Pennsylvania/Maryland Applicants:
Certified driving record must be obtained through your state DMV, and submitted with your completed application, for position consideration.

County of Frederick, Virginia
Human Resources Department
Public Safety Application For Employment
107 North Kent Street Winchester, VA 22601
(540) 665-5668

Date: _____

Position Applying for: ☐ Deputy Sheriff ☐ Dispatcher ☐ Fire & Rescue

☐ Other: _____

Full Name: _____
Last *First* *Middle* *Maiden*

Address: _____
Street *City* *State* *Zip*

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Driver's License #: _____ State: _____ Expires: _____

Has your driver's license ever been suspended or revoked: ☐ Yes ☐ No If yes, When: _____

Date of Birth: _____

Are you 21 years of age or older? ☐ Yes ☐ No United States Citizen? ☐ Yes ☐ No

Do you have a High School Diploma? ☐ Yes ☐ No GED? ☐ Yes ☐ No

Have you ever been convicted of any criminal or civil offense? ☐ Yes ☐ No

If yes, please explain (include dates of conviction): _____

_____

_____

Have you ever used/sold illegal drugs? Been addicted to legal medications? ☐ Yes ☐ No

If yes, please explain (include dates of conviction): _____

_____

_____

Have you declared bankruptcy, had garnished wages, or a civil judgement placed against you? ☐ Yes ☐ No

If yes, please explain : _____

_____

_____

Have you ever been terminated or asked to resign from a place of employment? ☐ Yes ☐ No

If yes, please explain (when, where, why): _____

_____

_____

All applicants may be asked to undergo Psychological Testing prior to employment.
Do you agree to undergo such testing? ☐ Yes ☐ No

All applicants may be asked to complete a Physical Agility Testing prior to employment.
Do you agree to undergo such testing? ☐ Yes ☐ No

All applicants may be asked to undergo Polygraph Testing prior to employment
Do you agree to undergo such testing? ☐ Yes ☐ No

Do you have previous experience in the applicable position? ☐ Yes ☐ No

If yes, list agency(s) / date(s): _____

_____

_____

Are you currently certified in the applicable position for the State of Virginia? ☐ Yes ☐ No

Are you currently or ever haven been in the Armed Forces including the Reserves? ☐ Yes ☐ No

Are you legally eligible to work in the United States: ☐ Yes ☐ No

List any other names you are known by: _____

_____

Previous Residences

List all residences you have had in the last 10 years including addresses while in College and away from home or while serving in the Armed Forces:

From: Month/Year To: Month/Year Complete Address (Include Street, City, State & ZIP)

_____

_____

_____

_____

_____

_____

_____

_____

Education

Provide the name and location of the high school you graduated from:

School Name: _____ Date Graduated: _____

School Address: _____

If you did not graduate from high school, when and where did you receive your GED?

Date Received: _____ Where: _____

Provide the following information on any colleges/universities you graduated from or attended:

College Name Address Dates Attended (From & To) Degree Major

_____

_____

List any **specialized training** (including the dates attended and location of the school) you have completed along with any **certifications** received that is relevant to the position you are applying for:

_____

_____

Employment History

The employment history page is to give a complete record of your employment including all full-time, part-time, military and volunteer service. List history in order, beginning with your present or most recent position, describe thoroughly the duties and responsibilities for each position. Please account for all periods of unemployment. To explain problems or difficulties with prior place(s) of employment, you may attach additional documentaion.

May We Contact Your Present Employer? ☐ Yes ☐ No

If No, Explain Why _____

Employed By: _____

Employed From: _____ (Month/Year) To: _____ (Month/Year) Part Time ☐ Full Time ☐

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

Description of Duties: _____

Immediate Supervisor: _____ Phone #: _____ Ending Salary: _____

Employed By: _____

Employed From: _____ (Month/Year) To: _____ (Month/Year) Part Time ☐ Full Time ☐

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

Description of Duties: _____

Immediate Supervisor: _____ Phone #: _____ Ending Salary: _____

Employed By: _____

Employed From: _____ (Month/Year) To: _____ (Month/Year) Part Time ☐ Full Time ☐

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

Description of Duties: _____

Immediate Supervisor: _____ Phone #: _____ Ending Salary: _____

Employment History
Continued

Employed By: _____

Employed From: _____ To: _____ Part Time ☐ Full Time ☐
Month/Year Month/Year

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

Description of Duties: _____

Immediate Supervisor: _____ Phone #: _____ Ending Salary: ☐

Employed By: _____

Employed From: _____ To: _____ Part Time ☐ Full Time ☐
Month/Year Month/Year

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

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Continued

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Month/Year Month/Year

Employer's Address: _____

Job Title: _____ Reason For Leaving: _____

Description of Duties: _____

Immediate Supervisor: _____ Phone #: _____ Ending Salary: ☐

Professional References

Please list five (5) people you have known professionally for at least five (5) years or more who are not related to you by blood or marriage, and who reside in the United States:

1. Name: _____ Telephone Number: _____

Mailing Address: _____

Occupation: _____

2. Name: _____ Telephone Number: _____

Mailing Address: _____

Occupation: _____

3. Name: _____ Telephone Number: _____

Mailing Address: _____

Occupation: _____

4. Name: _____ Telephone Number: _____

Mailing Address: _____

Occupation: _____

5. Name: _____ Telephone Number: _____

Mailing Address: _____

Occupation: _____

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions on this application will be considered sufficient cause to disqualify me for employment with the County of Frederick, Virginia.

Applicant Signature: _____ Date: _____

Employees and applicants for employment with the County of Frederick shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender, age or military status.

County of Frederick, Virginia
Human Resources Department
107 N. Kent Street Winchester, VA 22601
(540) 665-5668

AUTHORIZATION TO RELEASE INFORMATION

_____
Full Legal Name

I hereby authorize any representative of the County of Frederick, Virginia bearing this release, or any copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals relating to my activities. This information may include but is not limited to, academic achievement, performance, attendance, personal history, disciplinary actions, credit, medical, birth and other vital records, criminal, civil and domestic court records and conviction and arrest records.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents for the County of Frederick, Virginia and is necessary in the fulfillment of official responsibilities.

I hereby release any individual from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance with or any attempts to comply with this authorization.

Applicant: Please sign only in the presence of a Notary

Given under my hand this date: *(month, day)* _____ Year 20 ____

Applicant's Name: _____

Applicant's Signature: _____

personally appeared before me and acknowledged his/her signature to the above statement

Notary Public Signature: _____

In ☐County ☐City of: _____ State of: _____

My commission expires: _____