

# Application For Employment

Goochland County Sheriff's Office  
 P.O. Box 29 Goochland, VA 23063  
 (804) 556-5349



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.

**(PLEASE TYPE ALL SECTIONS AND SIGN WHERE REQUIRED.)**

|                             |          |            |                        |               |
|-----------------------------|----------|------------|------------------------|---------------|
| Position(s) Applied For     |          |            | Date of Application    |               |
| How Did You Learn About Us? |          |            |                        |               |
| Advertisement               | Friend   | Walk-In    |                        |               |
| Employment Agency           | Relative | Other      |                        |               |
| Last Name                   |          | First Name |                        | Middle Name   |
| Address                     | Number   | Street     | City                   | State     Zip |
| Telephone Numbers           |          |            | Social Security Number |               |
| Email Address               |          |            |                        |               |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes     No

Have you ever filed an application with us before? Yes     No

Have you ever been employed with us before? Yes     No

Are you currently employed? Yes     No

May we contact your present employer? Yes     No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes     No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall? Yes     No

Can you travel if a job requires it? Yes     No

Have you been convicted of a felony within the last 7 years? Yes     No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

|                       | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School     |                            |                 |                 |                |
| High School           |                            |                 |                 |                |
| Undergraduate School  |                            |                 |                 |                |
| Graduate Professional |                            |                 |                 |                |
| Other (Specify)       |                            |                 |                 |                |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:* \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                     |            |                |       |     |
|---------------------|------------|----------------|-------|-----|
| 1. Employer         |            | Dates Employed | From: | To: |
| Address             |            | Work Performed |       |     |
| Telephone Number(s) |            |                |       |     |
| Job Title           | Supervisor |                |       |     |
| Reason for Leaving  |            |                |       |     |
| 2. Employer         |            | Dates Employed | From: | To: |
| Address             |            | Work Performed |       |     |
| Telephone Number(s) |            |                |       |     |
| Job Title           | Supervisor |                |       |     |
| Reason for Leaving  |            |                |       |     |
| 3. Employer         |            | Dates Employed | From: | To: |
| Address             |            | Work Performed |       |     |
| Telephone Number(s) |            |                |       |     |
| Job Title           | Supervisor |                |       |     |
| Reason for Leaving  |            |                |       |     |
| 4. Employer         |            | Dates Employed | From: | To: |
| Address             |            | Work Performed |       |     |
| Telephone Number(s) |            |                |       |     |
| Job Title           | Supervisor |                |       |     |
| Reason for Leaving  |            |                |       |     |

If you need additional space, please continue on a separate sheet of paper.

# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## Specialized Skills

## Check Skills/Equipment Operated

|            |                  | Production/Mobile<br>Machinery (list): | Other (list): |
|------------|------------------|--|---------------|
| PC         | Fax              | _____                                  | _____         |
| Calculator | Microsoft Office | _____                                  | _____         |
| Typewriter |                  | _____                                  | _____         |
|            |                  | _____                                  | _____         |

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  YES  NO

## References

1. Name:

Address:

Phone:

2. Name:

Address:

Phone:

3. Name:

Address:

Phone:

# Applicant's Statement

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Interviewer/Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

NAME AND TITLE

Notes:

**COUNTY OF GOOCHLAND**  
**DISCLOSURE OF CRIMINAL HISTORY RECORD FOR**  
**APPLICANTS**

Article IV, "Criminal Background Check," of Chapter 10 of Goochland County Code, states, among other things, that the County will conduct a criminal history record check on each applicant for employment under contract with any County agency, each applicant for employment by any agency or intergovernmental authority of which the County is a member, and each applicant for County volunteer service. In accordance with this provision, if you wish to be considered an applicant of the County, please complete the information below:

Have you ever been convicted of any violation(s) of law, including moving traffic violations or juvenile convictions committed after your fourteenth birthday?  YES  NO. If yes, please provide the following, in the space provided: description of offense, statute or ordinance (if known), date of charge, date of conviction, county, city, and state of conviction. For additional convictions, use plain paper. Include all information listed above.

Are charges pending against you, or are you the subject of any pending charges, for any offense inside or outside the Commonwealth of Virginia?  YES  NO. If yes, list all and explain:

I hereby certify that these responses are true and complete. I agree and understand that any false statement in response to these questions, regardless of time of discovery, may cause me to forfeit my employment with or service to the County of Goochland. I understand and agree that this information is subject to verification by the County. I further understand that a conviction(s) will not necessarily disqualify me from employment with the County.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**APPLICATION SUBMISSION INFORMATION:**

- Applications that are incomplete will not be considered.
- All applications should be typed.
- Electronic signatures are permitted for electronic submission of applications but, all applicants must provide original signatures if invited to test.
- Completed applications may be emailed to [gcsso@goochlandva.us](mailto:gcsso@goochlandva.us), faxed (804) 556-5672 or mailed to the address on the first page of the application.