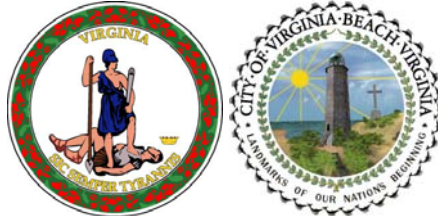


Date Submitted

Last Name | First Name | Middle Name

OFFICE OF THE SHERIFF



City of Virginia Beach

INSTRUCTIONS TO APPLICANT:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION AND BE SURE TO ATTACH ALL REQUIRED DOCUMENTS. DO NOT DELAY THE PROCESSING OF YOUR APPLICATION BY FAILING TO PROVIDE COMPLETE RESPONSES AND OMITTING REQUIRED DOCUMENTS! YOUR COMPLETED APPLICATION PACKAGE SHOULD BE TYPEWRITTEN

To be eligible for employment, you must successfully pass a background investigation. The application is an investigative tool used by the Virginia Beach Sheriff's Office (VBSO) to begin this process. Print this document as one (1) sided (do not print front and back). In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the application. Misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Unanswered questions or incomplete responses may result in your disqualification.
2. There are places on the application that require your signature and/or initial. When you print out the application, be sure to sign and/or initial in the spaces provided (each page of the application requires that you initial the bottom left hand corner).
4. There are three documents at the end of the application that must be completed: The "Authorization for Release of Information," "Credit Release" and "Physical Demands." Print out all three forms. You will need to send in the first two forms with the application and other required documents listed in #5.
5. Attach to this Application photocopies of the following documents:
 - Driver's License OR DMV issued Identification Card
 - Social Security Card
 - Birth Certificate
 - High School Diploma OR High School Transcripts OR GED Certificate
 - DD-214 OR Photocopy of Active Duty Military ID (Copy required after separation)

You will be required to show the originals of these documents to your background investigator when you enter the background investigative phase.

Applicant Initials_____

Revised June 2015

AUTOMATIC DISQUALIFIERS FOR SHERIFF'S DEPUTY

Criminal History

1. Conviction of any felony or crimes of moral turpitude.
2. Conviction of any Class 1 or Class 2 misdemeanor, excluding traffic violations which are discussed separately, or the Virginia State Law equivalent within the last 5 years.
3. Conviction of any State Law within the last 24 months (will be evaluated on a case by case basis).
4. Any conviction of domestic violence, including simple assault against a domestic partner, spouse, child or parent.
5. Adult commission of undetected crimes of a serious or repetitive nature.

Traffic Violations

1. Three or more negative points on a Virginia Operator's License or the equivalent for out of state licenses. Points may be negated by attending defensive driving school offered by the Division of Motor Vehicles prior to initial testing.
2. Any conviction of driving under the influence of drugs or alcohol, refusal to take blood or breath test, eluding police, racing, or leaving the scene of an accident within the last 5 years.
3. Multiple convictions of driving under the influence.

Drugs

1. Sale or distribution of illegal drugs.
2. Unlawful possession of any illegal drug, including but not limited to heroin, cocaine, hallucinogens, methamphetamine, etc. or any derivative thereof (except marijuana) within the last five year (5) years.
3. Illegal possession of anabolic steroids within the last 3 years.
4. Illegal possession of marijuana or a derivative thereof within the previous twenty four (24) months.

Credit

Demonstrated history of financial irresponsibility. (Examples of areas of concern include unpaid collections or unsatisfactory judgments where no payment plan has been established. Call our investigator staff to discuss your specific credit issues and concerns.

Others

1. Dishonorable discharge from any military service.
2. Untruthfulness and/or the intentional withholding of information on any application, interview, or paperwork associated with the position. Examples of intentional withholding of information would include deliberate inaccuracies or incomplete statements.
3. Intentional failure to follow the directions outlined in the testing process or relying on others to complete any portion of the testing process.
4. Visible tattoos, brands and body art above the shoulder are not authorized. Such visible markings elsewhere on the body that are prejudicial to good order, discipline and professionalism or are of the nature to bring discredit to the Sheriff's Office are prohibited. Visible tattoos, body art, and brands that are excessive, sexually explicit, or that advocate or symbolize gender, racial, religious, ethnic or national origin discrimination are prohibited; in addition, visible markings that advocate or symbolize gang affiliation, racial supremacy, extremist groups or drug use are likewise prohibited.

NOTE

This is not intended to be an exhaustive listing of background disqualifiers. Applicants who are successful in the initial testing will undergo a thorough background investigation, including polygraph examination. Areas of concern will be evaluated on a case-by-case basis within the context of the full investigation/review. Examples of areas of concern may include, but are not limited to, the following:

- Reduction of charges as a result of a plea agreement or other form of sentencing disposition prior to a conviction in any of the aforementioned criminal and driving history categories.
- Crimes committed as a juvenile, including undetected crime.
- Patterns of reckless and/or irresponsible driving.
- Multiple convictions of driving under the influence.
- Illegal drug possession that does not fall within the parameters defined above.
- Less than honorable military discharge, erratic work record, or unfavorable employment references.
- Pending litigation or prosecution for criminal offenses must be resolved prior to consideration for employment

Note: Some minor offenses are classified as Class 1 misdemeanors (e.g. littering), but would not result in automatic disqualification. Convictions of this nature would be evaluated on a case-by-case basis in the context of the full investigation/review.

Illegal drug is defined as set forth in the Federal Controlled Substance Act, 21 U.S.C. §800 et al. and by the Code of Virginia.

Position Applied For:

Last Name:	First Name:	Middle Name:
Street Address:		Apartment Number:
City:	State:	Zip Code:
Residence Telephone:	Work Telephone:	Cell Phone:

Email Address:

Place of Birth:

FOR SHERIFF'S OFFICE USE ONLY:

Please Provide At Time of Submission
<input type="checkbox"/> Authorization for Release of Information
<input type="checkbox"/> Consumer Credit Release
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Driver's License
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> High School Diploma / Transcripts / GED
<input type="checkbox"/> DD-214 OR Active Duty Military ID

Date Received _____
Received By: _____
Scanned: _____
Walk-in / Mailed / Electronic Submission

Applicant Initials _____

Revised June 2015

#1 GENERAL INFORMATION

List any names previously used (examples may include but are not limited to aliases, nicknames, maiden names, previous names, etc:	Social Security Number:
Are you a U.S. Citizen?	Are you 20 years or older?
Yes:	Yes:
No:	No:

#2 DRIVING RECORD INFORMATION

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

#3 SWORN APPLICANTS ONLY

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.)

Applicant Initials_____

Revised June 2015

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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. _____

Applicant Initials _____

Revised June 2015

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 been honorably discharged after at least 180 consecutive days of full-time active duty service in the armed forces of the United States or reserve component, including the National Guard? Yes ___ No ___

Have you been honorably discharged from the armed forces of the United States with a service-connected disability rating fixed by the Office of the United States Veterans Affairs? Yes ___ No ___

Have you ever worked, volunteered for any reason and/or applied for access to enter any correctional facility, jail, lockup community confinement facility or other institution anywhere in the past. Yes ___ No ___ If yes, explain:___

Have you ever or been accused of engaging in sexual abuse in a prison, jail, lockup, community confinement facility or other institution? Yes ___ No ___ If yes, explain: _____

Have you been convicted of engaging or attempting to engage in sexual activity in any community facility by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes ___ No ___ If yes, explain: _____

Have you been civilly or administratively adjudicated to have engaged in the activity described above?

Yes ___ No ___ If yes, explain: _____

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.

Date	Agency	Written Test	Physical Agility	Oral Interview	Background	Polygraph	Psych.	Physical	Hired	Disqualified

Applicant Initials_____

Revised June 2015

MISCELLANEOUS BACKGROUND INFORMATION (CONTINUED)

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).

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 _____

Do you have anything in your background that may disqualify you from employment? Yes _____ No _____

If "Yes", please explain.

Applicant Initials _____

Revised June 2015

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						

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

Applicant Initials_____

Revised June 2015

Are there any illegal drugs presently in your home or car? Yes____ No____

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. _____

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____

#6 Residence

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 16th birthday. **Exclude family members.**

Name	Address	Telephone Number

Applicant Initials_____

Revised June 2015

#7

PERSONAL INFORMATION- RELATIVES, REFERENCES, ACQUAINTANCES

Marital Status: Single____ Married____ Separated____ Divorced____ Widowed____	No. of Dependents____
---	-----------------------

Identify living and deceased family members, and any individuals with whom you are residing, resided with, or a close relationships exists

Relationship	Name	Current Address	Phone
Mother(Maiden)			
Father			
StepMother			
StepFather			
Grandparents			
Grandparents			
Guardian			
Spouse			
Children			
Siblings			
Others			

Character References are individuals other than your relatives or former supervisors who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List five (5) character references who live in the United States or its territories, their names, addresses and daytime phone numbers.

Name	Street Address	City and State	Phone Number

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

Applicant Initials_____

Revised June 2015

#8

EDUCATION

High Schools Attended

Name	Location	Date From	Date To	Graduated Yes or No

College or Universities Attended

Name	Location	Dates Attended	Credit Hours	Degree	Graduated

Trade, Technical, Vocational, Business, or Military Schools Attended

Name	Location	Dates Attended	Credit Hours	Courses Studied	Graduated

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

#9

FOREIGN LANGUAGE

Do you speak a foreign Language? Yes ___ No ___

If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational, or Fluent.

Language	Read	Speak	Understand	Write

Applicant Initials_____

Revised June 2015

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.

May we contact your present employer? Yes _____ No _____ if no, explain:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

Applicant Initials _____

Revised June 2015

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City,State, Zip Code:	Phone:
Beginning Salary:	Duties Performed:		Supervisor Name:
Ending Salary:	Reason for Leaving:		Supervisor Phone::
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:
	Co-Worker Name:		Phone:

Applicant Initials_____

Revised June 2015

Have you ever been terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes____ No____

If yes provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

Have you ever resigned in lieu of being terminated: Yes____ No____

If yes provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

#11

MILITARY SERVICE

Have you ever served in the Armed Forces: Yes____ No____
 If yes complete the following:

Active Duty Date(MM/DD/Year)	Branch of Service	Rank	Occupational Specialty	Discharge Date(MM/DD/Year)	Type of Discharge	Reason for Discharge

Are you a member of the U.S. Reserve Forces, National Guard or State Guard Organization? Yes____ No____
 If yes complete the following:

Reserve Date(MM/DD/Year)	Branch / Organization	Rank	Occupational Specialty	Discharge Date(MM/DD/Year)	Type of Discharge	Reason for Discharge

Status:
 Active____ Standby____ Inactive____ Discharged____
 Reserve Obligations_____

While in the Military, were you ever:

Reduced in rank? Yes____ No____

Arrested for any offense? Yes____ No____

Court Martialed, tried on charges, or subject of a Summary Court, Desk Court, Captain's Mast, Company Punishment, or any other type of disciplinary action/Article 15/Non-Judicial Punishment? Yes____ No____

If you answered yes to any of the questions, provide a detailed explanation:

Applicant Initials_____

Revised June 2015

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 _____)

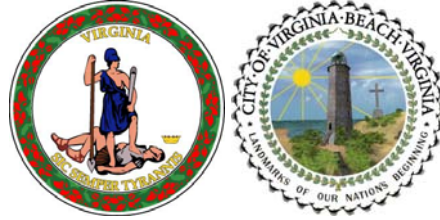
Current appointee ___ (Name of appointee _____)

Other ___ please explain: _____

Applicant Initials _____

Revised June 2015

OFFICE OF THE SHERIFF



City of Virginia Beach

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

Applicant Initials_____

Revised June 2015

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The Virginia Beach Sheriff's Office Provides Equal Opportunity

OFFICE OF THE SHERIFF



City of Virginia Beach

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 histories to include the social media network in order 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.

Applicant Initials _____

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The Virginia Beach Sheriff's Office Provides Equal Opportunity

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: _____

STATE OF Virginia
City/ County of _____

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.

Notary Public's Signature

Notary Stamp/Seal

Registration Number

My commission expires

OFFICE OF THE SHERIFF



City of Virginia Beach

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 check 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.

Drive a full size four (4) door sedan.	Yes:	No:
Quickly enter and exit above described sedan.	Yes:	No:
Change tire on the above sedan.	Yes:	No:
Participate in vigorous defensive tactics.	Yes:	No:
Be trained in firing and safe handling of shotgun and semi-automatic handgun.	Yes:	No:
Pursue arrest subject over and around obstacles.	Yes:	No:
Wrestle combatant subject to the ground.	Yes:	No:
Walk for long distances and periods of time.	Yes:	No:
Drive a vehicle safely at night.	Yes:	No:
Wear an SCBA (self-contained breathing apparatus) to include the face mask, Gas Mask and N-95 Mask	Yes:	No:
Must be able to be exposed to chemical agents used in law enforcement.	Yes:	No:
Law Fit Requirements (see next page)	Yes:	No:
Work rotating shifts	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 03/13

Date

Applicant Initials_____

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The Virginia Beach Sheriff's Office Provides Equal Opportunity

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** - 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.

*Updated LawFit July 2016

Applicant Initials_____

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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 21 years of age at the time of graduation from Basic Academy. (sworn position)
- (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

Applicant Initials_____

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The Virginia Beach Sheriff's Office Provides Equal Opportunity

OFFICE OF THE SHERIFF



City of Virginia Beach

Personal History Form

Legal Name: _____ Social Security#: _____

Other Names: _____

Place of Birth: _____ Date of Birth: ____/____/____
City State Month Day Year

Address: _____
Street Apt. # City State Zip

Phone# _____ Cell# _____ E-Mail _____

Military Service: _____

Branch Date of entry Date of discharge

Height: Foot ____ Inches ____ Weight: _____ Eye Color: _____ Hair Color _____

Sex: _____

Race: Please enter "x" beside the race/national origin category below that you identify with most. If you identify with more than one minority race/national origin category, also place an "x" beside "Two or More Races".

Asian (not Hispanic or Latino)	
Black or African-American	
White	
American Indian or Alaskan Indian	
Hispanic or Latino	
Native Hawaiian or other Pacific Islander (not Hispanic or Latino)	
Two or more races	

Applicant Initials _____

Revised June 2015



Applicant Initials_____

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The Virginia Beach Sheriff's Office Provides Equal Opportunity