

WESTMORELAND COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, sex, national origin, age, disability, or any other legally protected status.

Position Applied For: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: (____) _____ Social Security #: _____

Hours and Days Available to Work: _____

Have you ever filed an application at this agency before? ()yes () No

If yes, list the following: Date Filed _____ Position: _____

Do you have any relatives employed at this agency? () Yes () No

If yes, please list names: _____

Are you above the minimum legal working age? () Yes () No

Are you legally permitted to work in this country? () Yes () No

You will be required to produce proof of eligibility at time of hire in accordance with the Immigration Reform and Control Act of 1986

Have you ever been convicted of a law violation, including moving traffic violations, but Excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? () Yes () No

If yes, Explain:

A positive response will not necessarily affect your eligibility to be hired.

Can you perform the essential job functions of the position for which you are applying
() Yes () No

If no, Explain

As related to the position applied for, what languages do you speak, read, and or write?

_____ () Speak () Read () Write

_____ () Speak () Read () Write

_____ () Speak () Read () Write

What professional organizations or business activities are you involved with, relative to your ability to perform the job which you are applying? _____

Employment Experience:

Please list present or most recent employer first. If additional space is needed, continue on a separate sheet of paper. Include part time employment and military service, if any.

Employer: _____ Phone #: (____) _____

Type of Business: _____

Address _____

Street

City

State

Zip

Positions Held _____

Immediate Supervisor: _____

Dates Employed: From _____ To: _____

Month

Year

Month

Year

Salary Start _____ Finish _____

Reason for leaving _____

Description of Primary duties _____

Employer: _____ Phone #: (____) _____

Type of Business: _____

Address _____
Street City State Zip

Positions Held _____

Immediate Supervisor: _____

Dates Employed: From _____ To: _____
Month Year Month Year

Salary Start _____ Finish _____

Reason for leaving _____

Description of Primary duties _____

Employer: _____ Phone #: (____) _____

Type of Business: _____

Address _____
Street City State Zip

Positions Held _____

Immediate Supervisor: _____

Dates Employed: From _____ To: _____
Month Year Month Year

Salary Start _____ Finish _____

Reason for leaving _____

Description of Primary duties _____

Employer: _____ Phone #: (____) _____

Type of Business: _____

Address _____
Street City State Zip

Positions Held _____

Immediate Supervisor: _____

Dates Employed: From _____ To: _____
Month Year Month Year

Salary Start _____ Finish _____

Reason for leaving _____

Description of Primary duties _____

Education and Training

Type of School	Name and Location	Number of Years Completed	Diploma, Degree Received	Course of Study
Elementary				
Jr High High School				
College University				
Graduate Professional				
Other Explain				

Military Experience

Have you ever served in the Armed Forces of the United States () Yes () No

If Yes: Branch: _____

Date Enlisted: _____ Date Discharged: _____

Job Description _____

Highest Grade Achieved: _____ Type Discharge: _____

Additional Qualifications

Please identify any additional knowledge, skills, qualifications, publications, or awards that will be helpful in considering your application for employment: _____

References

Please provide the name, address, and phone number of three additional references, other than present/past employers:

1. _____

2. _____

3. _____

Agreement

I certify that the statements made in this application are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize this agency to conduct a reference check so that a hiring decision may be made. In the event that this agency is unable to verify any references stated on this application, it is my responsibility to furnish the necessary documentation

() You may

() You may not contact my present employer

() You may

() You may not contact the schools I have attended for the release of my educational records.

Disclaimer

If accepted for employment with the Sheriff 's Office, I agree to abide by all of it's policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause. However, if I terminate my employment without notice I understand that I may be subject to lose any and all accumulated annual leave and holiday leave I may have. In addition, I understand that the Sheriff may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Sheriffs Office, and I understand that no representative of the Sheriff's Office, other than the Sheriff, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, the Sheriff is liable only for wages and benefits earned as of the date of termination.

Criminal Investigation

It is the policy of the Westmoreland County Sheriff 's Office to conduct criminal conviction investigations on all applicants offered employment. As a condition of employment all applicants are required to sign a statement which authorizes the Westmoreland County Sheriff 's Office to conduct a criminal investigation. If the applicant does not sign the statement, or if the results of the investigation are Unsatisfactory, all offers will be withdrawn or, if the employee has started work, employment will be terminated.

Verification To Work

The Westmoreland County Sheriff's Office adheres to the Immigration Reform and Control Act of 1986 which requires employees to present documentation of citizenship or the authorization to work in the United States. If you are employed by the Sheriff 's Office you will have to present, within three days of the employment date, a social security card or U.S. Birth Certificate plus a drivers license or other photo identification. (state, federal, or military I.d.)

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the Westmoreland County Sheriff's office to make such investigations and inquiries of my personal references, previous employers, medical history and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or other persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on my application, other employment forms or the interviews may result in discharge.

I () Do () Do Not request a reasonable accommodation to be made for me to perform the interview or the essential job functions required for the position I am applying for.

Applicant Signature: _____
Must be signed in the presence of a Notary

Date: _____

State of Virginia, City/County of _____, to wit, this

Day _____, personally appeared before me in the City/

County aforesaid and signed the above document. Acknowledged and sworn before me

This _____ Day of _____ 20 _____

My commission expires on the _____ day of _____ 20 _____

Signature of Notary Public

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please contact the Human Resource Director at 804-493-0866 before signing)

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that I will be required to submit to a Deputy Aptitude Test and achieve a summary score of 70 or higher to continue the application process.

_____ I hereby authorize the Westmoreland County Sheriff's Office to conduct a criminal investigation with respect to my application.

_____ I hereby authorize the Westmoreland County Sheriff's Office to thoroughly investigate my background, references, work records, education, and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the Sheriff's Office any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Westmoreland County Sheriff's Office, my current and former employers, and all other persons, corporations, partnerships and association from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, fitness for duty examination, a pre-employment physical, and any and all compulsory minimum training standards. By signing this application, I voluntarily agree to submit to pre-employment drug screen, fitness for duty exam, pre-employment physical, upon receipt of a written offer of employment. I understand that failure to pass the drug screen and/or physical, fitness for duty examination, and all compulsory training will result in withdrawal of employment offer.

_____ If hired, I also agree to submit to random drug testing as a condition of employment. I agree that the Westmoreland County Sheriff's Office may conduct drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview may be granted as intended to create an employment contract, implied or explicit, between the Westmoreland County Sheriff's Office and myself. In addition, I understand and agree that if I am employed, my employment relationship with the Westmoreland County Sheriff's Office is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the Westmoreland County Sheriff's Office, however if I terminate my employment without notice, I understand that I may be subject to lose any and all accumulated annual leave and holiday leave I may have. I further understand that no promises or representations contrary to the forgoing are binding on the Westmoreland County Sheriff's Office unless made in writing and signed by the Sheriff.

Furthermore, if employed, I agree to abide by all of the policies and procedures of the Westmoreland County Sheriff's Office. I understand that I will undergo training and will be evaluated on my abilities. If my performance is unsatisfactory, my employment may be terminated. Any dispute arising out of the termination of our employment relationships shall be resolved pursuant Westmoreland County Sheriff's Office Policy and Procedures. The Westmoreland County Sheriff's is liable only for wages and benefits earned as of the date of termination.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/ or Westmoreland County Sheriff's Office benefits, policies and procedures will not alter our at-will agreements.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Authorization for Release of Personal Information

_____, do hereby authorize a full disclosure of all Records, or any part thereof, concerning myself to a duly authorized agent of the Westmoreland County Sheriff 's Office, whether said records are of a public or confidential nature.

Specifically, I authorize, by signature on each line below, the release of the following data or records to the Westmoreland County Sheriff 's Office:

Employment, Including Military _____

Bank, savings, loans, & investments _____

Credit _____

Education _____

Medical & Military Medical _____

Selective Service _____

Veterans Administration _____

Police & Judiciary _____

Arrest/Convictions _____

Prior polygraph information _____

Birth and Citizenship _____

I emphasize that the intent of this authorization is to provide full access to the History of my personal life for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Westmoreland County Sheriff 's Office to consider in determining my suitability for employment or continued employment. The sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein. A photocopy of this release form shall be valid as an original hereof, even though the photocopy does not contain an original writing of my signature

Signature Date Witness