



Alleghany County Sheriff's Office and Regional Jail

APPLICATION FOR EMPLOYMENT

*This application must be completed in its entirety
and signed and dated where applicable.*

*Please mail or return completed application to:
**268 W. Main St.
Covington, VA 24426***

I am interested in the following
(Check all that apply)

- Law Enforcement Deputy
- Corrections Deputy/Court Bailiff
- E911 Dispatch Operator
- Medical Staff
- Administrative Support
- Jail Control Room/Kitchen

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the County of Alleghany to afford an equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender.

DATE: _____

PERSONAL INFORMATION

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street

_____ City State Zip

PHONE: (____) _____

Are you 18 years of age or older: Yes No
If no, can you furnish a work permit? Yes No

EMAIL ADDRESS: _____

Other last names used while working, if any: _____

Are you a U.S. citizen or otherwise have a permit to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes No If yes, please explain: _____

Have you ever served in active U.S. Military service more than 180 days? Yes No

Dates of service _____ to _____

Do you have a reliable means of transportation to enable you to get to work in a timely manner? [] Yes [] No

Do you have a valid driver's license? [] Yes [] No

Have you ever been convicted of traffic offenses? [Yes [] No If yes, please explain:

EMPLOYMENT DESIRED

Position Applying for _____

Hours Available _____

Full-Time

Part-Time

Auxiliary

Annual Salary Requirements _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DIPLOMA OR DEGREE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
GED/ OTHER				

Please list special qualifications, training, licenses and skills that would assist you in performing the job applied for:

Are you a Certified Police Officer or have you graduated from a Policy Academy recognized by VADCJS? [] Yes [] No

If yes, which one(s): _____

Dates attended: _____ to _____

If you are applying for a position as a registered or licensed practical nurse, are you licensed in Virginia?

Yes No License Number: _____ Expiration Date: _____

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EMPLOYMENT HISTORY (begin with most recent)

Company Name: _____ Type of Business: _____

Address _____
Street City State Zip

Employed From Starting position: _____ Salary: _____
_____/_____
Month/Year Final position: _____ Salary: _____

To Name of supervisor: _____
_____/_____
Month/Year List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, telephone number (including area code): _____

Company Name: _____ Type of Business: _____

Address _____
Street City State Zip

Employed From Starting position: _____ Salary: _____
_____/_____
Month/Year Final position: _____ Salary: _____

To Name of supervisor: _____
_____/_____
Month/Year List main duties performed: _____

Reason for leaving: _____

If presently employed, may we contact? Yes No

If yes, telephone number (including area code): _____

EMPLOYMENT HISTORY (continued)

Company Name: _____ Type of Business: _____
Address _____
Street City State Zip

Employed From _____ Starting position: _____ Salary: _____
_____/_____
Month/Year Final position: _____ Salary: _____
Name of supervisor: _____

To _____ List main duties performed: _____
_____/_____
Month/Year Reason for leaving: _____

If presently employed, may we contact? Yes No
If yes, telephone number (including area code): _____

Company Name: _____ Type of Business: _____
Address _____
Street City State Zip

Employed From _____ Starting position: _____ Salary: _____
_____/_____
Month/Year Final position: _____ Salary: _____
Name of supervisor: _____

To _____ List main duties performed: _____
_____/_____
Month/Year Reason for leaving: _____

If presently employed, may we contact? Yes No
If yes, telephone number (including area code): _____

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain: _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED

I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the Alleghany County Sheriff's Office to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters, whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the Alleghany County Sheriff's Office and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures, and hereby release the Alleghany County Sheriff's Office, and any person, organization or prior employer from any obligation to provide me with written notification of such disclosure; provided, however, that these releases do not prohibit the filing of a charge with the Equal Employment Opportunity Commission based on the release of such information or the failure to notify me of the disclosure of such information. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the Alleghany County Sheriff's Office, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the County of Alleghany may be terminated.

I further understand that the Alleghany County Sheriff's Office and Regional Jail require a medical examination by a County-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate County personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I AGREE THAT THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT. I AGREE THAT IF I AM EMPLOYED BY THE ALLEGHANY COUNTY SHERIFF'S OFFICE AND REGIONAL JAIL (1) THAT MY CONTRACT OF EMPLOYMENT IS AT-WILL AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE ALLEGHANY COUNTY SHERIFF'S OFFICE OR MYSELF; (2) THAT I WILL RECEIVE WAGES AND BENEFITS AND BE SUBJECT TO RULES AND REGULATIONS AND THAT SUCH WAGES, BENEFITS, RULES AND REGULATIONS ARE SUBJECT TO CHANGE BY THE COUNTY OF ALLEGHANY AT ANY TIME WITH OR WITHOUT NOTICE TO ME; (3) THAT IN PARTIAL CONSIDERATION FOR MY EMPLOYMENT, I SHALL NOT COMMENCE ANY ACTION OR OTHER LEGAL PROCEEDING RELATING TO MY EMPLOYMENT OR THE TERMINATION THEREOF MORE THAN SIX MONTHS AFTER THE EVENT COMPLAINED OF AND AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY; (4) THAT MY ASSIGNED WORK HOURS MAY BE MODIFIED BY THE ALLEGHANY COUNTY SHERIFF'S OFFICE AND, IF REQUESTED, I WILL BE REQUIRED TO WORK OVERTIME; (5) THAT THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE COUNTY OF ALLEGHANY AND MYSELF AND THAT ANY AND ALL PRIOR AGREEMENTS ARE NULL AND VOID;

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS OF EMPLOYMENT.

SIGNATURE _____ DATE _____

ALLEGHANY COUNTY
SHERIFF'S OFFICE AND REGIONAL JAIL
RELEASE OF INFORMATION

Full Name: _____
 First Middle Last

Sex: Male Female

Position Applied For: _____

Birth date: _____
 Month Day Year

Driver's License Number: _____

Driver's License Issued By What State? _____

Social Security Number: _____

I, _____, hereby give permission to have my criminal history and driving record investigated.

Signature

Date