



LANCASTER COUNTY SHERIFF'S OFFICE

Application Package

This package contains all the information and instructions for the successful submission of a complete application. **Incomplete applications will not be considered.**

1. Read all of this information first.
2. Gather the required supporting documents:
 - A. Copy of your birth certificate
 - B. Copy of your high school diploma or transcript (You may obtain a copy of your high school transcript by contacting the school system from which you graduated. Do not open the envelope with your transcript, but submit the sealed envelope with your completed application); or
 - C. Copy of your G.E.D. certificate and test grades.
 - D. Copy of your military discharge papers if you served in the U.S. armed forces.

The following optional documents may be submitted as part of your application:

1. Copies of training certificates from any state approved training schools or academies;
2. Copies of specialized training courses related to prior employment or field of study; and
3. Not more than 3 letters of recommendation

Read and complete the Background Investigation Waiver and the Application for Employment. If using the Virginia Employment Application form you must include all of the required documents listed above and the Background Investigation Waiver with the online application form. Failure to include the required documents and the Waiver may result in your application being disqualified for further consideration.

Once you have completed the application, deliver it to the sheriff's office before the deadline. Be prepared to wait for up to 30 minutes to be fingerprinted as required by law §15.2-1705 of the Code of Virginia. If mailing your application, please note that postmarks will not be honored to determine that the application was received before the announced closing date. If you are scheduled for an interview, you must report for fingerprinting at least one hour before your interview.

INFORMATION ON THE SELECTION PROCESS

- A. The minimum qualifications that applicants for any position must meet include:
1. Minimum age of 18.
 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 (12) 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 package that includes
 - a. List of required and optional documents to be submitted
 - b. Information on the selection process
 - c. Background Investigation Waiver form
 - d. Commonwealth of Virginia Application for Employment
- 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.
 4. 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 for sworn positions) and a related inquiry, required by all new employees. 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.
 - 3) 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

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

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

1. 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 reapplication is allowed.
2. Unsuccessful applicants may reapply within 90 days of the date the position for which the application was made provided a vacancy exists.



OFFICE OF THE SHERIFF

8293 MARY BALL ROAD LANCASTER, VIRGINIA 22503 PHONE: 804-462-5111 FAX: 804-462-7046
www.lancastersheriff.net

Background Investigation Waiver

I authorize the Sheriff of Lancaster County, Virginia, in person or through his designee, to perform a background check in connection with my application for employment. This investigation may include information as to my credit, education and training records, criminal history and traffic records, personal references, professional references, previous employers, present employers, employers with whom I filed an application for employment, polygraph test results, and any other sources the Sheriff deems appropriate and necessary.

I authorize the release of all information requested by the Sheriff, or his designee, from any person, agency, business or other entity that has any record relating to me. In addition, I authorize the release of all medical records relating to inoculations, vaccinations, and prophylaxis treatment received in the course of my employment and/or volunteer services as a emergency first responder.

A copy of this release shall be as valid as the original document. I understand and agree that all information received by the Sheriff of Lancaster County in connection with this background investigation is confidential and may not be disclosed to me.

I agree to indemnify and hold harmless any person who presents or receives this request and his agents, employees, heirs and assignees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Applicant's Name (Print)

Applicant's Signature and Date

Applicant's Date of Birth

Applicant's Social Security Number

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 _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

8. E-mail Address _____
City State Zip

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check 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: _____

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

b. Job Title _____ Duties: _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 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, and 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 _____ Granted by (licensing board) _____

11. REFERENCES

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

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. MISCELLANEOUS

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Check which employment status you will 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. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- g. 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.
- h. 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? Yes No.
 If no, state reason: _____
- i. 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 (i) 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 the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs? Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- j. 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, 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.

13. 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

14. 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 of 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 that you may contact references, former employers and educational institutions listed 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 _____

Duties: _____

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

Phone _____

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

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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Employer _____
Address _____

Phone _____

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

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
