

**Application for Employment**  
**as**  
**Auxiliary Deputy Sheriff**

Rockingham County Sheriff's Office  
25 South Liberty Street  
Harrisonburg, VA 22801  
(540) 564-3850

Please read carefully and understand fully the contents of this application before completion. The questions which are asked in this application are necessary for completion of a required background investigation. By nature of the positions within the Rockingham County Sheriff's Department, a security clearance is vital.

All information given will be used only for the purpose of determining suitability for the position. To avoid delay in the processing of your application, answer all questions thoroughly.

You are directly responsible for updating the application for employment if and when changes occur. Notification of such changes must be made in writing to this office.

Special Instructions

1. Fill in completely and answer all questions fully.
2. Use ink, in your own handwriting.
3. If more space is required for any of the questions, put the section number and the number of the question on an attached page and continue on with your answer.
4. Each section of the application contains a material omissions and willful misstatements clause. Each section must be signed and dated by you under the clause.
5. If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take what time is necessary to explain any section or part of the application which you do not fully understand.
6. A physical examination by a physician and additional medical records may be sought if a conditional offer of appointment is made.
7. Return this application to the Rockingham County Sheriff's Office in person or by mail (Attn: Jamie McCormick) 25 South Liberty St. Harrisonburg, VA 22801.

Section I  
Personal History Statement

Position you are seeking \_\_\_\_\_

Your full name \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

List the name, age, occupation, where employed and residence of your spouse and children. Also provide the same information for any other person or family member who resides in your household.

| Relationship | Name | Age | Occupation |
|--------------|------|-----|------------|
|--------------|------|-----|------------|

|             |                           |  |  |
|-------------|---------------------------|--|--|
| Employed by | Residence mailing address |  |  |
|-------------|---------------------------|--|--|

| Relationship | Name | Age | Occupation |
|--------------|------|-----|------------|
|--------------|------|-----|------------|

|             |                           |  |  |
|-------------|---------------------------|--|--|
| Employed by | Residence mailing address |  |  |
|-------------|---------------------------|--|--|

| Relationship | Name | Age | Occupation |
|--------------|------|-----|------------|
|--------------|------|-----|------------|

|             |                           |  |  |
|-------------|---------------------------|--|--|
| Employed by | Residence mailing address |  |  |
|-------------|---------------------------|--|--|

| Relationship | Name | Age | Occupation |
|--------------|------|-----|------------|
|--------------|------|-----|------------|

|             |                           |  |  |
|-------------|---------------------------|--|--|
| Employed by | Residence mailing address |  |  |
|-------------|---------------------------|--|--|

The statements made by me in Section I of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

|           |      |              |
|-----------|------|--------------|
| Signature | Date | Phone Number |
|-----------|------|--------------|

Section II  
Armed Forces Information

Are you currently a member of the Armed Forces (active duty)? \_\_\_\_\_

If no, have you ever been a member of the armed forces? \_\_\_\_\_

Complete the following if you have ever served on active duty or with a reserve component:

Date of entry: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

City and State of Entry: \_\_\_\_\_ Service Number: \_\_\_\_\_

List all duty stations, including basic training and other schools:

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

Primary duties (Explain) \_\_\_\_\_

Highest Rank/Pay Grade Attained \_\_\_\_\_ Date Attained \_\_\_\_\_

Disciplinary Action (Explain carefully) \_\_\_\_\_

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

Medals or awards received \_\_\_\_\_

\_\_\_\_\_

The statements made by me in Section IV of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Section IV

Police Record

Have you ever been arrested for a criminal offense? \_\_\_\_\_  
If yes, what was the charge(s), jurisdiction and dates? \_\_\_\_\_

Were you convicted of the charge or was it reduced to a lesser charge, or dismissed?  
Explain in detail.

Operator's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Number of years driving experience \_\_\_\_\_

Has your license to operate a vehicle ever been suspended locally or by any other  
state? \_\_\_\_\_

If yes, state when and where, the reason, and the duration \_\_\_\_\_

List all traffic charges:

| Charge | Convicted (yes or no) | Date | Jurisdiction | Remarks |
|--------|-----------------------|------|--------------|---------|
|        |                       |      |              |         |
|        |                       |      |              |         |
|        |                       |      |              |         |

If you have ever been involved in a traffic crash, explain what occurred and the date(s) and  
location(s).

The statements made by me in Section VI of this application are true and complete to the  
best of my knowledge. I understand that any willful misstatements or material omissions will  
be considered sufficient cause to disqualify me for employment with the Rockingham  
County Sheriff's Office.

Signature

Date

Section V

Education

Provide the name and location of the elementary, junior or middle school, and high school you attended. Include dates attended.

| Name of School | Location (City & State) | Dates Attended | Highest Grade Completed | Date of Graduation |
|----------------|-------------------------|----------------|-------------------------|--------------------|
|                |                         |                |                         |                    |
|                |                         |                |                         |                    |
|                |                         |                |                         |                    |
|                |                         |                |                         |                    |

If you did not graduate from high school, do you have a high school equivalency diploma (G.E.D)?

Date Received \_\_\_\_\_ Where Received \_\_\_\_\_

Provide the following information regarding any colleges or special school (i.e. business, secretarial, etc.) you have attended.

| Name of School | Location (City & State) | Dates Attended | Degree Received | Major & Minor Fields of Study |
|----------------|-------------------------|----------------|-----------------|-------------------------------|
|                |                         |                |                 |                               |
|                |                         |                |                 |                               |
|                |                         |                |                 |                               |
|                |                         |                |                 |                               |

If you have attended college or other special schools, how many clock hours, quarter hours or semester hours have you successfully completed?

List any professional memberships, certificates, licenses, honors, fellowships, etc. that you have been awarded or received.

The statements made by me in Section VII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham County Sheriff's Office.

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

Section VI

Additional Information

Have you ever applied for employment with this office in the past?\_\_\_\_\_

If yes, when and what is the disposition of your application?\_\_\_\_\_

Have you ever applied for employment with another police agency?\_\_\_\_\_

If yes, where, when and what is the disposition of your application?\_\_\_\_\_

Are you a citizen of the United States?\_\_\_\_\_If not, state your Visa number and its permanence\_\_\_\_\_

Are you acquainted with any members of the Rockingham county Sheriff's Office?\_\_\_\_\_If so, whom?\_\_\_\_\_

If you are successful in gaining an appointment to this department, do you expect to engage in any other gainful occupation?\_\_\_\_\_

If yes, explain.\_\_\_\_\_

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

The statements made by me in Section VIII of this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions will be considered sufficient cause to disqualify me for employment with the Rockingham county Sheriff's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions on this application will be considered sufficient cause to disqualify me from employment with the Rockingham County Sheriff's Department.

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Signature

Date

Personal References

Please list three references other than persons employed by the Rockingham County Sheriff's Office:

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Rockingham County Sheriff's Office

Authorization to Obtain Information

I authorize the Rockingham County Sheriff's Office to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, personal references, professional references, previous employers, present employer, and other appropriate sources.

I authorize the release of any information the Rockingham County Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Rockingham County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me.

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Applicant's Signature

Commonwealth of Virginia  
County of Rockingham

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

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(Name of applicant)

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

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Notary Public

My commission expires\_\_\_\_\_.