



# Martinsville Sheriff's Office

## Application for Employment



*Please print in ink (preferably black) or use typewriter*  
 Employees of the Martinsville Sheriff's Office and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, martial status, gender, age or genetics.

Position applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
                     LAST                                    FIRST                                    MIDDLE                                    MAIDEN

Address \_\_\_\_\_  
                                     STREET                                    CITY                                    STATE                                    ZIP CODE

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Mobile (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been employed with the City of Martinsville before?

YES     NO

If yes, please give dates and positions. \_\_\_\_\_

Do you currently have any relatives working for the City of Martinsville?  YES     NO If yes please give names,

relationship and which department they work in. \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Date Available for Work        /        /        Desired Salary Range \$

Job status you are willing to accept:     Full-Time     Part-Time

Have you ever been convicted of any law violations, including moving traffic violations, since you turned 18?  YES     NO

If yes, please provide date(s) and details \_\_\_\_\_

*(Note: Answering yes to this question does not prohibit employment consideration. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.)*

Driver's License Number if driving is an essential job function \_\_\_\_\_ State

### EDUCATION

NAME AND LOCATION OF INSTITUTION	# YEARS COMPLETED	DEGREE RECEIVED H.S. EQUIVALENCY DIPLOMA – YES/NO	MAJOR
High School			
College			
Other			

### SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

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**EMPLOYMENT HISTORY**

Starting with the **most recent**, describe ALL paid, military and applicable volunteer experience, accounting for all periods of unemployment. Use additional paper if necessary. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

EMPLOYER	TELEPHONE	FROM	TO
ADDRESS		STARTING JOB TITLE/FINAL JOB TITLE	
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES          NO          LATER	
HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		REASON FOR LEAVING	
EMPLOYER	TELEPHONE	FROM	TO
ADDRESS		STARTING JOB TITLE/FINAL JOB TITLE	
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES          NO          LATER	
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SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES          NO          LATER	
HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		REASON FOR LEAVING	

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

**CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all information provided on this application is true and complete, and I understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment, that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application, that only information pertinent to the position for which I am applying will be considered in making an employment decision, and that this application remains active for 12 months.. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract, and that any employment offered is for an indefinite duration and at will.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

## EQUAL EMPLOYMENT OPPORTUNITY DATA

### Statistical Information (Optional) Individual Applying for Employment

To ensure equal opportunity in its hiring practices, the Martinsville Sheriff's Office is asking you to help monitor the effectiveness of our program by completing the information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. Please do not put your name on this form.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of UDSA, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. It is for monitoring purposes only. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

RACE  White  Black  Hispanic  American Indian/Alaskan Native  
 Asian/Pacific Islander  Other

SEX  Male  Female

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Martinsville Sheriff's Office. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold 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 above department.

I hereby authorize any representative of the Martinsville Sheriff's Office bearing this release, or a copy thereof, to obtain any information in your files pertaining to my personal and employment 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 a duly authorized agent of the Martinsville Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Martinsville Sheriff's Office to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal and confidential is 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, educational records, my financial status, my criminal history record, including any arrest 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 damage pursuant to any state or federal 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Martinsville Sheriff's Office regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. I understand the information obtained pursuant to this release will be one of the factors that will be used by the Martinsville Sheriff's Office in considering my qualifications and aptitude for employment as a police officer and that the information obtained pursuant to this release can be used as grounds for disqualification for employment with the Martinsville Sheriff's Office.

For and in consideration of the Martinsville Sheriff's Office's acceptance and processing of my application for employment, I agree to hold you or your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connection with the decision whether or not to employ me with the Martinsville Sheriff's Office. I understand that should information of a serious 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 Martinsville Sheriff's Office in conjunction with employment procedures. In consideration of the Martinsville Sheriff's Office considering my application for employment, I hereby waive any and all rights of access and discovery of any documents, information, DMV records, reports, records, statements, or letters obtained by the Martinsville Sheriff's Office pursuant to this release.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said photocopy or fax copy does not contain an original writing of my signature.

The authorization to release information is valid for a period of one year from the date of my signature. The other terms in this agreement are valid indefinitely. 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 his 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. I further acknowledge that all paperwork obtained through this investigation/background check is the property of the Martinsville Sheriff's Office and I release any rights to the ownership of

Full Name(Printed) \_\_\_\_\_ Full e(Signature) \_\_\_\_\_

**(PLEASE SIGN IN FRONT OF NOTARY)**

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Drivers License :# \_\_\_\_\_

### NOTARY

Subscribe and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_. Registration No.: \_\_\_\_\_