



# APPLICATION FOR EMPLOYMENT

## PRINCE WILLIAM COUNTY SHERIFF'S OFFICE

9311 Lee Ave. Manassas VA 20110  
PHONE 703-792-6070 FAX 703-792-7485  
TTY 800-828-1120

**Please read all instructions carefully and answer all questions completely.**

**INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.**

Type or print your answers in **BLACK** ink. If additional space is needed for any item on this form, entries should be continued on a separate sheet; number each entry to correspond with the number of the question on the form. Your name should be on each additional sheet. Be specific as possible for all requested information.

Position:	Position Number	Salary Requested: \$ _____
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Name: Last _____ First _____ MI _____		Social Security Number: _____	
Address: Street _____ Apt. No. _____ City _____ State _____ ZIP Code _____		Telephone: Home _____ Work _____	Date Available: _____
E Mail Address _____			

Have you ever been employed by Prince William County Government? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes: Date(s) of employment: _____ to _____		
Department: _____		
List names of relatives presently employed by Prince William County Government:		
(Name)	(Agency)	(Relationship)
_____	_____	_____
_____	_____	_____
Person to contact in case of emergency:		
Name: _____	Relationship: _____	
Phone: Home _____	Work: _____	

**PRINCE WILLIAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT HISTORY**  
**APPLICANTS MUST COMPLETE ALL REQUESTED INFORMATION**

Please provide in reverse chronological order your work experience, beginning with your present employment for at least the last ten years, (or more if you wish). You must account for all periods of unemployment and military service. List all positions held, including military, part-time, summer and volunteer. **If you submit a resume, all information except "Duties, Responsibilities and Accomplishments" must be provided on this form.**

**1** Current Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Full-time: \_\_\_ Part-time: \_\_\_

Hours worked per week: \_\_\_\_\_

Last salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: (Name of company or organization) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Organization: \_\_\_\_\_

Immediate Supervisor  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number and title of employee(s) you supervise:  
\_\_\_\_\_

\_\_\_\_\_

Describe your duties, responsibilities and accomplishments below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Machines and equipment used: \_\_\_\_\_

**2** Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Full-time: \_\_\_ Part-time: \_\_\_

Hours worked per week: \_\_\_\_\_

Last salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: (Name of company or organization) \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Organization: \_\_\_\_\_

Immediate Supervisor  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number and title of employee(s) you supervise:  
\_\_\_\_\_

\_\_\_\_\_

Describe your duties, responsibilities and accomplishments below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Machines and equipment used: \_\_\_\_\_

**3** Position Title: \_\_\_\_\_

Employer: (Name of company or organization) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Full-time: \_\_\_ Part-time: \_\_\_

Hours worked per week: \_\_\_\_\_

Last salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Immediate Supervisor

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number and title of employee(s) you supervise:

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your duties, responsibilities and accomplishments below:

\_\_\_\_\_

\_\_\_\_\_

Machines and equipment used: \_\_\_\_\_

**4** Position Title: \_\_\_\_\_

Employer: (Name of company or organization) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Full-time: \_\_\_ Part-time: \_\_\_

Hours worked per week: \_\_\_\_\_

Last salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Immediate Supervisor

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number and title of employee(s) you supervise:

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your duties, responsibilities and accomplishments below:

\_\_\_\_\_

\_\_\_\_\_

Machines and equipment used: \_\_\_\_\_

SPECIAL QUALIFICATIONS AND SKILLS: (Licenses, Machine Skills, Memberships in Professional or Scientific Societies, etc.)

**A. EDUCATION**

Did you graduate from High School? Yes  No  If no, do you have a GED? Yes  No

Complete Section B if you have taken courses in business, trade, armed services, law enforcement, correspondence or night school.

**B. OTHER TRAINING**

Name and location – City & State	Subject	Total Wks	Completed	Date Completed
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**C. COLLEGE, UNIVERSITY OR GRADUATE SCHOOL**

Name and location – City & State	Total Credit Hours Completed: Sem Hrs. Qtr. Hrs.		Major/Minor	Degree Received	Type
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

**D. GENERAL INFORMATION**

- |  |  |
|--|--|
| 1. Are you a citizen of the United States?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Have you ever been convicted of a crime? (Exclude any offenses committed before your eighteenth birthday which were adjudicated in a Juvenile Court or committed and expunged under a Youth Offender Law and traffic violations for which you only paid a fine.) If yes, explain: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Do you have a valid Driver's License? State of Issue:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you ever filed for bankruptcy? If yes, when:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you ever applied with this Department? If yes, when:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. May inquiry be made of your present employer regarding your qualifications?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Is there any reason why you cannot perform the duties of the position applied for?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Are you fluent in any language other than English? If yes, specify:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**E. EMPLOYMENT RELATED INFORMATION**

1. How many times did you miss work last year?                      What were the reasons?

2. Have you had disciplinary actions taken against you by any previous employer, including the military? If yes, please describe the facts and circumstances.                      Yes  No

3. Have you ever been fired or asked to resign from ANY job? If yes, please explain in detail.                      Yes  No

**Answer questions 4-8 only if you are applying for a Deputy Sheriff position (Patrol, Correctional, Judicial or Court Security).**

4. Have you ever been convicted of a crime that would disqualify you from possession of a firearm under state or federal law? Such convictions would include a crime of violence, domestic violence, handgun violation, being a fugitive from justice or being under indictment or convicted of a crime punishable by imprisonment for one year or more.                      Yes  No

5. Have you recently used, abused, experimented with, or tried LSD, PCP, or Heroin? If yes, give details, including date(s) and number of times.                      Yes  No

6. Have you recently used, abused, experimented with, or tried Opioids? If yes, give details, including date(s) and number of times.                      Yes  No

7. Have you recently used, abused, experimented with, or tried any other illegal drug? If yes, give details, including date(s) and number of times. (Excluding Marijuana)                      Yes  No

8. Have you recently used any prescription/over the counter medications in an illegal manner? If yes, give details, including date(s) and number of times.                      Yes  No

## **SIGNATURE PAGE**

I authorize a duly authorized agent of the Prince William County Sheriff's Office to contact any of my previous employers and obtain information from them and to further investigate the truthfulness of this information.

I understand further that any false answers, statements or misleading omissions made by me on this personal history statement in connection with the above mentioned investigation can be sufficient grounds for my rejection as a candidate for employment or denial of any other request.

If information should surface during the early stages of this investigation which would disqualify me from further consideration, the investigation will be terminated immediately and I will be notified accordingly.

I HEREBY CERTIFY THAT ALL OF THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

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Date

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Signature

**PRINCE WILLIAM COUNTY**

**APPLICANT AFFIRMATIVE ACTION DATA SHEET**

Prince William County is an Equal Opportunity Employer committed to affirmative action. We, therefore, desire to take affirmative steps to hire, train and promote all qualified persons. We are asking you to help us measure the effectiveness of our program by answering the questions below. It would help us if you would complete an Applicant Affirmative Action Data Sheet for each position for which you wish to be considered.

The information collected will be used for statistical purposes only. Your assistance is appreciated.

Position Applied For: \_\_\_\_\_ Position #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: ( ) Male ( ) Female  
Month Day Year

Ethnic Origin (please check one):

**NOTE:** Ethnic Origin is defined by the Federal Equal Employment Opportunity Commission as follows:

- White (not of Hispanic origin):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (not of Hispanic origin):** A person having origins in any of the Black racial groups of Africa.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains through tribal affiliation or community attachment.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races:** All person who identify with more than one of the above five races.

How did you learn of the job for which you are applying?

( ) Walk-in ( ) From a County employee ( ) Newspaper advertisement (specify) \_\_\_\_\_  
Name of Paper

( ) Vacancy List ( ) Community agency (e.g. JTPA, VEC) (specify) \_\_\_\_\_ name  
( ) Church \_\_\_\_\_ name ( ) Civic Association \_\_\_\_\_ name  
( ) School Referral \_\_\_\_\_ name ( ) Radio/T.V. \_\_\_\_\_ Station Letters  
( ) Magazine/Prof. Journal \_\_\_\_\_ name ( ) U.S. Military Base \_\_\_\_\_ name  
( ) Other Source (please list) \_\_\_\_\_