

Amherst County is an Equal Opportunity Employer

The application must be fully completed & resume attached to be considered

## Application For Employment

Personal Information								
Name		Driver's License	Driver's License Number		Expiration Date			
Address		City		State	Zip			
Phone Number	Mobile Number	Email Address	re You A U.S. Citizen? 'es \textstyle No \textstyle					
Have You Ever Been Convi	cted of a Misdemeanor ?	Yes ☐ No ☐ If Yes Please Give a Brief Explanation:						
Have You Ever Been Convicted of a Felony? Yes ☐ No ☐ If Yes Please Give a Brief Explanation:								
Position								
Position You Are Applying For		Available Start Da	Desired Pay					
Employment Desired    Full Time   Part Time								
Education								
Education Level (select all that apply): High School Diploma/G.E.D. Associate's Bachelor's Master's Doctorate								
School Name	Location	Years Attended	Degree Re	ceived	Major			
Personal References								
Name		Title	Compa	ny	Phone			

Employment History								
May We contact your current supervisor? Yes □ No □								
Employer	Job Title			Dates Employed				
Phone	Supervisor's Nar	me and Contact Infor	Starting Salary					
Address	City	State	Zip Code	Ending Salary				
Employer	Job Title			Dates Employed				
Phone	Supervisor's Nan	Starting Salary						
Address	City	State	Zip Code	Ending Salary				
<b>Employer</b> Job Title				Dates Employed				
Phone	Supervisor's Nan	Starting Salary						
Address	City	State	Zip Code	Ending Salary				
Employer	Job Title	Dates Employed						
Phone	Supervisor's Nan	Starting Salary						
Address	City	State	Zip Code	Ending Salary				
Employer	Job Title			Dates Employed				
Phone	Supervisor's Name and Contact Information			Starting Salary				
Address	City	State	Zip Code	Ending Salary				
Signature Disclaimer								
<b>Each application requires a current date and an original signature -</b> I certify that my answers 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 of any employment in the service of Amherst County. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that all information provided on this application is subject to verification. I hereby consent to references, former employers, and educational institutions being contacted regarding this application for employment.								
Name (Please Print)	Signature							
Date								



P.O. Box 410, Amherst, Virginia 24521 115 Taylor Street, Amherst Virginia 24521 Business: 434.946.9381 / Fax: 434.946.9380

TO WHOM IT MAY CONCERN: I am an applicant for an appointment with the Amherst County Sheriff's Office in Virginia. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Amherst County Sheriff's Office.

I hereby authorize any representative of the Amherst County Sheriff's Office bearing this release, or a copy thereof, to obtain any information in your files pertaining to my personal and employment records and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Amherst County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure (including DMV records). I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Amherst County Sheriff's Office to consider in determining my suitability for appointment in that Office. It is my specific intent to provide access to personnel information, however personal and confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the Amherst County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. I understand the information obtained pursuant to this release will be one of the factors that will be used by the Amherst County Sheriff's Office in considering my qualifications and aptitude for employment as a Sheriff's Deputy and that the information obtained pursuant to this release can be used as grounds for disqualification for appointment with the Amherst County Sheriff's Office.



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For and in consideration of the Amherst County Sheriff's Office's acceptance and processing of my application for appointment, I agree to hold you or your organization, its agents and employees harmless from any and all claims and liability associated with my application for appointment or in any way connected with the decision whether or not to appoint me with the Amherst County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Amherst County Sheriff's Office in conjunction with appointment procedures. In consideration of the Amherst County Sheriff's Office considering my application for appointment, I hereby waive any and all rights of access and discovery of any documents, information, DMV records, reports, records, statements, or letters obtained by the Sheriff's Office pursuant to this release.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. The authorization to release information is valid for a period of one year from the date of my signature. The other terms in this agreement are valid indefinitely. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further acknowledge that all paperwork obtained through this investigation/background check is the property of the Amherst County Sheriff's Office and I release any rights to the ownership of such documents or related paperwork.

Full Name - Printed	Full Name	Full Name - Signature			
Date of Birth	Home Phone Number	<u> </u>	Cell Phone Number	Other Pl	none Number
Address	Number and Street	Apt. #	City	State	Zip Code
Subscribed before m	ne this day of				
Notary Public					