

Name: \_\_\_\_\_  
 Last First Middle Name



CITY OF VIRGINIA BEACH  
 SHERIFF'S OFFICE  
 PERSONAL HISTORY QUESTIONNAIRE  
 AND APPOINTMENT APPLICATION



### INSTRUCTIONS TO APPLICANT:

The information you provide in this Personal History Questionnaire and Appointment Application will be used in the investigation of your background to determine your suitability for the position for which you have applied. Please fill out the forms completely and accurately. Keep in mind:

- ... All statements are subject to verification.
- ... Applications received unsigned or incomplete will not be considered.
- ... All time periods in your background must be accounted for.
- ... You are responsible for updating this Personal History Questionnaire and Appointment Application in the event changes occur during the process (e.g. change of address and/or telephone number, traffic violations, citations, arrest, change in employment status, etc.) Notification of such changes must be submitted in writing to the Sheriff's Human Resources Division.
- ... If you have any questions regarding any section or part of this form or the application process, do not hesitate to contact the office for clarification - (757) 385-8808.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An assessment will then be made of the relevance of these facts to the requirements of the job.

**PLEASE PRINT IN INK OR TYPE** your responses to this form. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach your information on a separate sheet. Be sure to refer to the question by number.

***The following original documents must be reviewed when you submit your application: birth certificate with seal, social security card, DD-214 and last (3) three military evaluations (if applicable), DCJS certificate for State Certified Deputy and last (3) evaluations (if applicable), drivers license, high school diploma or GED, college transcripts (official transcripts), and any related training certifications. In addition, copies of Department of Motor Vehicles (DMV) and Police Criminal History records are required for all applicants residing outside of Virginia. If you mail in your application certified true copies of these documents must be included. These documents must accompany this completed application in order to be considered for an appointment.***

#1

**GENERAL INFORMATION**

Full Legal Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
 Last, First and middle name

Other Names Used: \_\_\_\_\_

Are you 18 or older? (**Civilian** Positions Only) Yes \_\_\_\_ No \_\_\_\_  
 Are you 20 years or older? (**Sworn** Position Only) Yes \_\_\_\_ No \_\_\_\_

Address: \_\_\_\_\_  
 Street Apt # City State Zip Code

Place of Birth: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ E Mail Address: \_\_\_\_\_

#2

**DRIVING RECORD INFORMATION**

State(s) Where Licensed to Drive	License Number	Expiration Date	Restrictions (if any)

*Sworn applicants only*

#3 How many traffic summons, citations, or tickets have you received since you have been driving (even if not convicted)? \_\_\_\_\_

Give a chronological listing starting with the most recent offense and indicate the following:

(Use continuation sheet if you need additional space.)

Date	City & State	Charge(s)	Disposition

How many traffic accidents, where you were the driver, have you been involved in since you have been driving? \_\_\_\_

Has your license or privilege to drive ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If yes, give the following information city & state, license number, expiration date, and reason for suspension.

City & State	License Number	Expiration of Suspension	Reason for Suspension

Have you ever volunteered or were required to attend a driver improvement course? Yes \_\_\_\_ No \_\_\_\_

If yes, were any points removed from your driving record upon completion of the course? Yes \_\_\_\_ No \_\_\_\_

If yes, how many? \_\_\_\_\_ Date of Course: \_\_\_\_\_ City/State: \_\_\_\_\_

Has your automobile insurance ever been canceled? Yes \_\_\_\_ No \_\_\_\_

(All applicants who currently reside out of State must submit a current Department of Motor Vehicles (DMV) transcript.)

ARREST RECORD INFORMATION

If you have ever been arrested, taken into physical custody, been issued a misdemeanor citation, (exclude traffic citations), and/or convicted of any crime(s), please give the following information. This includes any summons or related paperwork to appear in court, issued by any law enforcement officer or court. If you have ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves, please complete the following information.

Date	City & State	Charge(s)	Disposition	Branch of Service

Use this area if additional space is required to explain the above information:

(All applicants residing out of state within the past 12 months must submit a current State Criminal Record check from their home state)

As an adult, have you ever been placed on probation by any court? Yes \_\_\_ No \_\_\_ If "yes", please give details to include when, where and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other crimes you have committed, REGARDLESS of whether you were stopped, arrested, and/or convicted. Include nature of the crime, when, where, how and why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever been involved as a defendant in any civil court action? Yes \_\_\_ No \_\_\_  
If "yes", please give details to include when, where, name of court and circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MISCELLANEOUS BACKGROUND INFORMATION

If appointed, can you provide proof of authorization to work in the United States? Yes \_\_\_ No \_\_\_ (Deputy Sheriff applicants must be a U.S. Citizen at time of appointment, other employees must have a legal right to work in the U.S.)

Have you ever applied, successfully or unsuccessfully, for employment with any law enforcement entity to include federal, state, or local public safety employers? Yes\_\_\_ No \_\_\_ If yes, List Date, Agency, and check off the processes which you completed and whether you were disqualified or hired.

Table with 11 columns: Date, Agency, Written Test, Physical Agility, Oral Interview, Background, Polygraph, Psych., Physical, Hired, Disqualified. The table contains 6 empty rows for data entry.

Have you ever been fired or asked to resign from any place of employment? Yes \_\_\_ No \_\_\_ If "YES", please give details to include when, name of employer and why.

Horizontal lines for providing details of employment history.

Do you have any tattoo(s) that are visible if wearing shorts or a short sleeve shirt? Yes \_\_\_ No \_\_\_ If yes, where are the tattoo(s) located? Describe the tattoo(s).

Horizontal lines for describing visible tattoos.

**MISCELLANEOUS BACKGROUND INFORMATION (CONTINUED)**

Have you ever possessed, experimented, or in any way introduced into your body by any means:

Drug Type	No	Yes	Date First Used	Frequency	Date Last Used	Explanation
Marijuana						
Hashish, Hashish Oil						
Cocaine						
Crack, Rock, Ice						
Barbiturates, Hypnotics, or "Downers"						
Amphetamines						
Methamphetamine (speed, crank)						
LSD, Ecstasy, or other Hallucinogens						
PCP (Angel Dust, Sherm)						
Heroin or other Opiates						
Steroids						
Pharmaceutical drugs not prescribed for you						

No      Yes

Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold any illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

MISCELLANEOUS BACKGROUND INFORMATION (CONTINUED)

Sworn applicants only

Financial

Have you ever filed for or declared bankruptcy? If "yes", please give details to include when, where, and why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? Yes \_\_\_ No

If "yes", please give details to include when, firms involved and circumstances. \_\_\_\_\_

\_\_\_\_\_

Within the last seven (7) years, have you ever had purchased goods repossessed? Yes \_\_\_ No \_\_\_

If "yes", please give details to include when, where and why. \_\_\_\_\_

\_\_\_\_\_

Have you ever been delinquent on child support, income tax, or other tax payments? Yes \_\_\_ No \_\_\_

If "yes", please give details to include when, where, and why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Information

Have you ever associated with any group or an organization that advocates violence against any group or class of people, including neighborhood gangs? Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied the ability to possess or purchase a firearm? Yes \_\_\_ No \_\_\_

Have you ever applied for a permit to carry a concealed firearm or other weapon? Yes \_\_\_ No \_\_\_

Was the permit granted? \_\_\_\_\_ Date issued \_\_\_\_\_

Name of Law Enforcement Agency \_\_\_\_\_ Purpose of permit \_\_\_\_\_

Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned?

Yes \_\_\_ No \_\_\_

Sworn applicants only

If the necessity arose in the course of your employment to use deadly force on a human being, would you be reluctant to do so? Yes \_\_\_ No \_\_\_ Not Applicable \_\_\_

Do you have anything in your background that may disqualify you from employment? Yes \_\_\_ No \_\_\_ If "Yes", please explain. \_\_\_\_\_

**PERSONAL INFORMATION- RELATIVES, REFERENCES, ACQUAINTANCES**

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___			No. of Dependents: ___
Full Name of your:	Age:	Occupation:	Phone Number:
Father:			
Complete Address:			
Mother:			
Complete Address:			
Father-in-law:			
Complete Address:			
Mother-in-law:			
Complete Address:			
Spouse:			
Complete Address:			
Former Spouse(s):			
Complete Address:			
Brother(s):			
Complete Address:			
Sister(s):			
Complete Address:			
Children:			
Complete Address:			

If additional space is needed use separate sheet of paper.

List any friends or relatives working for the Virginia Beach Sheriff's Office:

\_\_\_\_\_

List 4-5 individuals who have knowledge of you and your qualifications. Do not list family members or employers.

Full Name	Relationship	Complete Address	Phone Number

#7 List your addresses for the past 5 years and length of time at each address (Include landlord and landlord phone number if applicable - give installation for military address).

Street Address	City	State	Zip Code	Reason For Leaving	Landlord Name/Phone

List individuals with whom you have resided with in the past 5 years. Do not list information prior to your 16<sup>th</sup> birthday. **Exclude family members.**

Name	Address	Telephone Number

#8

**EDUCATION**

Circle Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2							
Name of University, College, or Technical School	Location (Include Street, City, State & Zip Code)	Attended		Hrs Taken		Degree Earned	Major/Minor
		From	To	Smstr	Qtr		

**Reminder: Copies of college transcripts are required at time of application**

WORK HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include self-employment, military service, volunteer work, summer work, internships (indicate whether or not college credit was given), and periods of unemployment. Be sure to indicate whether employment was full-time or part-time. DO NOT INDICATE "SEE ATTACHED RESUME." Incomplete information will result in the disqualification of your application. Use additional continuation sheets if necessary

Job Title: Supervisor: Phone #: ( )
Employer: Address:
Dates Employed (MO/YR) Begin: End: Reason for Leaving:
Job Duties (Be Specific):
Name of co-workers: (1) Phone #: ( )
(2) Phone #: ( )
(3) Phone #: ( )

Job Title: Supervisor: Phone #: ( )
Employer: Address:
Dates Employed (MO/YR) Begin: End: Reason for leaving:
Job Duties (Be Specific):
Name of co-workers: (1) Phone #: ( )
(2) Phone #: ( )
(3) Phone #: ( )

Job Title: Supervisor: Phone #: ( )
Employer: Address:
Dates Employed (MO/YR) Begin: End: Reason for leaving:
Job Duties (Be Specific):
Name of co-workers: (1) Phone #: ( )
(2) Phone #: ( )
(3) Phone #: ( )

May we contact your present employer? Yes \_\_\_ No \_\_\_ if no, explain \_\_\_\_\_

<b>Job Title:</b>	Supervisor:	Phone #: ( )
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Reason for leaving:	
Job Duties ( <b>Be Specific</b> ):		
Name of co-workers: (1)	Phone #: ( )	
(2)	Phone #: ( )	
(3)	Phone #: ( )	

<b>Job Title:</b>	Supervisor:	Phone #: ( )
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Reason for leaving:	
Job Duties ( <b>Be Specific</b> ):		
Name of co-workers: (1)	Phone #: ( )	
(2)	Phone #: ( )	
(3)	Phone #: ( )	

<b>Job Title:</b>	Supervisor:	Phone #: ( )
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Reason for leaving:	
Job Duties ( <b>Be Specific</b> ):		
Name of co-workers: (1)	Phone #: ( )	
(2)	Phone #: ( )	
(3)	Phone #: ( )	

<b>Job Title:</b>	Supervisor:	Phone #: ( )
Employer:	Address:	
Dates Employed (MO/YR) Begin: End:	Reason for leaving:	
Job Duties ( <b>Be Specific</b> ):		
Name of co-workers: (1)	Phone #: ( )	
(2)	Phone #: ( )	
(3)	Phone #: ( )	

**I hereby certify that all statements and answers made in this application are true and complete as far as I can determine, and I understand that any mistakes of material facts may subject me to disqualification or dismissal. I also authorize my former employers to give any information regarding my employment, together with any information they may have regarding me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION SIGNATURE**

**I hereby authorize the Virginia Beach Sheriff's Office, 2501 James Madison Blvd., Virginia Beach, Virginia 23456, to obtain and review any and all information concerning my past employment, formal education, police record of convictions, military records, background information and financial records. I further release any holder of such information any and all claims or damages resulting from the same information given. I understand that the information obtained by the Virginia Beach Sheriff's Office will be used for employment purposes only and that it will be kept confidential.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A JOB NOR AN INTERVIEW WITH THE VIRGINIA BEACH SHERIFF'S OFFICE. ALL APPLICATIONS WILL BE HELD FOR ONE YEAR.**

**HOW DID YOU HEAR ABOUT OUR DEPARTMENT?**

Virginia Employment Commission \_\_\_ VBSO Website \_\_\_ TAP \_\_\_

Advertisement in newspaper or magazine \_\_\_ (Name of paper or magazine \_\_\_\_\_)

Current appointee \_\_\_ (Name of appointee \_\_\_\_\_)

Other \_\_\_ please explain: \_\_\_\_\_





**DISCLOSURE TO CONSUMER AND  
CONSUMER AUTHORIZATION FOR PROCUREMENT OF  
CREDIT REPORT  
FOR EMPLOYMENT PURPOSES**



I \_\_\_\_\_, acknowledge that the Virginia Beach Sheriff's Office has disclosed to me that a credit report(s) may be obtained for employment/volunteer purposes, and hereby authorize the procurement of a credit report(s) by the Virginia Beach Sheriff's Office for employment purposes.

My authorization is based on my understanding that if the Virginia Beach Sheriff's Office uses a credit report for employment purposes, before taking any adverse action based in whole or in part on the report, the Virginia Beach Sheriff's Office will provide to me a copy of the credit report and a description of my right under Section 609(c) (3) of the Fair Credit Reporting Act.

**CONSUMER**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SSN**

**AUTHORIZATION FOR RELEASE OF INFORMATION TO  
THE VIRGINIA BEACH SHERIFF'S OFFICE**



Name _____ Last Name, First Name, Middle Name	Date of Birth _____
Address _____	Telephone Number _____
City, State, Zip _____	Social Security Number _____

To Whom It May Concern: I am an applicant for a position with the Virginia Beach Sheriff's Office. The Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain 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 Virginia Beach Sheriff's Office.

I hereby authorize any representative of the Virginia Beach Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment and or criminal records and I hereby direct you to release such information upon 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 any duly authorized agent of the Virginia Beach Sheriff's Office, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies, and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Virginia Beach Sheriff's Office to consider in determining my suitability for original and continued employment in the department. It is my specific intent to provide access to personnel information, however personal or 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, 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 damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, 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 an attempt to comply with it. I direct you to release such information upon request of

the duly accredited representative of the Virginia Beach Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The Virginia Beach Sheriff's Office will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

For and in consideration of the Virginia Beach Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Virginia Beach Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Virginia Beach Sheriff's Office. I understand that should information of a 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 information furnished will be used by the Virginia Beach Sheriff's Office in conjunction with employment procedure. Additionally, I understand that the Virginia Freedom of Information Act and the Virginia Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Virginia Beach Sheriff's Office. I hereby waive my right to request access to or disclosure of information obtained by the Virginia Beach Sheriff's Office during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that Virginia Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Virginia Beach Sheriff's Office not to release this information unless required by law.

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.

This waiver is valid from the date of my signature until my eligibility for original or continued employment is discontinued. 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 their 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.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained. He/she produced \_\_\_\_\_ as identification.

In witness whereof, I here unto set my hand and official seal. \_\_\_\_\_, Notary Public for the State of \_\_\_\_\_, my commission expires \_\_\_\_\_.

Registration Number \_\_\_\_\_

Rev 11/11

# VIRGINIA BEACH SHERIFF'S OFFICE



## Physical Demands

The following is a listing of several physical demands required in order to perform the essential functions of the Sheriff's Deputy position. Please circle YES or NO to indicate if you are able to perform these tasks with or without reasonable accommodation for a physical or mental impairment. A response of "NO" would be appropriate if you are unable to perform the task even after reasonable accommodation has been provided.

- |   |     |    |
|---|-----|----|
| 1. Drive a full size four (4) door sedan.   | YES | NO |
| 2. Quickly enter and exit above described sedan.  | YES | NO |
| 3. Change tire on the above sedan.  | YES | NO |
| 4. Participate in vigorous defensive tactics.   | YES | NO |
| 5. Be trained in firing and safe handling of shotgun and semi-automatic handgun.                        | YES | NO |
| 6. Pursue arrest subject over and around obstacles.   | YES | NO |
| 7. Wrestle combatant subject to the ground.   | YES | NO |
| 8. Walk for long distances and periods of time.   | YES | NO |
| 9. Drive a vehicle safely at night.   | YES | NO |
| 10. Wear an SCBA (self-contained breathing apparatus) to include the face mask, Gas Mask and N-95 Mask. | YES | NO |
| 11. Must be able to be exposed to chemical agents used in law enforcement.                              | YES | NO |
| 12. Law Fit Requirements (see back)   | YES | NO |

The term "accommodation" refers to implementing a change in the way work is normally performed so that an individual with a disability can perform the essential functions of the job. An accommodation is "reasonable" when it does not pose an undue hardship to the employer.

\_\_\_\_\_  
Applicants Signature

Revised 11/11

\_\_\_\_\_  
Date

## Basic Academy Recruits Law Fit Requirement

The law fit program has six different tests to determine fitness for the recruit. The tests are weighted for both age and gender. The age categories are 20-29, 30-39, 40-49 and 50+. During the beginning of the academy the recruit will run through all categories of the law fit to include:

- **1.5 mile run or 3 mile walk** - depending on age and gender a good time for this run is between 12 and 15 minutes.
- **Maximum bench press** - Required to work out with weights 2-3 times a week. At the end of the academy a good score would be bench pressing 80-100% of the recruits weight.
- **Pull-ups or lat pull downs**- Pull-ups are done from a hanging position. Recruits must touch their chin off the bar on their way up, then break the 90-degree angle with their elbow on the way down to a full hanging position. A good score would be between 8-10. Lat pull down - Lat pull down exercise consist of putting weights on a pulley machine. Recruit takes a bar that is over their head and pulls down on the bar until the bar touches the shoulder area. A good score is between 30-35, men are required to pull down 100 lbs. and women are required to pull down 70 pounds.
- **Sit and Reach**- Recruit will sit with their feet in a box, stretch with both arms over their head and go as far as they can reach past their toes. A good score would be between 30-35 centimeters.
- **Sit-ups** - Required to complete 100 sit ups daily. Goal for end of academy is 40-45 in a timed minute.
- **Agility course** - 15 yard sprint, then jump over a 3-foot ditch, another 20-yard sprint to a 5-foot wall that you must climb over. Once over the wall - run 10 yards and then do a low crawl for ten feet. Run another 15 yards to a step, step up and down 12 times. Run another 10 yards to climb through a window. Once through the window, run another 10 yards and drag a 150 lb. dummy 10 yards. Once dummy drag is complete, run another 10 yards and simulate shooting a handgun in a six-inch opening. A good score for this event is between 1 minute and 1 minute 10 seconds.

**Virginia Beach Sheriff's Office**  
**Minimum Requirement for Deputy Sheriff and Full Time Civilian Appointees**

All applicants must meet the following minimum requirements for appointment consideration:

**Sworn**

- (A) Be a U. S. Citizen with a good employment, credit, and police record.
- (B) Be at least 20 years of age
- (C) Produce a High School diploma or a General Education Development (**GED**) Certificate.
- (D) Produce a Social Security Card, an original Birth Certificate, and (if applicable) an original DD-214 with last three military evaluations.
- (E) Produce a valid Virginia or North Carolina driver's license at time of appointment
- (F) All applicants must complete the following:
  - 1) Being fingerprinted
  - 2) A successful background investigation (including a DMV & credit check)
  - 3) Written test
  - 4) Oral panel interview
- (G) Upon being **offered** a position, applicants for a sworn position must:
  - 1) Submit to a polygraph examination
  - 2) Successfully pass a psychological evaluation
  - 3) Successfully pass a physical examination to include the mask tests
  - 4) Sign an employment contract

**Civilian**

- (A) Be at least 18 years of age
- (B) Proof of authorization to work in the United States.
- (C) Produce a High School diploma or a General Education Development (**GED**) Certificate (when required)
- (D) Produce a Social Security Card, an original Birth Certificate, and (if applicable) an original DD-214 with last three military evaluations.
- (E) Produce a valid Virginia or North Carolina driver's license at time of appointment
- (F) All applicants must complete the following:
  - 1) Being fingerprinted
  - 2) A successful background investigation
  - 3) Written test
  - 4) Oral panel interview
- (G) Upon being **offered** a position, applicants for a civilian position must:
  - 1) Submit to a Polygraph examination
- (H) Applicants may be required to take a typing test