



GLOUCESTER COUNTY SHERIFF'S OFFICE

Darrell W. Warren, Jr.
Sheriff

7502 Justice Drive, Gloucester, Va. 23061
804-693-3890



Application for Employment

(Please attach a copy of your résumé)

Position Applied For

Date of Application

When would you be available to start?

Employment Status Availability: Full Time Part time Shift Work Volunteer Reserve

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Applicant Information:

Last Name:		First Name:		Middle Name:	Email Address:	
Residence Address:			City:		State:	Zip code:
Phone Number:		Social Security Number:			Driver's License # and State:	
Have you ever applied to the Gloucester County Sheriff's Office before? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, when and position applied for:		
Have you ever been employed by the Gloucester County Sheriff's Office before? Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, when and position held:		
For the purpose of complying with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants", are you legally eligible for appointment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (You are legally eligible for appointment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor)						
Have you ever been arrested or charged with a crime other than a traffic offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:						
Have you ever been convicted of a law violation, including moving traffic violation(s), but excluding offenses committed prior to your eighteenth birthday which were adjudicated in a juvenile court under a youth offender law? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:						
Are you willing to travel if the position requires? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you speak/read/write a second language? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which language:						

Drug and Alcohol Use: (Drug use is not an automatic disqualifying factor, however, lying about it is.)

Do you currently use any drug that you have obtained without a prescription or have obtained by trickery or deception? Yes No

If yes, list what kind and to what extent:

Do you now, or have you ever used, possessed, supplied or sold any illegal or synthetic narcotic or controlled substance such as, but not limited to; marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroid pharmaceuticals, spice, bath salts or drugs of similar nature? Yes No If yes, list below.

Do you have any close friends that you know use illegal drugs or similar substances? Yes No

If yes, explain:

If yes, tell us how many of your friend(s) and what type of drugs your friend(s) use or used:

Substance:	Used:	First/last Date Used:	Frequency of Use:	Largest Amount Possessed:
Marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hashish	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
PCP	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>			
LSD	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Methamphetamine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (list):				
Other (list):				
Other (list):				

Give a detailed summary concerning the circumstances of any of the drug history indicated above

Do you currently consume alcoholic beverages? Yes No

If yes, please explain by including frequency, quantity and type of beverage (e.g., liquor, wine, beer):

Have you ever driven under the influence of drugs or alcohol? Yes No

If yes, explain the circumstances and number of times

Education Information: (Begin with most recent/currently enrolled school through high school)

Are you currently enrolled in any school, college or university? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide projected graduation date:			
Name of Institution:	Dates Attended:	Degree Obtained:	Area of Study:
Name of Institution:	Dates Attended:	Degree Obtained:	Area of Study:
Name of Institution:	Dates Attended:	Degree Obtained:	Area of Study:
Name of Institution:	Dates Attended:	Degree Obtained:	Area of Study:
If you have any specialized trainings, apprenticeships, skills, and/or extra-curriculum activities please list and explain:			

Military Information: (Begin with most recent/currently enrolled school through high school)

Have you ever joined the military service? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, list military branch and units served:				
Branch:	Service Number:	Type of Unit:	M.O.S.:	Job Title and Description:
Date of Enlistment:	Dates of Active Duty:		Highest rank on Active Duty:	
Type of Discharge or Separation:				
<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> General-Under Honorable <input type="checkbox"/> General-Under other than Honorable				
Give a brief explanation of reasons for discharge:				
Indicate Status at Time of Discharge below:				
Date of Discharge:	Rank at Discharge:	Date of Rank:	Total Amount of Military Service:	
			YEARS:	MONTHS: DAYS:
List all military training and education:				

Employment Information: (Begin with most recent employment. Include any volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, sexual orientation, national origin, disabilities, or other protected status)

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently on "lay-off" status and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer Information (Name):			Dates Employed (From, To):
Address of Employer (street, city, state, zip code):			Employer Telephone Number:
Job Title:	Full Time or Part Time:	Salary/Hourly Rate:	Supervisor:
Reason for leaving: Fired <input type="checkbox"/> School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Forced <input type="checkbox"/> Other <input type="checkbox"/>			
Duties and Responsibilities:			
Employer Information (Name):			Dates Employed (From, To):
Address of Employer (street, city, state, zip code):			Employer Telephone Number:
Job Title:	Full Time or Part Time:	Salary/Hourly Rate:	Supervisor:
Reason for leaving: Fired <input type="checkbox"/> School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Forced <input type="checkbox"/> Other <input type="checkbox"/>			
Duties and Responsibilities:			
Employer Information (Name):			Dates Employed (From, To):
Address of Employer (street, city, state, zip code):			Employer Telephone Number:
Job Title:	Full Time or Part Time:	Salary/Hourly Rate:	Supervisor:
Reason for leaving: Fired <input type="checkbox"/> School <input type="checkbox"/> Laid Off <input type="checkbox"/> Quit <input type="checkbox"/> Forced <input type="checkbox"/> Other <input type="checkbox"/>			
Duties and Responsibilities:			
List professional, trade, business, or civic activities and any offices held. You may exclude organizations, which indicate race, color, religion, gender, sexual orientation, national origin, disabilities, or other protected status).			

Professional References

List three (3) professional references, <u>not relatives</u> . Indicate if the person is a Mr. or Ms. Note: complete information is required.			
Full Name (Last, First, Middle):	# of years known:	Date of Birth:	Contact Number:
Home Address (street, city, state, zip):		E-mail Address:	
Occupation:		Work Address (street, city, state, zip):	
Full Name (Last, First, Middle):	# of years known:	Date of Birth:	Contact Number:
Home Address (street, city, state, zip):		E-mail Address:	
Occupation:		Work Address (street, city, state, zip):	
Full Name (Last, First, Middle):	# of years known:	Date of Birth:	Contact Number:
Home Address (street, city, state, zip):		E-mail Address:	
Occupation:		Work Address (street, city, state, zip):	

Certification

I certify that all entries on this application of employment and all attachments are true. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted regarding this application.

Applicant's Signature _____ Date _____

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the position for which you have applied?

Yes No (A job description may be available upon request)

Sheriff's Office Personnel Only

Position(s) Applied for is Available: Yes No

Position(s) to be Considered: _____

Reviewed By: _____ Date: _____

Notes: _____



GLOUCESTER COUNTY SHERIFF'S OFFICE

Darrell W. Warren Jr.
Sheriff



Major R. H. Cookson
Chief Deputy

7502 Justice Drive
Gloucester, Va. 23061
804-693-3890

Agility Test Waiver Form

Applicant Name: _____ Age: _____ Sex: M F

Date: _____ Test Points: _____

In consideration of being permitted to complete the application requirements for employment as a sworn Deputy with the Gloucester Sheriff's Office by taking the physical agility test, the undersigned releases the Gloucester Sheriff's Office, Gloucester County and all of its employees and agents, of and from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of any related loss, damage or injury, including death, that may be sustained by the undersigned as a result of taking the said agility test.

The undersigned, being duly aware of the physical exertion, risks and hazards involved in taking the said agility test, hereby voluntarily elects to take it and voluntarily assumes all risks of loss, damage or injury, including death that may be sustained as a result thereof.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing, understands it and signs it voluntarily, and that he/she is 21 years of age and of sound mind.

Applicant: _____ Notary: _____

State of: _____ City/County of: _____

The foregoing instrument was acknowledged and subscribed before me

This _____ day of _____ 20_____

My Commission expires: _____

This form must be notarized and attached to application



GLOUCESTER COUNTY SHERIFF'S OFFICE

Darrell W. Warren Jr.
Sheriff



Major R. H. Cookson
Chief Deputy

7502 Justice Drive
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To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home or Medical Association

United States Armed Forces, Maritime Services or Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or any authorized person at any School, College, University, Business School, Trade School, High School or Elementary School

Any Local, State or Federal Law Enforcement Agency, Any past or present employer, Credit Bureau or Retail Merchants Association, United States Selective Service System or any other person or organization not listed.

I, _____, (address) _____

have applied for employment with the Sheriff's Office of the County of Gloucester, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including transcript of any academic records, criminal history and driving records) to the Gloucester Sheriffs' Office Applicant Investigator or his representative upon presentation of this release of copy thereof.

Date of Birth: ____/____/____ Place of Birth: _____

Social Security Number: ____-____-____ Armed Forces Number: _____

Signature of Applicant: _____

Given under my hand, this _____ day of _____, 20 ____.

Notary

My Commission expires: _____

This form must be notarized and attached to application



GCSO Fitness Assessment Chart



440 Cardio Endurance		50 Yard Dash		5 Foot Running Jump		4 Foot Obstacle		DA Trigger Pull		Dummy Drag	
Run Time	Points	Run Time	Points	Pass	Fail	Pass	Fail	Number	Points	Yards	Points
<=90 sec	40	<=8 sec	20	10 points	0 points	10 points	0 points	1	0.25	>=15	14
91-95	35	9 sec	18					2	0.5	6-9 yards	7
96-100	30	10 sec	16					3	0.75	<5 yards	0
101-105	25	11 sec	14					4	1		
106-110	20	12 sec	12					5	1.25		
111-115	15	13 sec	10					6	1.5		
116-120	10	14 sec	8					7	1.75		
121-125	5	15 sec	6					8	2		
>125	0	>15 sec	0					9	2.25		
Notes: 400yard run must be conducted on level ground with a measured distance, ideally the High School track. 50 yard dash must be on level ground, with a measure distance. 5 foot running jump will simulate a ditch, measured and marked by cones. 4 foot obstacle will be vertical, it can be a fence or a wall. Double Action trigger pull, USP full size, clear and safe. (24 second limit with each hand). Trigger must be pulled one finger one hand, total of three points per hand. Within 6" circle. Dummy drag will be a Fire Rescue dummy on a grass surface. The feet must clear the required distance during the pull, 20 second time limit.								10	2.5		
								11	2.75		
								12	3		
								13	3.25		
								14	3.5		
								15	3.75		
								16	4		
								17	4.25		
								18	4.5		
								19	4.75		
								20	5		
								21	5.25		
22	5.5										
23	5.75										
24	6										