



# ISLE of WIGHT

COUNTY IN VIRGINIA

## Employment Application

Sheriff's Office  
P.O. Box 75, Isle of Wight, VA 23397

Phone: 757-365-6333 Fax: 757-365-6296

Position Applied For \_\_\_\_\_

Full Time: Part Time:

**This application form must be completed in full. A resume or additional information may be attached as a supplement but may not be substituted for any information requested in the application packet.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

### **Background Information:**

Are you eligible for employment in the United States? YES NO  
(verification of eligibility will be required within 3 days of initial employment)

Have you ever worked for Isle of Wight County? YES NO

If yes, please indicate the name under which employed, title of position, and employment dates.

Name \_\_\_\_\_ Position \_\_\_\_\_

Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_

Have you been:

1. Discharged or requested to resign from a former position? YES NO
2. Separated from military service under OTHER than honorable conditions? YES NO
3. Convicted (as an adult) of a violation of law including traffic violations? YES NO

If you answered yes to any of the above, describe below including description, type of conviction, dates, etc. Attach additional pages if needed:

\_\_\_\_\_

If the job you are applying for requires a valid driver's license, do you have one? YES NO

If yes, license number \_\_\_\_\_ State \_\_\_\_\_

Do you hold a commercial driver's license (CDL)? YES NO

If yes, license number \_\_\_\_\_ State \_\_\_\_\_

Are you on lay-off and subject to recall? YES NO

List any computer experience:

\_\_\_\_\_

**Employment Experience:**

Start with you present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability, or other protected status. You may attach additional sheets if necessary.

Employer:		Dates Employed:	
Address:			
Job Title:		Supervisor:	
Telephone:	Reason for Leaving:		Salary: Full-time      Part-time
Description of Work:			

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**Special Skills and Qualifications:**

Please provide the names of three individuals not related to you who can provide information regarding your ability to perform the job or jobs for which you have applied.

Name & Title	Address	Telephone	Relationship

May we contact your present employer? YES NO

Do you have relatives or friends who currently work for Isle of Wight County? YES NO If yes, please identify:

NAME	RELATIONSHIP	POSITION

**Educational Background:**

	High	College/University	Graduate/Professional
School Name			
Years Completed	9 10 11 12	1 2 3 4	5 6 7 8
Diploma/Degree			
Field of Study			

Describe any specialized training, apprenticeships, vocational skills and extra-curricular activities:

Honors Received: List any special accomplishments, publications, awards, etc.

State any additional information you feel may be helpful to us in considering your application.

**APPLICANT'S STATEMENT:**

My Signature below authorizes Isle of Wight County to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include information as to criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right to access any such information and without limitation hereby release Isle of Wight County and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: local law enforcement agencies, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions is maintained. I also agree that if hired, I will advise Isle of Wight County if I am presently subject to any income withholding order for child support payments, pursuant to Virginia Code 20-79.1 or 250.3.

In the event of employment, I agree to abide by all present and subsequently issued policies of Isle of Wight County. I understand and agree that Virginia and federal law governs my employment, including the Drug-Free Workplace Act and Virginia law governing drug and alcohol use. I understand that violations of these policies may result in discipline, up to and including termination of my employment. I also understand that Isle of Wight County has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

Furthermore, I certify that I have made true, correct and complete answers and statements in this application in the knowledge that they may be relied upon in considering my application. I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or my discharge should I become employed by Isle of Wight County.

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Signature

Date

**STATEMENT OF NON-DISCRIMINATION:** Isle of Wight County is committed to a policy of non-discrimination based upon race, color, national origin, religion, sex, disability and age in the administration of any of its programs, activities, or with respect to employment. Inquiries should be directed to the Department of Human Resources. Telephone 757-365-6266.

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

## Recruitment Survey

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How did you hear about this vacancy?

- Newspaper Ad
- Isle of Wight County Human Resources Office
- Isle of Wight County website
- Virginia Employment Commission
- Friend/Relative
- Cable Channel
- County Employee
- Other \_\_\_\_\_

## Statistical Reporting Information

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In order to meet the requirements of Federal guidelines, we need your cooperation and assistance in completing this form. Participation is confidential. Your replies will not affect your eligibility or opportunity for employment. The information collected will be used for reporting purposes only. It will not be used for the purpose of selecting job applicants. This form will be kept in a CONFIDENTIAL FILE separate from your application.

Sex: Female      Male

### Ethnic Background

Review all ethnic background categories listed below. Determine the one category that best represents your ethnic background. Mark one category only.

White (not of Hispanic origin)  
*All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

Black (not of Hispanic origin)  
*All persons having origins in any of the Black racial groups in Africa.*

Hispanic  
*All persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.*

Asian or Pacific islander  
*All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.*

American Indian or Alaskan Native  
*All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.*



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## STATEMENT OF REFERENCE

*Waiver: I have authorized Isle of Wight County to obtain information concerning my qualifications  
in regard to the position of \_\_\_\_\_.*

**Applicant Name:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_  
(Print only)

**The applicant is required to** FORWARD THIS FORM to an individual who is familiar with your work performance and request that it be returned to the above address as soon as possible. **DO NOT ASK A RELATIVE TO COMPLETE THE REFERENCE FORM.** By signing the waiver statement below, you give this individual permission to complete the form and return it to Isle of Wight County Sheriff's Office.

**Reference Respondent:** The above named individual has applied for a position with Isle of Wight County. We would appreciate your completing the form below and returning it to the Sheriff's Office as soon as possible.

In what professional capacity do you know the applicant (circle one): Supervisor Co-Worker Other \_\_\_\_\_

What was the nature of his/her job? \_\_\_\_\_

What did you think of his/her work? \_\_\_\_\_

How would you describe his/her performance in comparison with other employees?  
\_\_\_\_\_

If you were the supervisor in this relationship, would you re-employ? YES \_\_\_\_\_ NO \_\_\_\_\_ Why Not? \_\_\_\_\_

How did he/she get along with other people? \_\_\_\_\_

Please check the appropriate box regarding this applicant:

	Outstanding	Very Good	Good	Fair	Unsatisfactory
Attendance					
Punctuality					
Dependability					
Ability to take on responsibility					
Overall attitude					
Suitability to job					

Is there anything else you think I should know about this applicant?  
\_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_



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