



# KING AND QUEEN COUNTY OFFICE OF THE SHERIFF



P.O. Box 38 • King & Queen Courthouse, Virginia 23085 • (804)785-7400 • Fax: (804)785-5489

## SHERIFF WILLIAM R. BALDERSON

To: All Applicants  
From: W.R. Balderson  
Subject: Application for Employment

I appreciate your interest in a position with the King and Queen county sheriff's office. We are an equal-opportunity employer looking for goal-motivated team members. We ask that you follow ALL directions on the application and submit an original signed copy to the office. Below is the list of phases in our hiring process, and you should expect 30 to 60 days to process the application. You will get a correspondence as to the status of your application.

- Phase I: Application and Initial interview with a 2-3-person panel. Prepared questions will be asked and scored. You must score 70 or higher to advance. Your scores will be confidential.
- Phase II: Interview with the Sheriff.
- Phase III: Full background investigation
- Phase IV: Conditional offer of employment. Drug testing for all Positions. for sworn law enforcement positions, polygraph examination, psychological examination, and physical fitness for duty examination will be conducted before your start date.
- Phase V: Acceptance of terms of employment and orientation and start date will be determined.



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**SHERIFF WILLIAM R. BALDERSON**

## Application for Employment

**Applicant's Full Name:** \_\_\_\_\_

**Please select one or more desired positions.**

- Deputy Sheriff /Patrol    Animal Control Officer    Court Security/Civil Process  
 Communications Officer    Administration

**Please select one or more desired types of employment.**

- Full-Time    Part-Time    Auxiliary (Volunteer)

**Directions: Fill out this application in its entirety using blue or black ink.**

Please read and examine this document carefully. All questions must be answered accurately and completely. Do not leave any sections blank.

Because of the nature of the position, a background investigation is required. The questions asked in this form are necessary in order for the Sheriff's office to initiate a thorough investigation. All information obtained will be used solely for determining your suitability for the position.

If space provided is not sufficient for completing answers or you wish to furnish additional information, attach sheets the same size as this worksheet.

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.

### SHERIFF'S DEPARTMENT USE ONLY:

Received: Date: \_\_\_\_\_ Method \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_

Phase I granted: YES NO Date: \_\_\_\_\_ Notified \_\_\_\_\_

Phase II granted: YES NO Date: \_\_\_\_\_ Notified \_\_\_\_\_

Phase III granted: YES NO Date: \_\_\_\_\_ Notified \_\_\_\_\_

Phase IV granted: YES NO Date: \_\_\_\_\_ Notified \_\_\_\_\_

"Not Accepted" response letter mailed: Date \_\_\_\_\_ By: \_\_\_\_\_

Employment offer: Position \_\_\_\_\_ Offer date: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Start Date \_\_\_\_\_ Hourly rate/Salary \_\_\_\_\_

# Personal Information

Please provide your personal contact information.

Full Legal Name: (Last, First, Middle), (Nicknames)

Physical Street Address

City

State

Zip Code

Mailing Address (if different from above)

City

State

Zip Code

( ) -  
Home Phone

( ) -  
Cell Phone

( ) -  
Other Phone

E-mail address (This will be the primary contact method)

- -  
Social Security Number

Date and Place of Birth

Are you an U.S. citizen?

Marital Status

Maiden Names, if any

Desired Salary or Wage

If you are applying for more than one position, please list them in the order of preference:

1. \_\_\_\_\_  
3. \_\_\_\_\_

2. \_\_\_\_\_  
4. \_\_\_\_\_

# Education

Please provide the following educational information.

\_\_\_\_\_  
Name of High School Attended

\_\_\_\_\_  
City, State

Circle the highest grade you have completed:            6   7   8   9   10   11   12

Circle all that currently apply to you:

GED    High School Diploma    Associate's Degree    Bachelor's Degree    Master's    Doctoral

Please list all colleges, universities, trade, vocational or military schools you have attended:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City, State

Are you fluent in any foreign languages?   YES    NO

If so, list the language(s). \_\_\_\_\_

Do you have typing or keyboarding skills?   YES \_\_\_\_\_ words per minute    NO

Provide information regarding your level of computer experience, including software knowledge and skill level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any awards, memberships, certifications, licenses, honors, clubs, fellowships, etc. that you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

Please list all your work and employment experience information beginning with the current or most recent and work back for the last ten years.

1) _____ (____) _____ - _____ Employer (current or most recent) Phone Number
_____ Address
_____ Your Job Title
_____/_____ Begin Date
_____/_____ End Date
Reason for leaving: _____
List Duties: _____ _____ _____

2) _____ (____) _____ - _____ Employer (current or most recent) Phone Number
_____ Address
_____ Your Job Title
_____/_____ Begin Date
_____/_____ End Date
Reason for leaving: _____
List Duties: _____ _____ _____

3) \_\_\_\_\_ ( ) -  
Employer (current or most recent) Phone Number

Address

\_\_\_\_\_  
Your Job Title Begin Date End Date

Reason for leaving:

\_\_\_\_\_

List Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) \_\_\_\_\_ ( ) -  
Employer (current or most recent) Phone Number

Address

\_\_\_\_\_  
Your Job Title Begin Date End Date

Reason for leaving:

\_\_\_\_\_

List Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer (current or most recent) Phone Number

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Address

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Your Job Title Begin Date End Date

Reason for leaving:

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List Duties:

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### Military Status

Are you an **active member** of the armed services? YES or NO  
If no, have you ever been a member of the armed services? YES or NO  
If yes, please provide the branch, duties, and discharge information if applicable?

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# Criminal & Driving History

Please provide the following personal history information.

\_\_\_\_\_  
Operator's License Number                      State                      Expiration

\_\_\_\_\_  
Prior Operators License Number                      State                      Expiration

Has your license ever been suspended or revoked?    YES    or    NO

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in an automobile accident?    YES    or    NO

If yes, explain in detail including dates and locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or detained by any Law enforcement agent or agency?    YES    or    NO

Have you ever committed a crime for which you were not arrested?    YES    or    NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Is there any court action pending (traffic, criminal, or civil) against you at this time? YES or NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have ever been convicted of any violation of law, **including moving traffic violations**, list below:

_____	____/____	_____
Description of Offense	Date (m/y)	Jurisdiction of Offense

_____	____/____	_____
Description of Offense	Date (m/y)	Jurisdiction of Offense

_____	____/____	_____
Description of Offense	Date (m/y)	Jurisdiction of Offense

_____	____/____	_____
Description of Offense	Date (m/y)	Jurisdiction of Offense

If you have ever used any type of illegal drug, please list it below:

_____	____/____	_____
Type of Drug	Date Last Used	Total Number of Times Used

_____	____/____	_____
Type of Drug	Date Last Used	Total Number of Times Used

_____	____/____	_____
Type of Drug	Date Last Used	Total Number of Times Used

Any additional Offenses or Drug use must be given on a separate sheet and attached.

# Acknowledgement

By signing below:

I certify that my answers are true and complete to the best of my knowledge and any intentional misrepresentation or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that if hired by the sheriff's office, my position is at the pleasure of the sheriff and may be released from my duties by the sheriff at will.

I further understand that due to the sensitivity and nature of the job, a full background investigation will be conducted including a fit for duty assessment (law enforcement position only) to include a physical fitness test.

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Applicant Signature

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Date

**Please attach a copy of your resume to this form and mail it to:**

**King and Queen County Sheriff's Office  
P.O. Box 38  
King and Queen Court House, VA 23085**

**Or deliver it in person to our office at:**

**242 Allen's Circle Rd., Suite A  
King and Queen Court House, VA 23085**

**Original signed document required**