



CAMPBELL COUNTY SHERIFF'S OFFICE

Winston W. Clark III, Sheriff

P.O. Box 280 • 87 Courthouse Lane • Rustburg, VA 24588
(434) 332-9580 • (434) 332- 2710 fax
sheriff@campbellcountyva.gov

APPLICATION FOR EMPLOYMENT

Employees of the Commonwealth and applicants for appointment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, ethnicity, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Campbell County Sheriff's Office.

APPLICANT INFORMATION

Full Legal Name: _____ Date: _____
Last First M.I.

Address: _____ Apartment/Unit # _____
Street Address
City State ZIP Code

Phone: _____ Email _____

Social Security Number: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Campbell County? YES NO If yes, when? _____

When are you available to start work? _____

No date is necessary if you are available as soon as you complete a two (2) week notice.

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

If you did not complete high school, do you have a general equivalency diploma (G.E.D.)? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If you expect to complete an educational program in the future, please indicate what type of program or degree, and your expected completion date. Date: _____ Degree: _____

PREVIOUS EMPLOYMENT

Please use an additional form(s) if necessary. Starting with the most recent, describe ALL paid, and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities and duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities and duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities and duties: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

SKILLS AND ABILITIES

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, or achievements of specialized skills.

Automated word processing (specify equipment)

Typing Speed _____ words per minute Shorthand speed _____ words per minute

Licenses (to include driver's), certificates or other authorizations to practice a trade or profession

Type

License Number

Granted By

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

MISCELLANEOUS

Check which shift you will accept: DAY EVENING NIGHT ROTATING WEEKENDS Specify hours: _____

Check which shift you will accept: PT FT Specify: _____

Check which employment status you will accept: SALARIED (with benefits) HOURLY (no benefits) PT SALARIED (leave benefits only)

Are you willing to accept employment which requires you to travel? : NO YES If yes, DURING DAY ONLY OCCASSIONALLY OVERNIGHT FREQUENTLY OVERNIGHT

www.campbellcountyva.gov

MISCELLANEOUS CONTINUED

List the geographic locations in which you are willing to work.
If all of Virginia, please write "all".

Are you willing to provide your own transportation if necessary for employment?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
For purposes of compliance with the Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States? <i>Please note: you will be required to complete identity verification and employment eligibility documentation upon employment.</i>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (a) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (b) has a service-connected disability rating fixed by the United States Veterans Affairs?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If yes, did you serve during the Vietnam Conflict (2/28/1961 – 3/7/1975)?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Have you ever been convicted for any violation(s) of law, including moving traffic violations?	NO <input type="checkbox"/>	YES <input type="checkbox"/>

If yes, please provide the following:

<i>Description of Offense</i>	<i>Statute or Ordinance (if known)</i>	<i>County, City, State of Conviction</i>
	<i>Date of Charge(s)</i>	Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.
	<i>Date of Conviction</i>	

Disclaimer and Signature

I hereby certify that all entries on both sides and attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Campbell County Sheriff's Office. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed (to include obtaining copies of school records) regarding this application. I further give consent to the Campbell County Sheriff's Office to conduct or request an employment investigation. This includes permission to investigate to secure my credit status and to obtain a copy of my driving record for possible violation to the traffic laws. I further authorize the Campbell County Sheriff's Office to rely upon and use as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency or designee.

Signature: _____ Date: _____

CCSO RECEIVED DATE: _____