



# APPLICATION FOR EMPLOYMENT

GRAYSON COUNTY SHERIFF'S OFFICE  
304 DAVIS STREET / P.O. BOX 160  
INDEPENDENCE, VA 24348  
Phone: (276) 773-3241 Fax: (276) 773-2586

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last, First, Middle

Social Security Number: \_\_\_\_\_ Are you over the age of 18?  Yes  No

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Business Phone: \_\_\_\_\_  
(Only provide if we may contact you at work)

Have you ever worked under any other name?  Yes  No If Yes, please state name \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If Yes, when? \_\_\_\_\_

Have you ever been employed by the County?  Yes  No If, Yes, when and what position? \_\_\_\_\_

If offered employment, what date are you available to start? \_\_\_\_\_

For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," are you eligible for employment in the United States?  Yes  No

(You are legally eligible for employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor)

Have you ever been convicted of any criminal or civil offense against the law, including moving traffic violations but excluding offenses committed before your 18<sup>th</sup> birthday?  Yes  No If Yes, Please explain: \_\_\_\_\_

Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed?  Yes  No  
If Yes, Please explain: \_\_\_\_\_

If required do you have a valid Virginia Driver's License?  Yes  No

Please list below any license (other than driver's license), certificate, or other authorization to practice a trade or profession you possess:

TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

Please list any other special training or skill such as typing speed, shorthand speed, computer/software experience, etc:

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## Employment History

Please give a complete record of your employment history including part-time work, military service and volunteer experience. List all experience in order, starting with your present or most present position. Describe your duties and responsibilities in each position thoroughly. You may attach additional information if you desire, however you can not substitute a resume for the application.

Dates of Employment ____ TO ____ (Month/Year) (Month/Year)	Job Title: _____ Name of Employer: _____	Number of Persons Supervised: _____ Reason for Leaving: _____
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Address of Employer: _____	Salary: Starting _____ / _____ Final
If Part Time Hours Per Week ____	Phone Number: _____	Name of Supervisor: _____
Description of Duties: _____ _____ _____		

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Description of Duties: _____ _____ _____		

May we contact the employers listed above?  Yes  No  
 If not, please indicate which one(s) you do not wish us to contact \_\_\_\_\_

## Personal References (not former employers or relatives)

Name	Address	Phone Number

## Educational Background

	Name & Address of School	Course of Study	Check Last Year Completed				Did you Graduate		Type of degree or certificate
			9	10	11	12	Yes	No	
High School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Graduate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you did not graduate from high school, do you have a high school equivalency diploma?    YES     NO

## Certification

I understand that the County of Grayson follows an employment-at-will policy, in that I, or the employer, may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must present documents to the employer if I am offered the position for which I am applying.

I understand that the County of Grayson will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, attachments and in interviews. I authorize all individuals, schools, and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

**I have read and understand all of the above.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date