

Completing & Submitting Your Employment Application

Please submit your completed employment application by one of the following ways.

**Three letters of recommendation must accompany each application.

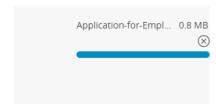
- 1. To download and complete the employment application electronically, please visit our website https://www.washcova.com/administrative-directory/human-resources/employment-opportunities/
- 2. Locate the "Sheriff's Office Employment Application Steps" at the bottom of the page.
- 3. Expand the drop downs by clicking on the "+" symbol on the side of the two bars.



- 4. The application submission is a 2-step process:
- 5. STEP 1: Expand Step 1 and click on the red button "Application for Employment".

APPLICATION FOR EMPLOYMENT

- a. The employment application will open in a new tab on your browser. Save this as a PDF.
- b. Open the saved PDF Application.
- c. Complete electronically or Print.
- d. Be sure to enter in all of the required fields with the most updated and correct information.
- 6. **STEP 2:** Submit Employment Application & 3 Letters of Recommendation:
 - a. Options for Submission:
 - i. Online: Upload by expanding Step 2, "Submit Employment Application Online".
 - 1. Fill in all sections.
 - 2. In the "File Upload" box, click the box to begin uploading the application.
 - 3. When upload is complete, the following will appear:



- 4. Repeat steps 1-3 again to upload the 3 letters of recommendation.
- 5. Complete the reCAPTCH and click on "Submit Application".



WASHINGTON COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

20281 Rustic Ln. Abingdon, VA 24210 Phone- (276) 676-6000 Fax- (276) 676-6248

ALL INFORMATION OBTAINED IN THIS APPLICATION WILL BE DISSEMINATED ONLY ACCORDING TO THE FEDERAL PRIVACY ACT OF 1976. FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION. THE WASHINGTON VIRGINIA SHERIFF'S OFFICE RESERVES THE RIGHT TO ACCEPT APPLICATIONS FOR EMPLOYMENT ONLY FOR SPECIFICALLY ADVERTISED POSITIONS. THE DEPARTMENT OF HUMAN RESOURCES RETAINS ALL APPLICATIONS RECEIVED FOR SIX MONTHS. APPLICANTS MUST FILL APPLICATION IN ITS ENTIRITY. IF YOU WANT TO SUBMIT A RESUME YOU MAY DO SO IF SELECTED FOR THE INTERVIEW PROCESS

		11	NTERVIEW PR	OCESS.					
Position Title:				<u>Date</u> :					
Name: (Last, First, Middle)				Home	Phone:				
Address:		City:		State:					
How Long Have You Li	ved at This Address	<u>s</u> ?							
E-Mail Address:		Cell/Bus	iness Pho	ne:					
Driver's Lic #:		State:			Expires	;			
Education - click the hi	ghest grade comple	eted:	8	9	10	11	12		
<u>Diploma/GED</u> : Yes	No								
Number of years post h	nigh school education	<u>on</u> :	<u>1</u> <u>2</u>	<u>3</u>	<u>4</u>	<u>5</u> <u>6</u>	<u>7</u>	<u>8</u>	
<u>Degree</u> : Yes	No								
Name of High School:			<u>Dat</u>	es Attende	<u>ed</u> :				
Name of College:			<u>Dat</u>	es Attende	ed:				
Use this space for any acand special achievement			elp us evalu	uate your a	pplication	including tra	aining, se	minars, w	orkshops,
Which shift will you accept:									
Day	Evening	Night	Rotatir	ng	Weekends	Specific	Hours		
What Job status are you willing	<u>to accep</u> t: Full Time	Part Time	e <u>Wha</u>	at employmen	nt status are	you willing to a	iccept:	Salary	Hourly
For purposes of compliance wi	th The Immigration Reform	n and Control Ac	ct, are you leg	ally eligible fo	or employme	nt in the United	d States?	Yes	No
Section 2.2-2804 of the Code of person who is required to pres register for the Selective Service	ent himself and submit to t	he Federal Sele							
For purposes of compliance wi 180 consecutive days of full-tin service connected disability rat If yes, did you serve during the	ne active duty in the armed ting fixed by the United Sta	d forces of the U ites Veterans Af	Inited States o						
Have you ever been employed If yes when/what capacity:	by the Washington Count	y Sheriff's Office	e? Yes	s No					
Have you ever been dismissed	I from employment or force	ed to resign or re	esign in order	to avoid being	g dismissed?	Yes	No		
Does the Washington County S	Sheriff's Office currently en	nploy any relativ	es of yours e	ither by blood	or marriage	? Yes	No		
What date if offered employme	ent would vou be available	to start for the	Washington (County Sheriff	f's Office?				

Military:					
Have you ever ser	ved in the United	States Military:	Yes No	If So What Branch:	
Service Date:		<u>To</u> :		Rank at Discharge:	
Active Reserve De	signation: Ye	s No	M.O.S. at	<u>Discharge</u> :	
Commendation/Sp	ecial Achievemen	<u>its</u> :			
Applicant Referen	<u>ces</u>				
Name:		Relationship:		Telephone Number:	
Name:		Relationship:		Telephone Number:	
Name:		Relationship:		<u>Telephone Number</u> :	
Employment					
Employer:		Job Title:		Phone:	
<u>Dates</u> :	<u>To</u> :		Super	<u>visor</u> :	
Full-Time	Part-Time	Hours per Week	<u>K</u> :	Salary:	
Job Duties:					
Reason for Leavin	g :				
Employer:		Job Title:		Phone:	
Dates:	<u>To</u> :		Super	<u>visor</u> :	
Full-Time	Part-Time	Hours per Week	<u>K</u> :	<u>Salary</u> :	
Job Duties:					
Reason for Leavin	g :				
Employer:		Job Title:		Phone:	
Dates:	<u>To</u> :		Super	visor:	
Full-Time	Part-Time	Hours per Week	<u>k</u> :	Salary:	
Job Duties:					
Reason for Leavin	<u>a</u> :				
Employer:		Job Title:		<u>Phone</u> :	
<u>Dates</u> :	<u>To</u> :		Super	visor:	
Full-Time	Part-Time	Hours per Week	<u>k</u> :	Salary:	
Job Duties:					
Reason for Leavin	g :				

Applicant Questionnaire:	YES	NO
This position is an at-will position and if hired, you will work at the pleasure of the Sheriff of Washington County. Would you be willing to accept appointment under these circumstances?		
The Sheriff requires that all sworn personnel live inside of Washington County Virginia or within the city limits of Bristol Virginia unless authorized by him. If you are offered a position and you do not currently live in the designated area, will you agree to move or relocate within 3 months of your hire date? Sworn employees work rotating shifts. Considering transportation, personal/home life, and community service can you work such a schedule?		
At times it is necessary to escort a prisoner overnight. Can you work such a schedule?		
We utilize several types of work schedules including 8, 10, and 12-hour shifts. Would you have a problem working any of these shifts?		
If yes to previous question, please advise which shift(s) and why.		
It is common that you may be required to work overtime without notice. You might be involved in a situation that would require you to stay beyond shift's end. Would this be a problem?		
All positions require that you work weekends and holidays. Would this be a problem?		
At times employees might need to travel and stay overnights (in separate rooms) with a co-worker or prisoner of the opposite sex. Will such travel be a problem for you?		
During emergencies, it is often necessary for Deputies or Dispatchers to be called to duty on days or times that they were originally scheduled not to work. Considering such factors as your transportation, personal, home life and community service. Would this be a problem for you?		

I, Have made application for employment with the Washington County Sheriff's Office. In connection therewith I understand that my entire background is subject to investigation. I understand further that this background investigation may require Washington County Sheriff's Office to investigate and request information from other sources which may otherwise be confidential or private including, but not limited to, records maintained by former employers, schools, financial institutions, medical and hospital, psychiatric institutions or agencies, personal references, military and all records of other law enforcement agencies such as traffic and criminal offenses. This background will also include a fingerprint search of criminal histories with the Central Criminal Records Exchange and the Federal Bureau of Investigation.

Understanding this, I hereby consent to this investigation and authorize the Washington County Sheriff's Office to obtain the aforesaid information and further release the Washington County Sheriff's Office from any and all liability resulting from any adverse information discovered and fully realize that any such adverse information may result in the rejection of my application.

I further authorize the Washington County Sheriff's Office to provide a copy of this authorization to any such source as set out above and likewise resolve and release any such source from liability for information released to the Washington County Sheriff's Office.

Date:

Applicants Typed Signature:

By typing my full legal name, I am attesting that this is my digital signature just as such as my hand written signature. Please initial here