item Financed	Cost	Balance	Monthly Payments
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The statements made by me in Section III of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

Signature _____

Date _____

Section IV
Armed Forces Information

Are you currently a member of the Armed Forces (active duty)? _____

If no, have you ever been a member of the armed forces? _____

Complete the following if you have ever served on active duty or with a reserve component:

Date of entry: _____ Branch of Service: _____

City and State of Entry: _____ Service Number: _____

List all duty stations, including basic training and other schools:

Primary duties (Explain) _____

Highest Rank/Pay Grade Attained _____ Date Attained _____

Disciplinary Action (Explain carefully) _____

Medals or awards received _____

The statements made by me in Section IV of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

Signature

Date

Section VI

Police Record

Have you ever been arrested for a criminal offense? _____
If yes, what was the charge(s), jurisdiction and dates? _____

Were you convicted of the charge or was it reduced to a lesser charge, or dismissed?
Explain in detail.

Operator's License Number _____ State of Issue _____

Number of years driving experience _____

Has your license to operate a vehicle ever been suspended locally or by any other
state? _____

If yes, state when and where, the reason, and the duration _____

List all traffic charges:

Charge	Convicted (yes or no)	Date	Jurisdiction	Remarks

If you have ever been involved in a traffic crash, explain what occurred and the date(s) and
location(s).

The statements made by me in Section VI of this application are true and complete to the
best of my knowledge. I understand that any willful misstatements or material omissions will
be considered sufficient cause to disqualify me for employment with the Rockingham
County Sheriff's Office.

Signature

Date

Section VII

Education

Provide the name and location of the elementary, junior or middle school, and high school you attended. Include dates attended.

Name of School	Location (City & State)	Dates Attended	Highest Grade Completed	Date of Graduation

If you did not graduate from high school, do you have a high school equivalency diploma (G.E.D)? _____

Date Received _____ Where Received _____

Provide the following information regarding any colleges or special school (i.e. business, secretarial, etc.) you have attended.

Name of School	Location (City & State)	Dates Attended	Degree Received	Major & Minor Fields of Study

If you have attended college or other special schools, how many clock hours, quarter hours or semester hours have you successfully completed? _____

List any professional memberships, certificates, licenses, honors, fellowships, etc. that you have been awarded or received. _____

The statements made by me in Section VII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

Signature _____

Date _____

Section VIII

Additional Information

Have you ever applied for employment with this office in the past? _____

If yes, when and what is the disposition of your application? _____

Have you ever applied for employment with another police agency? _____

If yes, where, when and what is the disposition of your application? _____

Are you a citizen of the United States? _____ If not, state your Visa number and its permanence _____

Are you acquainted with any members of the Rockingham county Sheriff's Office? _____
If so, whom? _____

If you are successful in gaining an appointment to this department, do you expect to engage in any other gainful occupation? _____

If yes, explain. _____

The statements made by me in Section VIII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham county Sheriff's Office.

Signature

Date

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions on this application will be considered sufficient cause to disqualify me from employment with the Rockingham County Sheriff's Department.

Signature

Date

Personal References

Please list three references other than persons employed by the Rockingham County Sheriff's Office or family members:

Name _____

Address _____

Phone _____ Work Phone _____

Name _____

Address _____

Phone _____ Work Phone _____

Name _____

Address _____

Phone _____ Work Phone _____

Rockingham County Sheriff's Office

Authorization to Obtain Information

I authorize the Rockingham County Sheriff's Office to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, personal references, professional references, previous employers, present employer, and other appropriate sources.

I authorize the release of any information the Rockingham 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 Rockingham County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me.

Applicant's Signature

Commonwealth of Virginia
County of Rockingham

On this _____ day of _____, 20____,

(Name of applicant)

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.

Notary Public

My commission expires_____.