

Date Submitted:

Last Name:

First Name:

Middle Name:

OFFICE OF THE SHERIFF



City of Virginia Beach

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS QUESTIONNAIRE AND BE SURE TO ATTACH ALL REQUIRED DOCUMENTS. DO NOT DELAY THE PROCESSING OF YOUR PERSONAL HISTORY QUESTIONNAIRE BY FAILING TO PROVIDE COMPLETE RESPONSES AND/OR OMITTING REQUIRED DOCUMENTS! YOUR COMPLETED QUESTIONNAIRE SHOULD BE TYPEWRITTEN.

The questionnaire may be submitted through U.S. Mail (must be pre-notarized), faxed (must be pre-notarized), or by physically bringing the document(s) to our office at 2501 James Madison Boulevard, Virginia Beach, Virginia 23456. Do not email any document with your Social Security Number. It is preferred for you to schedule a time with this office (757-385-8808) to physically bring the questionnaire along with the original documentation. A representative will screen the paperwork page-by-page for any deficiencies.

This questionnaire is a background investigative tool used by the Virginia Beach Sheriff's Office (VBSO) to begin the background process. Print this document as one (1) sided (do not print front and back).

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.

The questionnaire requires your hand-written signatures and/or initials. After printing your questionnaire, be sure to physically sign and/or initial in the spaces provided (each page of the application requires that you initial the bottom left hand corner).

Attach photocopies of the following documents:

- Driver's License
- Social Security Card
- Birth Certificate
- High School Diploma OR High School Transcripts OR GED Certificate
- College Transcripts (Student copy is accepted at time of application)
- DD-214 Member Copy-4 (Last three military evaluations preferred)
- Photocopy of Active Duty Military ID (If applicable and applying for Auxiliary)

****You will be required to show the originals of the documents above to the HR representative when you turn in this questionnaire or at a time of the interview.****

Applicant Initials: ____

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FOR SHERIFF'S OFFICE USE ONLY:

Please Provide Originals 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	<input type="checkbox"/> Transcripts	<input type="checkbox"/> GED
<input type="checkbox"/> DD-214 (Member Copy-4)	<input type="checkbox"/> Active Duty Military ID	

Date Received		
Received By:		
Scanned:		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Mailed	<input type="checkbox"/> Electronic Submission

Applicant Initials: _____

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AUTOMATIC DISQUALIFIERS FOR SHERIFF'S DEPUTY

Criminal History

1. Conviction, guilty plea or no contest plea of a felony or any offense that would be a felony if committed in the Commonwealth.
2. Conviction, guilty plea or no contest plea of any misdemeanor sex offense in the Commonwealth, another state, or the United States, including but not limited to sexual battery under Virginia Code § 18.2-67.4 or consensual sexual intercourse with a minor 15 or older under clause (ii) of Virginia Code § 18.2-371 or any crime requiring registration in the Virginia Sex Offender Registry.
3. Conviction, guilty plea or no contest plea of domestic assault under Virginia Code § 18.2-57.2 or any offense that would be domestic assault under the laws of another state or the United States.
4. Conviction, guilty plea or no contest plea to any misdemeanor involving moral turpitude including, but not limited to petit larceny under Virginia Code § 18.2-96 or any offense involving moral turpitude that would be a misdemeanor if committed in the Commonwealth.

Driving History

1. 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.

Drugs

1. Sale of any drug listed in the drug standards and schedules set forth in Virginia Code § 54.1-3443 et seq. without a valid license authorizing sale of specified drugs. Any other distribution will be evaluated on a case-by-case basis.
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 (5) years.
3. Illegal use or possession of anabolic steroids within the last three (3) years.
4. Illegal use or possession of marijuana or a derivative thereof within the previous twelve (12) months.

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.

NOTE

This is not intended to be an exhaustive listing of background disqualifiers. The additional areas of concern listed below will be evaluated on a case-by-case basis within the context of the full investigation/review.

- Involvement in past criminal activity not resulting in criminal conviction.
- 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.
- Other Class 1 or 2 misdemeanors
- 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. Including the use of or possession of prescription drugs without a proper prescription.
- 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.
- Demonstrated history of financial irresponsibility. (Examples of concerns include unpaid collections or unsatisfactory judgements where no payment plan has been established.)

References are provided throughout from the Code of Virginia; however, comparable violations of other state code or the United States Code would be disqualifying.

DRIVING RECORD INFORMATION

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

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 an extra copy of this page if additional space is needed *****

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 points:		
Date of Course:	City: _____	State: _____
Has your automobile insurance ever been canceled?	Yes_____	No_____

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. If answer is none, write none in the additional space block below.

Date:	City & State:	Initial Charge(s) at Time of Offence:	Disposition (Guilty, Not Guilty, Nolle Prossed, Dismissed etc.):	Branch of Service:

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

As an adult, have you ever been placed on probation by any court?	Yes_____ No_____
-------------------------------------------------------------------	------------------

If 'Yes' please provide 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 provide details to include when, where, name of court, and circumstances:

MISCELLANEOUS BACKGROUND INFORMATION

Do you have any tattoo(s) that are visible if wearing shorts or a short sleeve shirt?	Yes ____ No ____
If 'Yes' please provide details which includes location and description of the tattoo: Include whether any are on the face, neck, hands etc.	

VBSO Policy states the following regarding tattoos:

“Visible tattoos, brands and body art on the of the head, face, neck, scalp or hands (wrist bone to fingertips) are not authorized. Tattoos, body art, and brands that are sexually explicit, advocate or symbolize gender, racial, religious, ethnic or national origin discrimination are prohibited. Tattoos that advocate or symbolize gang affiliation, racial supremacy, extremist groups or drug use are likewise prohibited. A tattoo, brand, or body art to represent a “wedding band” on a single finger will be allowed but cannot exceed past the first knuckle of the finger.”

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 provide details:	

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?	Yes ____ No ____
If 'Yes' please provide details:	
Date Issued:	Name of Law Enforcement Agency: Purpose of Permit:

Are you willing to work shifts 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 provide details:	

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 ____
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DRUG USE

Have you ever possessed, experimented, or in any way introduced into your body by any means:					
Drug Type:	Yes\No:	Date First Used:	Frequency (Ex. 1x a day, 2x per mo.):	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 ____
Are there any illegal drugs presently in your home or car?					Yes ____ No ____

Applicant Initials: ____

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FINANCIAL INFORMATION

Have you ever been delinquent on child support, income tax, or other tax payments?	Yes ____ No ____
If 'Yes' please provide details which includes when, where, and why:	

Have you ever filed for or declared bankruptcy?	Yes ____ No ____
If 'Yes' please provide details:	

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?	Yes ____ No ____
If 'Yes' please provide details:	

Within the last seven (7) years, have you ever had purchased goods repossessed?	Yes ____ No ____
If 'Yes' please provide details:	

RESIDENCE INFORMATION

List your addresses for the past 5 years and length of time at each address:								
Street Address:	City:	State:	Zip Code:	Date From:	Date To:	Reason for Leaving:	Landlord Name:	Landlord Phone:

RESIDENCE INFORMATION (CONTINUED)

List individuals with whom you have resided with in the past 5 years. Do not list information prior to your 18th birthday. **Exclude family members.**

Name:	Address:	Phone:

PERSONAL INFORMATION: RELATIVES, REFERENCES, ACQUAINTANCES:

Identify all family members, and any individuals with whom you are residing, resided with, or a close relationship exists. If deceased, write "deceased".

Marital Status:	Single__ Married__ Separated__ Divorced__ Widowed__	No. of Dependents:
-----------------	-----------------------------------------------------	--------------------

Relationship:	Name:	Current Address:	Phone:
Mother (Maiden):			
Father:			
Step-Mother:			
Step-Father:			
Grandparents (Fathers Side):			
Grandparents (Mothers Side):			
Guardian:			
Spouse:			
Ex-Spouse:			
Children:			
Siblings:			
Current Boy/Girlfriend			
Co-Habitant			
Co-Habitant			

CHARACTER REFERENCES

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\State\Zip:	Phone:	Email Address

EDUCATION

High Schools Attended:

High School Name:	Location:	Date From:	Date To:	Graduated (Yes or No):

College or Universities Attended: **Reminder: Copies of college transcripts are required at time of application**

College/University Name:	Location:	Date From	Date To:	Credit Hours:	Degree:	Graduated (Yes of No):

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

School Name:	Location:	Date From	Date To:	Credit Hours:	Degree:	Graduated (Yes of No):

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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:

WORK HISTORY:

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

Date:	Select Date							
Agency:	Enter Agency							
Written Test:	Physical Agility:	Oral Interview:	Background:	Polygraph:	Psych:	Physical:	Hired:	Disqualified:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:	Select Date							
Agency:	Enter Agency							
Written Test:	Physical Agility:	Oral Interview:	Background:	Polygraph:	Psych:	Physical:	Hired:	Disqualified:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:	Select Date							
Agency:	Enter Agency							
Written Test:	Physical Agility:	Oral Interview:	Background:	Polygraph:	Psych:	Physical:	Hired:	Disqualified:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:	Select Date							
Agency:	Enter Agency							
Written Test:	Physical Agility:	Oral Interview:	Background:	Polygraph:	Psych:	Physical:	Hired:	Disqualified:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Initials: ____

WORK HISTORY (CONTINUED):

Using a separate section for each position, list your employment/work experience back 5 calendar years. Begin with your present or most recent job. There can be **NO GAPS**. Include self-employment, military service, volunteer work, seasonal work, internships 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 extra copies of this page if more blocks are needed.

May we contact your present employer? Yes ____ No ____

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City, State, Zip Code:	Phone:
Beginning Salary:	Ending Salary:	Supervisor Name:	
Duties Performed:	Reason for Leaving:	Supervisor Phone:	
*Co-worker name and phone number are required.	Co-Worker Name:	Phone:	

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City, State, Zip Code:	Phone:
Beginning Salary:	Ending Salary:	Supervisor Name:	
Duties Performed:	Reason for Leaving:	Supervisor Phone:	
*Co-worker name and phone number are required.	Co-Worker Name:	Phone:	

From Date:	Employer:	Job Title:	Part-Time/Full-Time:
To Date:	Address:	City, State, Zip Code:	Phone:
Beginning Salary:	Ending Salary:	Supervisor Name:	
Duties Performed:	Reason for Leaving:	Supervisor Phone:	
*Co-worker name and phone number are required.	Co-Worker Name:	Phone:	

WORK HISTORY (CONTINUED):

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 the military?	Yes ____ No ____
If 'Yes' please provide detailed information including name(s), and address 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' please provide detailed information including name(s), and address of employer(s), date(s) of action, reason(s), and outcome(s):	

MILITARY SERVICE:

Have you ever served in the Armed Forces:	Yes ____ No ____					
If 'Yes' please complete the following:						
Active Duty Date:	Branch of Service:	Rank:	Occupational Specialty:	Discharge Date:	Type of Discharge:	Reason for Discharge:

Are you or have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?	Yes ____ No ____					
If 'Yes' please complete the following:						
Reserve Date:	Branch Organization:	Rank:	Occupational Specialty:	Discharge Date:	Type of Discharge:	Reason for Discharge:

Reserve Status (Active, Standby, Inactive, Discharged)	
Please list Reserve Obligations below:	
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:	

Limit essay answers to this page only.

Two-Part Essay Question: "Why do you want this job and how do you think it will benefit you?"

Signature _____

Print Name _____

Date _____

Applicant Initials: _____

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OFFICE OF THE SHERIFF



City of Virginia Beach

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

Date

Virginia Beach Sheriff's Office Physical
Fitness Requirements
After Hire Date

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 18-29, 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 recruit's 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.

NOTE: The categories listed above will be tested after a person is hired. Law-fit will be performed at the time of VBSO Indoctrination and when he/she attends the Academy. This is a separate test and is not associated with the pre-hire Physical Ability Test (PAT).

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:
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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 Signature:	Date:
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Witness's Signature:	Date:
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COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A JOB NOR AN INTERVIEW WITH THE VIRGINIA BEACH SHERIFF'S OFFICE.

HOW DID YOU HEAR ABOUT OUR DEPARTMENT?	
If 'Newspaper or Magazine, please provide name:	
If 'Current Appointee', please provide name:	
If 'Other', please provide information:	

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