



CAROLINE COUNTY SHERIFF'S OFFICE

P.O. Box 39
Bowling Green, VA 22427
(804) 633-1120
www.carolinesheriff.org



APPLICATION FOR APPOINTMENT

INSTRUCTIONS: Please follow all directions. 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 advertised deadline, where applicable.

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Check one : [ ] Full Time [ ] Part Time

PERSONAL DATA

Legal Name: \_\_\_\_\_
Last First Middle Suffix

Maiden Name: \_\_\_\_\_ (If applicable) Nickname: \_\_\_\_\_ (Pen Name)

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: \_\_\_\_\_
Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

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 with other Law Enforcement Agencies? [ ] Yes [ ] No

If yes, list agency and date: \_\_\_\_\_

List any relative employed by Caroline 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"/> Other |
| <input type="checkbox"/> Pump Shotgun | <input type="checkbox"/> Semi-Auto Pistol | List: _____                    |
| <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 Discharged	Type of Discharge
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Initial Rank: \_\_\_\_\_ Final Rank: \_\_\_\_\_

**(Please Provide/Request from NARA Copy of Undeleted DD214)**

**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) that are responsible adults of reputable standing in their community whom have know 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:

**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 Residents, 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)

**FAMILY**

Your Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_  
(If Applicable)

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?  Yes  No

If yes, explain:

**POLICE/DRIVING RECORD**

Have you ever received a **TRAFFIC TICKET** as an adult or juvenile?  Yes  No (Please list below)

Date	Charge/Violation	Location	Court Findings or Disposition

Have you ever been **CONVICTED\*** of an offense that would be considered a felony or misdemeanor?  Yes  No  
(Please list below)

Date	Conviction/Guilty Offense	Location

Have you ever been **ARRESTED OR RECEIVED A SUMMONS\*** as an adult or juvenile?  Yes  No (Please list below)

Date	Charge/Violation	Location	Court Findings or Disposition

(For any additional, please attach a separate sheet)

\*Convictions are different from arrests. You may have an arrest but may not have been convicted so convictions are if you are found guilty.

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(s): \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Reason: \_\_\_\_\_

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

If yes, date(s): \_\_\_\_\_ 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, possessed or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc.?  Yes  No

If yes, list type of drug(s), approximate date used, 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)

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

**Appointees of Caroline 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**

**CAROLINE 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 Caroline 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 Caroline 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 Caroline 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 Caroline 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\_\_\_\_\_.

\_\_\_\_\_, 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

SEAL

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Number