Office of the Sheriff

Northampton County

Eastville, Va. 23347

BECOME A NORTHAMPTON COUNTY SHERIFF'S OFFICE DEPUTY SHERIFF OR CIVILIAN EMPLOYEE

All applicants must meet the following requirements for employment considerations:

- Be a U.S. citizen with a good employment, credit and police record.
- Be 20 years of age (Sworn position), 18 years old (civilian).
- Produce a High School diploma or a General Education Development (GED) certificate.
- Produce a valid Virginia Driver's License at time of appointment.
- Produce a Social Security Card at time of appointment.
- All applicants must submit to:
 - * A successful background investigation (including employment history, DMV check, criminal history check, and credit check).
 - * An oral panel interview.
- Upon being offered a position, all potential Deputies must:
 - * Be fingerprinted.
 - * Successfully complete a physical examination (before being enrolled in a Training Academy).
 - * Sign an employment contract (before being enrolled in a Training Academy).
 - * Complete the required training/schooling for the position within one of employment

The Northampton County Sheriff's Office provides Equal Opportunity Employment

NAME:				
	LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER

NORTHAMPTON COUNTY SHERIFF'S OFFICE PERSONAL HISTORY QUESTIONNAIRE AND APPOINTMENT APPLICATION

INSTRUCTIONS TO THE APPLICANT:

- The information you provide in this personal history questionnaire and appointment application will be used in the investigation of your background to determine your suitability for the position for which you have applied.
- It is to your advantage to respond openly to any and all questions. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding it's occurrence and it's degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An assessment will then be made of the relevance of these facts to the requirement of the job.
- Please fill out the form completely and accurately. Please print in ink or type your responses on this form. If a question does not apply to you, write "N/A" (not applicable) in the space provided for the answer. If you need more space to respond to a question, attach your information on a separate sheet with question number included. Keep in mind that all statements are subject to verification and all time periods in your background must be accounted for.
- Copies of Driver's License, Social Security Card, and DD-214 (if applicable) should be attached to application. <u>These documents must accompany this completed form in order to be considered for an appointment.</u> Additional forms such as a resume, High School diploma, G.E.D., College transcripts can be attached to the application, but are not mandatory for the application process.
- You are responsible for updating this personal history questionnaire and appointment application. In the event your information changes during the process (e.g. change of address and/or telephone number, traffic violations, arrest, or change in employment status), notification of such changes must be given to the Chief Jailor.
- Applications received unsigned or incomplete, will not be considered.

If you have any questions regarding any section or part of this form, or have any questions regarding the application process, do not hesitate to contact the Chief Jailor (757)-678-1362 if applying for Eastern Shore Regional Jail position or the Sheriff or Major (757-678-0495) if applying for a job at the Sheriff's Office.

_#1		GENERAL II	VFORMAT	ION					
Legal Name	Position Applied for:								
Social Security Number (0	Social Security Number (Copy of card required)				Date of Birth				
Physical Address									
1 11,51001 11001 055	hysical AddressStreet Apt.#			City	State	Zip Code			
Mailing Address	<u>-</u>								
Home Phone:				Work Phone:					
#2 State(s) where licensed to	drive	DRIVING RECO. License Num		RMATION Expiration Dat	e Restri	ctions (if any)			
- State(s) Whole Health to		Zieomoo i tam		Expiration Date					
-				101					
4 May 1									
#3 How many traffic summ Give chronological listin									
DATE		CITY & STATE	CHARGE D		DISE	DISPOSITION			
									
		••							
How many traffic accident	s have vo	u been involved in si	ince vou've	heen driving?					
Has your license or priviles	ge to driv	e ever been suspend	ed or revol	ked? Yes	No	e •/			
If yes, give the following in	iormano	n. City & State, Lice	ense numb	er, Expiration date	, and Keason	for it.			
CITY & STATE	CITY & STATE LICENSE NUMBER		EXPIR	ATION DATE	REAS	ON			
deleter and			1						
	<u> </u>								
Have you ever volunteered						».T			
If yes, were any points rem If yes, how many?		n your driving recor of Course							
Has your automobile insur	<u>—</u> ance ever	been canceled? Yes	s N	4o					

	rrested or charged for any crim	···			
DATE	CITY & STATE	CHARGE(8)	DIS	SPOSITION
	· · · · · · · · · · · · · · · · · · ·				
			•		
Use 1	this area if additional space is re	equired to explain the	he above info	ormation	
	•	•			
#E	MISCELLANEOUS BACI	COLOUND INFO	DMATION		
#5	MISCELLANEOUS BACI	AGRAOUND INFO	MMATION	<u> </u>	
If annainted con your	provide proof of authorization (to work in the Unite	d Staton? V	'00 N O	•
	eants must be a United States Ci				
the legal right to work		tizen at the time of	appointmen	t, bence cit	ploces must have
the legal right to work	in the chitch states.				
#6	REFER	ENCES			
			10.2M	·	
Please provide referen	ices below (other than relatives	or past employers).			
Four references are re	quired. Include name, address	, city, state, zip code	and phone	number wi	th area code.
Name	Street Address	City	State [ZipCode	Phone Number
					
	·				ļ
	}				
				······································	
					
		l			<u> </u>

Data		s, list date, age			C4-4
Date	Agency		<u> </u>	<u>osition</u>	Status
			 -		
			 -		
ļ					
	<u>-</u> ,		1	·-·-	
ave you ever been denic fety employers? (Exclu					
ave you ever illegally p					
ave you ever illegally po					
ave you ever illegally po Allucinogenic drugs (LS					
mucinogenic urugs (LS	D, I CI, cic.) at an	iy ume: 1es_	110 11	yes, picase exp	IAIII NEIVW
		Last Date	e Possessed		
Drug Type	Amount		h/Year)	E	Explanation
8					
				-	
	1				
		1			
			•		
	DE	PROMAL INI	ZOPMATION.		
	PE	ERSONAL INI	FORMATION		
				Widowed	# of Dependents
		ERSONAL INF	FORMATION Divorced	Widowed	# of Dependents
arital Status: Single		Separated			# of Dependents
arital Status: Single		Separated	Divorced		# of Dependents
arital Status: Single	Married	Separated S	Divorced		# of Dependents
arital Status: Single	Married	Separated S	Divorced		# of Dependents
arital Status: Single ouse's Name: separated/divorced, giv	Married re name of former	Separated S	Divorced		# of Dependents
arital Status: Single ouse's Name: separated/divorced, giv	Married re name of former	Separated S	Divorced pouse's Employ	yer:	# of Dependentses, please explain
arital Status: Single oouse's Name: separated/divorced, giv ddress of former spouse ave you and/or your spo	Married e name of former : ouse been a party i	Separated S spouse: In a civil suit a	Divorced pouse's Employ	yer: No If ye	
arital Status: Single ouse's Name: separated/divorced, give ldress of former spouse ave you and/or your spo	Married e name of former : ouse been a party i	Separated S spouse: In a civil suit a	Divorced pouse's Employ	yer: No If ye	
arital Status: Single ouse's Name: separated/divorced, give ldress of former spouse we you and/or your spo	Married e name of former : ouse been a party i	Separated S spouse: In a civil suit a	Divorced pouse's Employ	yer: No If ye	
arital Status: Single oouse's Name: separated/divorced, giv	Married e name of former : ouse been a party i	Separated S spouse: In a civil suit a	Divorced pouse's Employ	yer: No If ye	

PERSONAL INFORMATION (CONTINUED)

(with area code) and address (street, city, state and zip code). Use additional paper if needed.

Age

Full Name

List all members of your immediate family (if deceased, so state) including name, age, occupation, phone number

Occupation

Father:					
Address:	· · · · · · · · · · · · · · · · · · ·		,		
Mother:			1		
Address:	,				-
Wife/Husband:					
Address:	T				
Child:			· • • • • • • • • • • • • • • • • • • •	_	
Address:	·	<u> </u>			
Child:				_	
Address:					
Child:					
Address:					
Brother:					
Address:			172	7	-
Brother:			****		
Address:					
Sister:					
Address:					
Sister:					
Address:					
List your addresses for the past 5 y	ears and leng	th of time a	it each ad	dress. (Include	landlord's name and phone
number. If applicable, give installa Street Address	tion for milit City/S		S). Zip	Time There	Landlord Name/Phone
DEL DOT LAWE DOD	Cityio	****			AND AND A THAMP A START
	-				

Phone Number

ame of University	Location	Atten	ded	Degree	
college or School	(include street, city, state and zip)	From	То	Earned	Major/Minor
~			_ 		
				!	
•					
		ļ ļ			

Do you have	any trade school	or technical training that may be pertinent for the position for which you are	
applying? Y	'es No	If yes, please explain:	

#10 ADDITIONAL KNOWLEDGE AND SKILL INFORMATION

For each of the items below, check off the appropriate column to indicate whether you <u>LEARNED</u> it in school, <u>APPLIED</u> it in school (ex. In a class project, etc.), <u>APPLIED</u> it on a job, or <u>DO NOT POSSESS</u>.

Knowledge, Skills and Abilities	Learned	Applied School	Applied School	Do Not Possess
Knowledge of Investigation Techniques and practices				
Knowledge of the structure of the Criminal Justice System				
Knowledge of the role of the Sheriff's Office				
Knowledge of the operation of City and State Agencies and the services which they provide to the Community				
Knowledge of the principles of Human Behavior				
Ability to understand and apply verbal and written orders/directives				
Ability to work independently				
Ability to communicate effectively, both written and orally				

Ability to complete records and documents	on time							
#11	#11 WORK HISTORY							
Using a separate section for each position, demost recent job. <i>Include Self-employment, whether or not college was given) and periods</i> sure to indicate whether employment was further sure. Incomplete information will respect to the sure of the s	<i>Military Service, V</i> 's of unemploymen ull-time or part-ti	<i>Tolunteer work</i> t. Use addition ne. <i>DO NOT</i>	t, Summer wor nal continuat INDICATE "A	rk, <i>Internship</i> ion sheets if n SEE ATTACH	s (indicate ecessary. Be			
Job Title:	Su	pervisor:		Phone:				
Employer:	Ad	dress:		1				
Dates Employed (MO/YR) Begin: End:	Re	ason for Leaving	:					
Job Duties (Be Specific):								
Y I Tital				Di				
Job Title:		pervisor:		Phone:				
Employer:		dress:						
Dates Employed (MO/YR) Begin: End:	Rea	Reason for Leaving:						
Job Duties (Be Specific):								
Job Title:	Sup	pervisor:		Phone:				
Employer:	Ad	dress:						
Dates Employed (MO/YR) Begin: End:	Rea	son for Leaving						
Job Duties (Be Specific):								
		44.00						
Job Title:	Sur	ervisor:		Phone:				
Employer:	Add	dress:						
Dates Employed (MO/YR) Begin: End:	Rea	ison for Leaving	:					
Job Duties (Be Specific):								
								
Job Title:	Sur	ervisor:		Phone:				
Employer:	Add	lress:						
Dates Employed (MO/YR) Begin: End:	Rea	son for Leaving	1					
Job Duties (Be Specific):								

	APPLICAN'	T SIGNATURES
	CERTIFICAT	ION SIGNATURE
can determine and I understa	and that any mistakes o y former employers to	de in this application are true and complete as far as of material facts may subject me to disqualification o give any information regarding my employment, ding me.
Signature		Date
	<i>AUTHORIZA</i> 1	TION SIGNATURE
Eastville, Virginia 23347, to o employment, formal educatio further release any holder of information given. I understa	btain and review any a n, police record of con such information any a and that the information	f's Office or the Eastern Shore Regional Jail, and all information concerning my past victions, military record and financial records. I and all claims or damages resulting from the same on obtained by the Northampton County Sheriff's sed for information purposes only and that it will
Applicant's Signature		Date
Witness's Signature		Date
	HERIFF'S OFFICE OR	GUARANTEE A JOB OR AN INTERVIEW WITH THE THE EASTERN SHORE REGIONAL JAIL. ALL
HOW DID YOU HEAR ABO	UT OUR DEPARTMI	ENT?
Newspaper advertisement	Website	Virginia Employment Commission
Current appointee(N	lame of appointee	
Other Please explain:		