

LANCASTER COUNTY SHERIFF'S OFFICE
Addendum to Application

The following documents are **required** as part of the employment application package. Incomplete applications will not be accepted.

1. Copy of Birth Certificate
2. Copy of high school diploma and senior year grades; or
G.E.D. certificate and test grades; or
Copy of college degree
3. Copy of military discharge papers, if applicable
4. Two sets of fingerprint cards (fingerprinting will be done at this office)

The following **optional** documents may be submitted with the application:

5. Copies of certificates from any state approved training schools or academies
6. Copies of certificates of any specialized training courses related to prior employment or field of study
7. Not more than three (3) letters of recommendation

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment



Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, 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 calling the agency to which you are applying.

1. Position applied for _____ (one per application) 2. Agency _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ Last First Middle 6. Home Phone () _____

5. Address _____ 7. Business Phone () _____

City State Zip

8. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

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

9. EXPERIENCE—Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military 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. May we contact your present supervisor? Yes No

a. Job Title _____ Duties: _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____ Duties: _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

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

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute.
 f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

- a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends Specify shift hours _____
- b. Check which job status you would accept: ___ Full-time ___ Part-time (specify) _____
- c. Check which employment status you'd accept: ___ Salaried (benefits) ___ Hourly (No benefits) ___ Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? ___ No ___ Yes. If yes, ___ During the day only, ___ Occasionally overnight, ___ Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____

- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No.
- h. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): ___ World War I—4/16/17-4/1/20; ___ World War II—12/7/41-12/31/46; ___ Korean Conflict—6/27/50-1/31/55; ___ Vietnam Conflict—8/5/64-3/7/75; ___ None of the dates shown, but I did serve in the military.
- i. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? ___ YES ___ NO. If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
 County, City and State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

* 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.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 ___ Month ___ Day ___ Year.

13. **CERTIFICATION—Each Application Requires Current Date and Original 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 to any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth 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 head or designee.

Date _____ Applicant Signature _____

Supplementary Experience Form

Social Security Number _____
Name _____

Position Applied For _____
Announcement Number _____

Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

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Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: ____/____/____

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media

INFORMATION ON THE SELECTION PROCESS

A. The minimum qualifications that all applicants for the position of deputy sheriff must meet include:

1. Minimum age of 21.
2. High school graduate or equivalent.
3. Pass a written examination, if given.
4. Pass a background investigation which includes a check of school records, credit history, inquiry as to character and reputation, and a fingerprint-based criminal records check.*
5. Pass an interview conducted by an interview panel.
6. Pass a physical examination conducted by a licensed physician.*
7. Attend and pass required Department of Criminal Justice Service basic training within twelve months of employment.

*** The medical screening will not take place nor will the background investigation be completed-- until after a conditional offer of employment has been accepted.**

B. Applicants are to be provided with the following;

1. An application
2. Addendum to Application
3. A copy of the selection process information sheet and the conditions and procedures for re-application.

C. The applicant must perform the following:

1. Complete a written application; submit application along with required and optional documents.
2. Sign the appropriate release forms.
3. Take a written test, if given.
3. Appear for an interview. (May be required to appear several times)

- D. Qualified applicants are notified of the testing date, (the Sheriff may elect not to test).
1. The written exam includes a reading/writing comprehensive component. The applicant must achieve a score no less than the minimum score established for the test. The department will maintain documentation of the exam's validity, utility, and adverse impact. The department will maintain examination results.
- E. The Sheriff will state the number of applicants to be interviewed;
1. The top scoring applicants are selected for an oral interview.
- F. A meeting of the hiring committee (interview panel) is scheduled and is presented the findings of the applicant and interviews the selected applicants.
- G. Applicants that are disqualified are given notice within 30 days of decision.
- H. The hiring committee (interview panel) makes a selection of a number of applicants, (number is determined by the Sheriff) to be recommended for an interview by the Sheriff.
- I. The Sheriff will;
1. Interview all applicants submitted by the hiring committee and make the final selection.
 2. Make a conditional offer of employment. The candidate must then undergo a physical examination (mandated by law) and a related inquiry, required by all entering employees in sworn positions. The inquiry may consist of questions about the ability of the applicant to perform job-related functions.
 - a. Further, no conditional offer will be considered final until after a satisfactory medical evaluation and drug screen; and
 - b. Completion of the background investigation;
 - 1) Conduct interviews of neighbors near applicant's residences over the past three years.
 - 2) Provide a complete background investigation.
 4. Ensure that the appointee understands job benefits, health plans, and administrative matters concerning overtime and off-duty employment plus conditions of employment, pension, and disability.
- J. Lateral entry.

1. An already-commissioned police officer in another Virginia agency must meet the criteria set forth above. If accepted for employment, the officer is not assigned to attend a basic academy, subject to the status of the officer's certification and training.

K. Notification

1. Candidates determined not to be eligible for appointment and candidates not approved to probationary status are informed by the Personnel Officer in writing, within thirty (30) calendar days of such decision. (Candidates are informed of the basis for their disqualification, e.g., background investigation, test scores, medical examination.)

L. Re-application

The Office allows candidates not yet appointed to probationary status to reapply and be retested, and re-included on the eligible list. Candidates who have been rejected for cause (background investigation, medical, etc.) are not allowed to reapply. Candidates rejected due to initial scores being below cut off are allowed to reapply and be retested one additional time; if again disqualified by score, no further re-application is allowed.

1. Unsuccessful applicants may re-apply after 90 days from the date of last application if a vacancy exists.