



# KING AND QUEEN COUNTY SHERIFF'S OFFICE

Sheriff, John R. Charboneau  
P. O. Box 38

King and Queen Courthouse, Virginia 23085

Telephone  
(804) 785-7400

Fax  
(804) 785-5489

## Application for Employment

**Applicant's Full Name:**

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

Deputy Sheriff       Animal Control Officer       Communications Officer

**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.

**Note: The last page of this document must be signed and notarized prior to being submitted. Application without this information cannot be processed.**

### SHERIFF'S DEPARTMENT USE ONLY:

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

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

Panel Interview granted: Yes NO Date \_\_\_\_\_ Notified \_\_\_\_\_

Phase II Process granted: Yes NO Date \_\_\_\_\_ Notified \_\_\_\_\_

Final Interview 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 and 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 Addresses

- - Social Security number Date and place of birth Are you a United States citizen?

Marital Status Maiden names, if any

## Family Information

Please give information regarding names, ages of family members living in your house hold or absent for school:

Name Relationship Age

Occupation Employer

Name Relationship Age

Occupation Employer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Age

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Age

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Age

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

Has any member of your family been convicted or charged with a felony? YES or NO  
If yes, explain in detail :

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

## References

**Please provide five personal references.**

1) \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

**\*We must have a "COMPLETE MAILING" Address.**

\_\_\_\_\_  
Email

2) \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

**\*We must have a "COMPLETE MAILING" Address.**

\_\_\_\_\_  
Email

3) \_\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Reference's Name Phone Number

**\*We must have a "COMPLETE MAILING" Address.**

Email

4) \_\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Reference's Name Phone Number

**\*We must have a "COMPLETE MAILING" Address.**

Email

5) \_\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Reference's Name Phone Number

**\*We must have a "COMPLETE MAILING" Address.**

Email

## 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:

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

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# Employment History

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

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

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Begin Date End Date Starting Salary Ending Salary

Reason for leaving: \_\_\_\_\_

List Duties: \_\_\_\_\_

(2)

Employer \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Phone Number

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Begin Date End Date Starting Salary Ending Salary

Reason for leaving: \_\_\_\_\_

List Duties: \_\_\_\_\_

(3)

Employer \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Phone Number

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Begin Date (mo/yr) End Date (mo/yr) Starting Salary Ending Salary

Reason for leaving: \_\_\_\_\_

List Duties: \_\_\_\_\_

(4)

Employer \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Phone Number

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Begin Date (mo/yr) End Date (mo/yr) Starting Salary Ending Salary

Reason for leaving: \_\_\_\_\_

List Duties: \_\_\_\_\_

(5)

Employer \_\_\_\_\_

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Phone Number

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

\_\_\_\_ / \_\_\_\_  
Begin Date (mo/yr)

\_\_\_\_ / \_\_\_\_  
End Date (mo/yr)

\_\_\_\_\_  
Starting Salary

\_\_\_\_\_  
Ending Salary

Reason for leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

### 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?



## Criminal & Driving History

Please provide the following personal history information.

\_\_\_\_\_  
Operators Licenses number                      State                      Expiration

\_\_\_\_\_  
Prior Operators Licenses 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 and 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:

_____	_____/_____ Date (mo/yr)	_____
Description of Offense		Jurisdiction of Offense

_____	_____/_____ Date (mo/yr)	_____
Description of Offense		Jurisdiction of Offense

_____	_____/_____ Date (mo/yr)	_____
Description of Offense		Jurisdiction of Offense

_____	_____/_____ Date (mo/yr)	_____
Description of Offense		Jurisdiction of Offense

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

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

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

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

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

## Residential History

List all former addresses and dates you resided within the past five years. Start with the current address.

(Current)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(2)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(3)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(4)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(5)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Dates

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## 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 documents are required:**

**King and Queen Sheriff's Office**  
**Authorization to obtain information**

I, \_\_\_\_\_, hereby authorize the King and Queen County  
(Applicant print your full name)

Sheriff's Office to conduct a background investigation in connection with my application for employment. This investigation may include information regarding my residential history, schools attended, present employer, previous employers, previous applications to law enforcement agencies, personal references, professional references, credit standings, financial status, criminal history, Division of Motor Vehicle records, physicians statements, medical records, and other appropriate sources.

I authorize the release of any information that the County of King and Queen may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the King and Queen County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me.

\_\_\_\_\_  
Applicant's Signature Date

Commonwealth of Virginia, County of \_\_\_\_\_,

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Name

whose name is signed to the foregoing instrument, personally appeared before me, acknowledge the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public