

# APPLICATION FOR EMPLOYMENT

Greensville County Sheriff's Office  
174 Uriah Branch Way  
Emporia, Virginia 23847  
(434) 348-4200 – Phone  
(434) 634-9615 – Fax

[www.greensvillesova.org](http://www.greensvillesova.org) – Website

*We are an equal opportunity employer.*

*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.*

Position applied for: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

## EDUCATION

Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed: \_\_\_\_\_  
If you did not complete high school, did you obtain your GED? Yes No Date Received: \_\_\_\_\_

Name & Location of post high school education	Hours	Degree Received	Major or Specialty	Minor	Dates Attended

## LICENSE (to include driver's), certificate or other authorization to practice

Type	License #	Granted by (licensing board)

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

Name	Address	Phone	Relationship	Years Acquainted

## MISCELLANEOUS

1. Check which employment type will you accept Full-Time Part-Time
2. Are you willing to travel if your job requires it? Yes No
3. For purposes of compliance with The Immigration Reform & Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform & Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identify. Further, you will be required to provide documentation to that effect should you be employed.
4. Have you ever been convicted of any misdemeanor or felony offenses? Yes No
  - a. If yes, list charge(s): \_\_\_\_\_
5. What date will you be able to start work? \_\_\_\_\_

6. Do you have any physical disabilities or medical conditions that would prevent you from performing your job? Yes No  
 a. If yes, please list them \_\_\_\_\_
7. Have you ever applied with us before? Yes No  
 a. If yes, please list dates: \_\_\_\_\_
8. Have you ever been employed with us before? Yes No  
 a. If yes, please list dates: \_\_\_\_\_
9. Are you currently employed? Yes No
10. What is your desired salary? \_\_\_\_\_

**EMPLOYMENT** Starting with the most recent, describe all paid career, military and voluntary experience. Use supplementary experience form for additional space. May we contact your present employer? Yes No

a. **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 \_\_\_\_\_

b. **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 \_\_\_\_\_

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 \_\_\_\_\_

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 to any employment with the Greenville County Sheriff's Office. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Greenville County Sheriff's Office 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_