

WARREN COUNTY SHERIFF'S OFFICE

200 Skyline Vista Drive Front Royal, VA 22630

Phone: 540 635-4128 Fax: 540 636-4950



www.warrencountysheriff.org

Michael A. Arnold, Sheriff



GUIDELINES TO FOLLOW FOR APPLICATION FOR EMPLOYMENT WITH THE WARREN COUNTY SHERIFF'S OFFICE

Applicant,

If you are applying for a position within the Warren County Sheriff's Office there are a few guidelines to follow when filling out the application for employment. Also, listed below are the required items that will need to be attached to the application.

Page #1

- Position applying for
- Personal Information – Fill out all spaces/**COMPLETE**/Full Addresses
- Education – Include a copy of your High School Diploma or GED Equivalent
- Special Training/Skills – Include certificates and diplomas

Page #2

- U.S. Armed Forces- If you served in the U.S. Military, you are to include a **FULL COPY** of your DD Form 214, not an abbreviated copy.
- If charged with a felony or misdemeanor include the charge and all information concerning the court of jurisdiction and any other information applicable to the charges.
- Character References- Fill out in its entirety/**COMPLETE**/Full Addresses
- Former Employers- Fill out in its entirety/**COMPLETE**/Full Addresses

Page #3

- Former Employers Continued- Fill out in its entirety/**COMPLETE**/Full Addresses

Page #4

Authorization for Release of Personal Information- Name on the front and read, turn over and finish reading. Fill out information in front of a notary. NOTE- This form needs to be NOTARIZED before turning the application in for review.

FAILURE TO FILL OUT THE ENTIRE APPLICATION OR SUPPLY REQUIRED DOCUMENTS AS REQUESTED WILL BE GROUNDS FOR WITHDRAWING YOUR APPLICATION FOR CONSIDERATION.

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Position Applied For: _____ DATE: _____

PERSONAL INFORMATION:

Full Legal Name: _____
(Last) (First) (Middle) (Jr/Sr)

Maiden/Other Names: _____

Home/Present Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work: _____ Cell: _____

Email: _____ Social Security Number: _____ DOB: _____

Drivers License: ___ Yes ___ No - If yes, complete the following:

State Issued: _____ Operator License #: _____ Exp. Date: _____

Date you can start work: _____

EDUCATION:

	NAME/COMPLETE MAILING ADDRESS	YEARS ATTENDED	GRADE COMPLETED	DEGREE
High School				
College				
Trade / Business				

Special Training / Skills: _____

(If additional space is needed, please use back of this form.)

WCSO-158

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

For the purposes of compliance with Section 2.2-2903 of the *Code of Virginia*, have you ever served in the Armed Forces of the United States? ___ Yes ___ No

If yes, please attach a **FULL COPY** of your DD Form 214.

Have you ever been charged with a Felony or Misdemeanor ___ Yes ___ No

If yes, describe: _____

CHARACTER REFERENCES: Give the names of 3 persons not related to you.

COMPLETE mailing address and phone number required.

NAME	COMPLETE MAILING ADDRESS	PHONE	YRS ACQUAINTED

FORMER EMPLOYERS: List the last 5 employers, starting with the last one first. Include name and **COMPLETE** mailing address for each.

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
(MONTH / YEAR) (MONTH / YEAR)

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME AND TITLE OF SUPERVISOR: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
(MONTH / YEAR) (MONTH / YEAR)

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME AND TITLE OF SUPERVISOR: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
(MONTH / YEAR) (MONTH / YEAR)

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME AND TITLE OF SUPERVISOR: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
(MONTH / YEAR) (MONTH / YEAR)

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME AND TITLE OF SUPERVISOR: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: _____

STARTING DATE: _____ LEAVING DATE: _____
(MONTH / YEAR) (MONTH / YEAR)

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME AND TITLE OF SUPERVISOR: _____

MAY WE CONTACT YOUR SUPERVISOR? _____ PHONE NO.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to the Sheriff of Warren County, or his designee of the Warren County Sheriff's Office, or the Human Resources Manager of the County of Warren, whether the records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records or educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings 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 reports, polygraph reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violation of 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 collections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Warren County Sheriff's Office to consider in determining my suitability for employment by that office.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which 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 Warren County Sheriff's Office.

I hereby certify that all entries and attachments to this application are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the Warren County Sheriff's Office.

I further authorize the County of Warren to rely upon and use, as it sees fit, any information received from such contacts.

By signing this form below, I release the above mentioned from any and all responsibility for having disclosed said information. A photocopy of this release will be valid as an original thereof; even though the said photocopy does not contain an original writing of my signature.

Signature Date: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

State of _____

County of _____

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

Notary Public

My Commission Expires: _____