

NAME: _____

The Office of the Sheriff
Norfolk, Virginia



Application for Employment



811 East City Hall Ave., Norfolk, VA 23510
(757) 441-2923

Position Applying For: Deputy Civilian

DEPUTY SHERIFF Requirements

In order to qualify for the position of a Deputy Sheriff applicant, you must:

1. Be a minimum of 18 years of age.
2. Have a high school diploma or a General Education Development Certificate.
3. Have a valid Virginia or North Carolina Drivers' License.
4. Have an Honorable Discharge if the applicant is a veteran of the Armed Forces.
Note: Military applicants must be within sixty (60) days of discharge to apply.

Automatic Disqualifiers

The following automatic disqualifiers will cause the processing of the applicant to be immediately discontinued:

Criminal Record:

1. Conviction of any felony.
2. Conviction of driving while intoxicated or under the influence of a controlled substance (within 3 years).
3. Conviction of any charge of domestic assault or violence against a family member.
4. Conviction of a misdemeanor involving moral turpitude (i.e., larceny, embezzlement, perjury, etc.).

Driving Record:

1. Current drivers' license suspension.
2. Drivers' license suspension within the last 12 months.
3. Conviction of a misdemeanor hit and run.
4. Extensive traffic violation convictions not to exceed minus five (-5) DMV demerit points.

Drug Usage:

1. Any use of heroin, cocaine, or illegal hallucinogen within the past 5 years.
2. Any use of heroin by injection at any time.
3. Any substantiated illegal act, other than use (i.e., sale, manufacture, etc.) of any narcotic, controlled substance, or dangerous drug, as defined by State and Federal Law, except marijuana.
4. Any use of marijuana or hashish within the past 12 months prior to submitting your application, or any time thereafter.

Civilian Requirements

In order to qualify for the Civilian position, an applicant must:

1. Be a minimum of 18 years of age.
 2. Have a high school diploma or a General Education Development Certificate.
 3. Have a valid Virginia or North Carolina Drivers' License.
 4. Have an Honorable Discharge if the applicant is a veteran of the Armed Forces.
- Note: Military applicants must be within sixty (60) days of discharge to apply.**

Automatic Disqualifiers

The following automatic disqualifiers will cause the processing of the applicant to be immediately discontinued:

Criminal Record:

1. Conviction of any felony.
2. Conviction of driving while intoxicated or under the influence of a controlled substance (within 3 years).
3. Conviction of any charge of domestic assault or violence against a family member.
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4. Any use of marijuana or hashish within the past 12 months prior to submitting your application, or any time thereafter.

NORFOLK SHERIFF'S OFFICE SELECTION PROCESS

STEP I

Application submitted for position of deputy sheriff. A background investigation is completed on that applicant to include a criminal and Division of Motor Vehicles records check as well as a review of personal and job history references.

STEP II

A standard written examination designed to measure reading, writing, spelling, and mathematical skills are given to the applicant.

STEP III

A physical abilities assessment, designed to evaluate the applicant's physical condition based on certain minimum standards, will be conducted.

STEP IV

Each applicant must successfully complete a polygraph examination.

HIRING POOL

All applicants that successfully complete **STEPS I** through **STEPS IV** will enter a **HIRING POOL**. When a deputy position becomes available, the best-qualified applicant, based on education, reading-writing-comprehension skills, and physical ability will be selected for an oral board review and recommended to the Sheriff or his designee to continue in the selection process. Applicants will remain in this **HIRING POOL** for six (6) months, at which time their application will become inactive.

STEP V

The applicant will be offered the job on the condition that the applicant successfully completes: (1) A drug-screening test. (2) A medical examination administered by a physician contracted by the City of Norfolk.

NOTE: *If at any step during the selection process an applicant is disqualified, a letter notifying the applicant of that disqualification and the reason for same will be sent.*

**PLEASE BRING THE FOLLOWING DOCUMENTS WHEN RETURNING
YOUR COMPLETED AND NOTARIZED APPLICATION:**

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- HIGH SCHOOL DIPLOMA/GED
- DRIVERS LICENSE
- DD214 (IF EVER IN THE MILITARY)
- CURRENT CREDIT REPORT WITH CREDIT SCORE NO MORE THAN NINETY (90) DAYS OLD FROM AT LEAST ONE OF THE TOP THREE CREDIT REPORTING AGENCIES (EXPERIAN, EQUIFAX AND/OR TRANSUNION).

This application must be typewritten or clearly printed in **BLACK INK**. All questions must be answered. **DO NOT** leave any question BLANK. Applications which are *not* complete, not completed correctly, or illegible will **NOT** be considered.

Be advised that there are **TWO (2)** areas on this application that **MUST BE NOTARIZED BY A DULY SWORN NOTARY PUBLIC OF THE COMMONWEALTH OF VIRGINIA**. Applications will NOT be accepted with the omission of the notarization. (A Notary is on site.)

If space provided is not sufficient for complete answers or you wish to furnish additional information, attach supplementary sheets of the same size (8½" X 11") as this application and number your responses to the corresponding questions.

COMPLETE PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Color of Hair: _____ Eye Color: _____

Any distinguishing marks or tattoos (and their locations):

**THE CITY OF NORFOLK ONLY HIRES U.S. CITIZENS AND
LAWFULLY AUTHORIZED ALIEN WORKERS**

DECLARATION OF AUTHORIZED WORK STATUS

JOB APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____ CELL: _____

I hereby certify, attest, and affirm, under penalty of perjury, that I am either a U.S. Citizen or a foreign citizen who is authorized to be employed in the United States. I understand and agree that if selected for employment, I must provide documentation verifying my identity and employment eligibility as required by the Immigration Reform and Control Act, prior to my date of hire.

Signature of Job Applicant

Date

**NORFOLK SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT
AND PERSONAL HISTORY FORM**



NAME: _____ TELEPHONE NUMBER: _____
(Last) (First) (Middle)

CELL NUMBER: _____

OTHER NAMES USED: NICKNAMES: _____ MAIDEN NAME: _____
MARRIED NAMES: _____ ADOPTED NAMES: _____
NAME CHANGED BY COURT ORDER: _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RACE: _____ SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ V.A. FILE NO.: _____

VIRGINIA OR NORTH CAROLINA DRIVERS' LICENSE NO.: _____ EXPIRATION DATE: _____

SELECTIVE SERVICE NO.: _____ DRAFT STATUS: _____



MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES, U.S. OR FOREIGN? YES NO

BRANCH OF SERVICE: _____ SERVICE NUMBER: _____

DATE OF ENTRY: _____ DATE OF DISCHARGE: _____

TYPE OF DISCHARGE: _____ PLACE OF DISCHARGE: _____

RANK UPON ENTRY: _____ RANK UPON DISCHARGE: _____

MILITARY CITATIONS AND AWARDS RECEIVED: _____

LIST ANY DISCIPLINARY ACTION(S) RECEIVED IN THE MILITARY: _____

<u>Date</u>	<u>Command</u>	<u>Location</u>	<u>Nature of Charge</u>	<u>Disposition</u>
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EMPLOYMENT

START WITH YOUR PRESENT EMPLOYER AND WORK BACK FOR THE PAST TEN YEARS. (INCLUDE ANY PERIODS OF UNEMPLOYMENT). (FILL OUT IN DETAIL).

(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET

FAMILY DATA

PLEASE CIRCLE YOUR PRESENT MARITAL STATUS: SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED.

COMPLETE IF WIDOWED, SEPARATED, DIVORCED OR CURRENTLY MARRIED. IF ENGAGED COMPLETE FOR **FIANCÉ/FIANCÉE**.

NAME: _____

(Last)

(First)

(Middle)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____

IF SEPARATED OR DIVORCED, GIVE DATE, NAME, & LOCATION OF COURT GRANTING THE DECREE.

(Date)

(Name of Court)

(Location of Court)

LIST THE NAMES, AGES, AND RELATIONSHIP OF ALL PERSONS LIVING WITH YOU.

(Name)

(Age)

(Relationship)

YOUR FATHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

YOUR MOTHER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

YOUR FATHER-IN-LAW'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

YOUR MOTHER-IN-LAW'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ OCCUPATION: _____

LIST THE NAMES, AGES, ADDRESSES AND OCCUPATIONS OF ALL BROTHERS AND SISTERS:

(Name)	(Age)	(Address)	(Occupation)
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LIST YOUR ADDRESSES FOR THE PAST FIFTEEN (15) YEARS. IF YOU HAVE SERVED IN THE ARMED FORCES, LIST YOUR DUTY STATIONS WHILE IN THE MILITARY. START WITH YOUR PRESENT ADDRESS AND WORK BACK.

<u>From</u>	<u>To</u>	<u>Address</u>	<u>City</u>	<u>State</u>
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EDUCATION

LIST ALL HIGH SCHOOLS, COLLEGES, UNIVERSITIES, PROFESSIONAL AND TRADE SCHOOLS ATTENDED. GIVE DATES OF ATTENDANCE, NAME OF INSTITUTION, LOCATION, COURSE OF INSTRUCTION, IF YOU GRADUATED AND TYPE OF DEGREE OR DIPLOMA.

<u>FROM</u>	<u>TO</u>	<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>COURSE PURSUED</u>	<u>GRADUATE</u>
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LIST ANY CLUBS, SOCIAL OR FRATERNAL ORGANIZATIONS, PROFESSIONAL OR TRADE UNIONS OR ASSOCIATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BEEN A MEMBER OF IN THE PAST.



LIST THE NAME, ADDRESS (INCLUDING ZIP CODES) AND PHONE NUMBER OF THREE (3) PERSONAL REFERENCES: (EXCLUDING RELATIVES).

(Name)	(Address)	(City, State & Zip)
(Name)	(Address)	(City, State & Zip)
(Name)	(Address)	(City, State & Zip)

HAVE YOU EVER USED OR TRIED ANY ILLEGAL DRUGS: YES NO

IF THE ANSWER ABOVE IS **YES**, PLEASE COMPLETE BELOW:

	<u>DATE</u> <u>FIRST TIME USED</u>	<u>DATE</u> <u>LAST TIME USED</u>	<u>TOTAL</u> <u>APPROX. USAGE</u>
MARIJUANA	_____	_____	_____
HASHISH	_____	_____	_____
COCAINE	_____	_____	_____
HALLUCINOGEN	_____	_____	_____
HEROIN	_____	_____	_____
STEROIDS	_____	_____	_____
SPEED	_____	_____	_____

OTHER, EXPLAIN BELOW:

NOTE: THE USE OF ANY ILLEGAL DRUG OR SUBSTANCE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION. THIS DEPENDS UPON THE TYPE AND EXTENT OF THE USE OF THOSE SUBSTANCES. HOWEVER, WILLFUL CONCEALMENT OF DRUG USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE SHERIFF'S OFFICE.

LEGAL HISTORY

HAVE YOU EVER BEEN **CHARGED** WITH OR **CONVICTED** OF ANY CRIMINAL CHARGE WHETHER FELONY OR MISDEMEANOR? YES NO

HAVE YOU EVER BEEN DETAINED FOR QUESTIONING BY ANY LAW ENFORCEMENT AGENCY IN CONNECTION WITH A CRIMINAL ACT? YES NO

HAVE YOU EVER RECEIVED A TRAFFIC SUMMONS FOR ANY VIOLATION OF TRAFFIC LAWS? YES NO

*IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", EXPLAIN BELOW IN DETAIL: GIVING DATE, PLACE, CHARGE AND FINAL DISPOSITION IN EACH CASE.

<u>DATE</u>	<u>PLACE</u>	<u>CHARGE</u>	<u>FINAL DISPOSITION</u>



HAS ANYONE RESIDING WITH YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO

IF YES, EXPLAIN BELOW:

FINANCIAL STATEMENT

ARE YOU CURRENTLY MEETING YOUR FINANCIAL OBLIGATIONS? YES NO

HAVE YOU EVER BEEN CONTACTED BY A COLLECTION AGENCY IN REFERENCE TO ANY OUTSTANDING, UNPAID DEBTS? YES NO

HAVE YOU EVER BEEN SUED IN COURT FOR THE COLLECTION OF ANY DEBT CONTRACTED BY YOU? YES NO

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO

IF YES, GIVE THE DATE, NAME OF COURT AND LOCATION: _____

LIST YOUR CURRENT INDEBTEDNESS:

<u>AMOUNT</u>	<u>TO WHOM OWED</u>	<u>MONTHLY PAYMENT</u>	<u>ITEM(S) PURCHASED</u>

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH ANY FIRE, RESCUE OR LAW ENFORCEMENT AGENCY OR DEPARTMENT? YES NO

IF YES, LIST BELOW:

<u>AGENCY</u>	<u>LOCATION</u>	<u>APPROXIMATE DATE OF APPLICATION</u>

DO YOU CURRENTLY HAVE AN *ACTIVE* APPLICATION ON FILE WITH ANY OF THE ABOVE? YES NO
STATUS: _____

DO YOU HAVE ANY RELATIVES CURRENTLY OR PREVIOUSLY EMPLOYEED BY THE NORFOLK SHERIFF'S OFFICE? YES NO

IF YES, LIST NAMES: _____

DO YOU HAVE ANY RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT, FIRE OR RESCUE AGENCY OR DEPARTMENT? YES NO

IF YES, GIVE THEIR NAMES, AGENCY, LOCATION AND POSITION HELD:

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, or Medical Association

U.S. Armed Forces, Maritime Service, Veterans Association, or U.S. Selective Service System

Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any: School, College, University, Business School, High School, or Elementary School.

Any Local, State, or Federal Law Enforcement Agency

Any Past or Present Employer

Any Landlord

Credit Bureau or Retail Merchants Association

Social Security Office

Virginia Employment Commission

I, _____, Address _____
have applied for employment with the Norfolk Sheriff's Office, Norfolk, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Officer in Charge (OIC) of Human Resources or his representative upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____

Applicant's Signature

STATE OF VIRGINIA

CITY OF _____, TO WIT:

This day, _____, personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public (seal requested)

My Commission expires: _____

SEAL

NORFOLK SHERIFF'S OFFICE APPLICANT ABILITIES ASSESSMENT

The below format is the Norfolk Sheriff's Office abilities assessment that each applicant *will* be expected to successfully complete before they can continue with the hiring process.

PHASE I *This phase must be completed within 1 minute each.*

(Time STARTS)

- 1) Five (5) Sit-ups – as demonstrated by the Norfolk Sheriff's Office Administrators, completed in one minute.

(Time STOPS and is RESET)

(Times STARTS)

- 2) Five (5) Push-ups – as demonstrated by the Norfolk Sheriff's Office Administrators, completed in one minute.

(Time STOPS)

PHASE II *This phase must be completed within 2 minutes, 30 seconds.*

(Time STARTS)

- 1) Run a ¼ mile course.

(Time STOPS)

PHASE III *This phase must be completed within 2 minutes, 30 seconds.*

(Time STARTS)

- 1) A sixty (60) yard dash to the stairs.
- 2) Once at the stairs, you must go up and down the steps four (4) times.
- 3) Proceed to the door, push it open.
- 4) Run toward the dummy.
- 5) Carry, lift, pull, drag, etc... the dummy completely through the doorway.
- 6) Proceed to the three (3') foot wall and climb over.
- 7) Place simulated handcuff rings on center post.
- 8) Run to the barrel, pick up the handgun and fire it six (6) times with your right hand, then six (6) times with your left hand.

(Time STOPS)

NOTE: An applicant **MUST** successfully pass all three phases in order to continue in the selection process.