



APPLICATION FOR EMPLOYMENT



Date of Application: _____

Position you are applying for:

Deputy Sheriff Detention 911 Telecommunications Office

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from the Internship Program. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____ / _____ / _____
First Middle Last Social Security Number

Nicknames or Aliases _____

2. Present Mailing Address: _____
Street and Number City State Zip

Permanent Mailing Address: _____
Street and Number City State Zip

Telephone Number: Home: _____ Business: _____

Email: _____

3. Date of Birth: _____ Place of Birth: _____

4. Citizenship: U. S. Born U. S. Naturalized Other – Specify _____

5. Driver's License: Number _____ State: _____

6. Have you previously submitted an application for an internship with this agency? _____ Yes _____ No

Approximate date of application: _____

EDUCATION & SKILLS

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Grad. Sch. 1 2 3 4

High School(s): _____ Dates Attended: _____

High School(s): _____ Dates Attended: _____

College(s): _____ Dates Attended: _____

College(s): _____ Dates Attended: _____

8. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated. _____

9. Please list all training and certifications that you currently hold: _____

10. If you are selected to be an employee, you may be required to work nights and/or weekends. Would that be a problem? If so, explain. _____

11. If you know the following, what is your current typing speed (specify wpm): _____

REFERENCES:

12. Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

NAME	ADDRESS	TELEPHONE

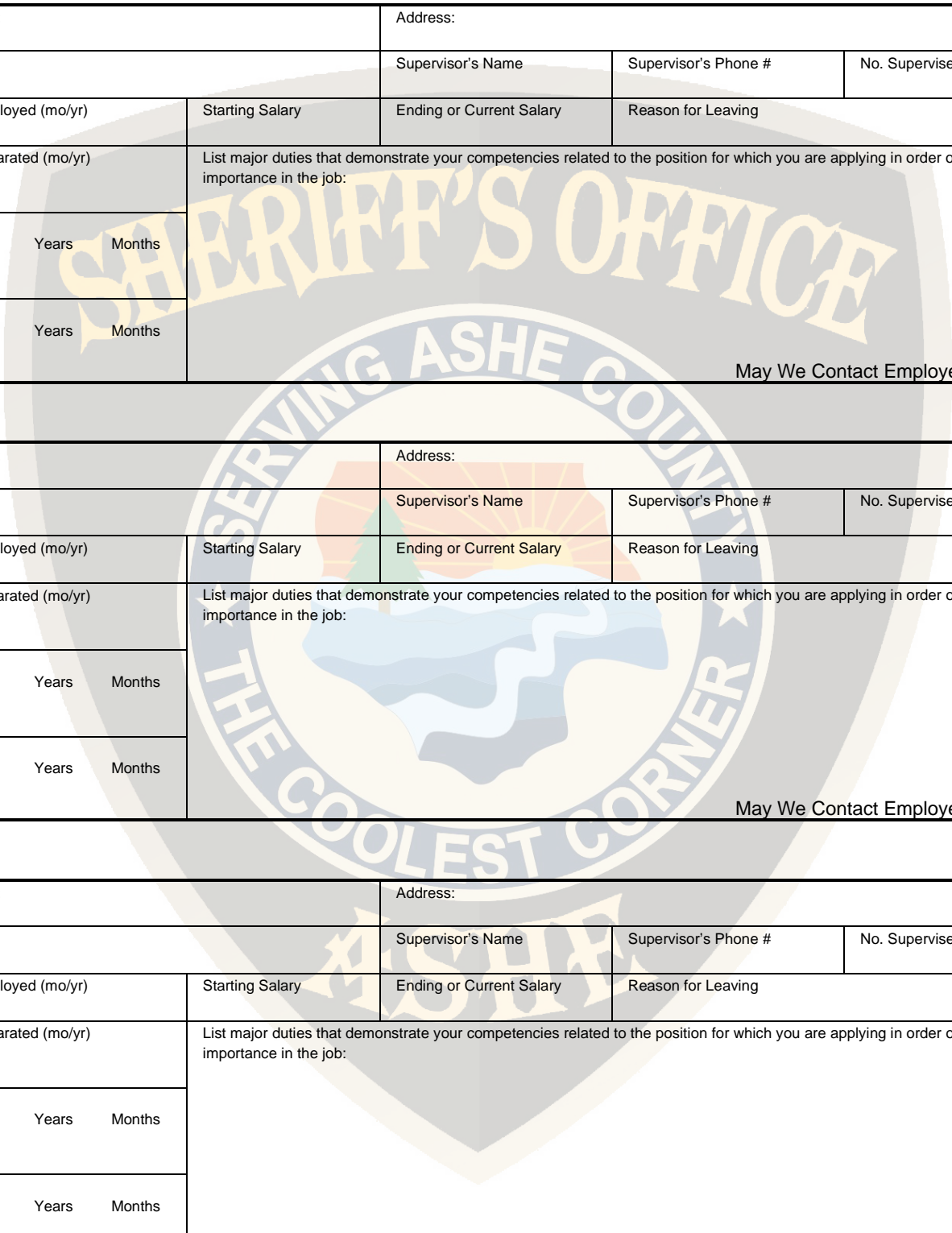
RESIDENCES:

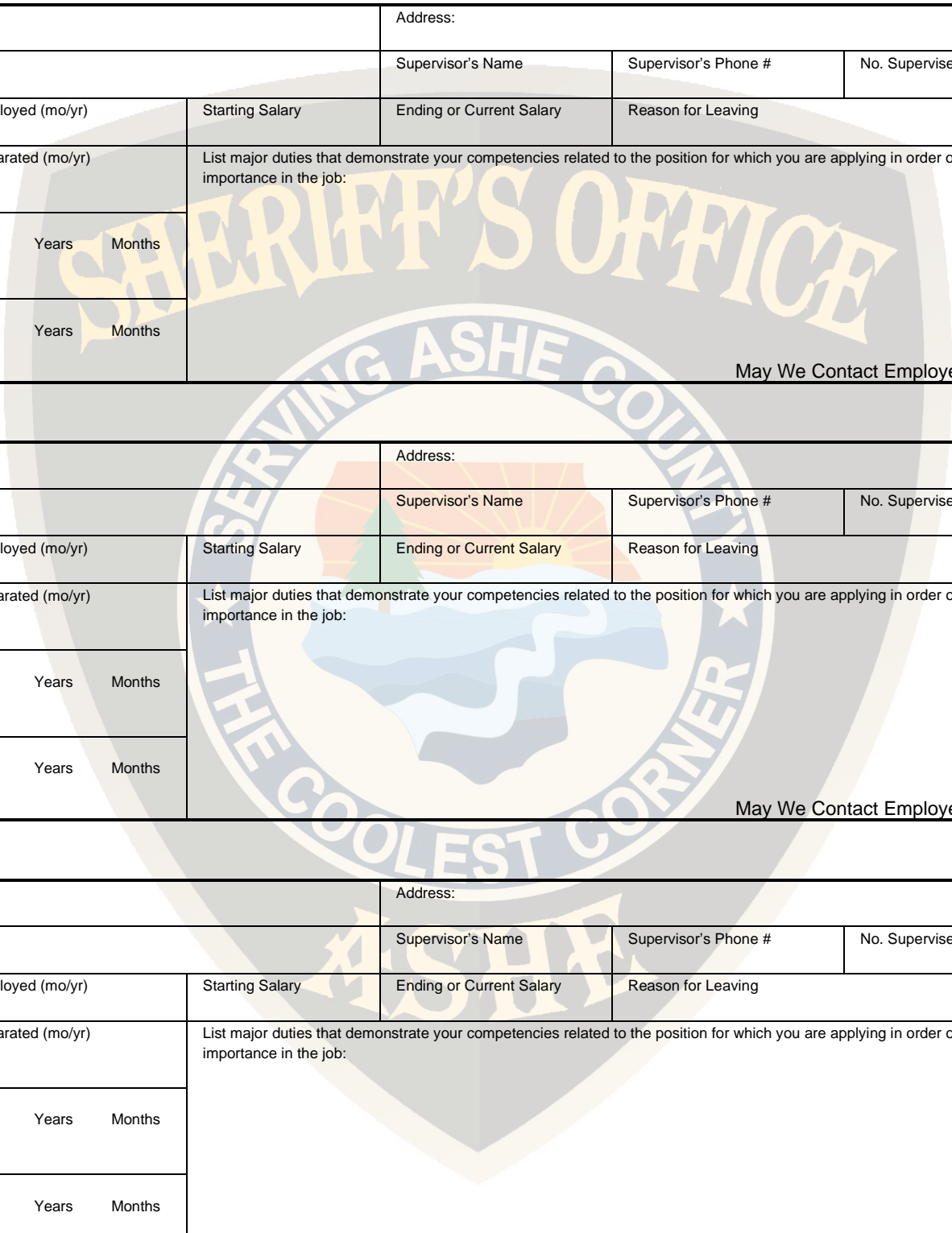
13. List addresses for past 10 years with **present** address at top:

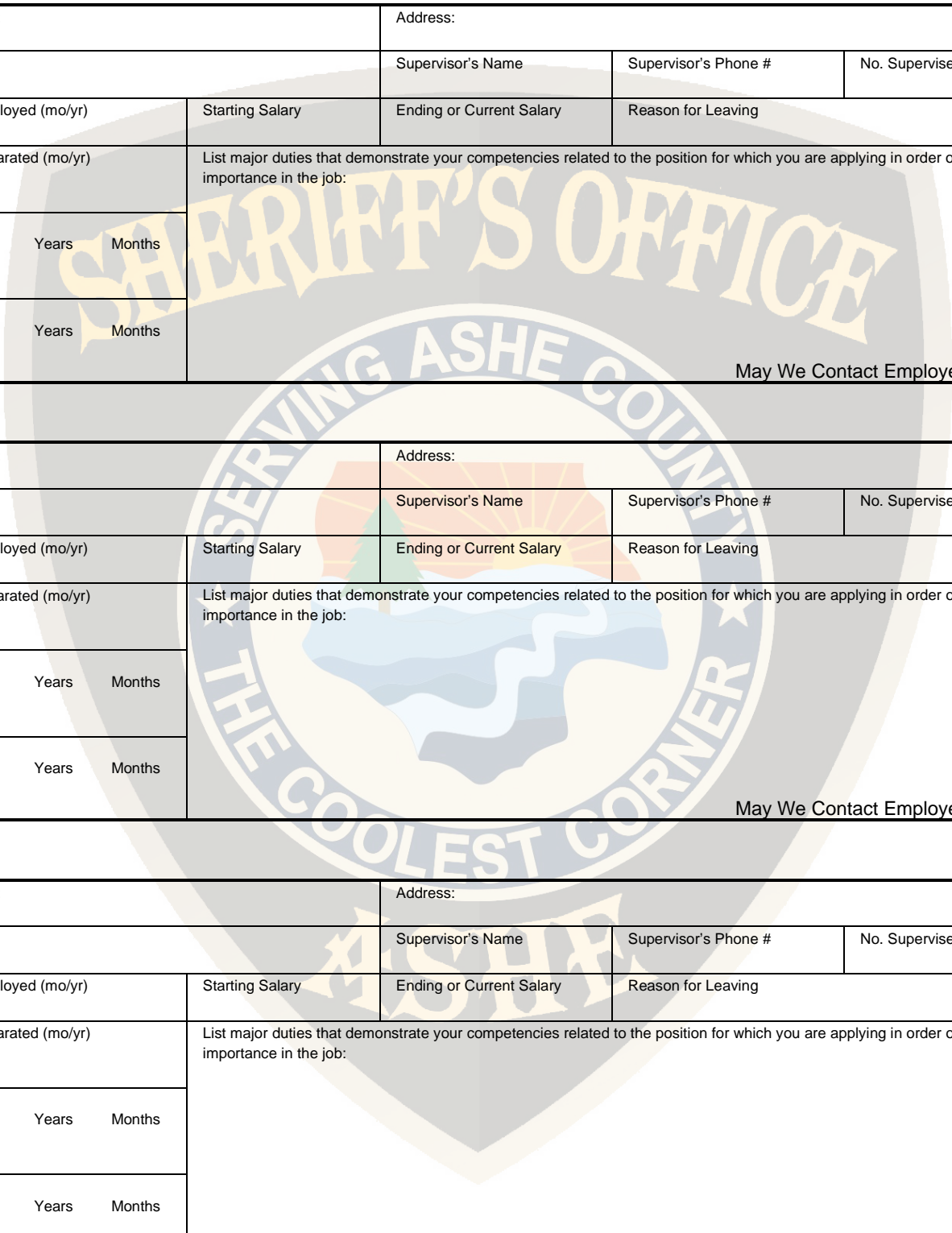
FROM MO. YR.	TO MO. YR.	ADDRESS/RESIDENCE	CITY & STATE	LANDLORD
	PRESENT			

WORK HISTORY:

14. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. (Include volunteer experience if needed.) If you have additional work history, re-print this pages as needed.

Employer:		Address:		
Job Title:		Supervisor's Name	Supervisor's Phone #	No. Supervised by You
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time	Years	Months		
Part Time	Years	Months		
May We Contact Employer: Yes or No				

Employer:		Address:		
Job Title:		Supervisor's Name	Supervisor's Phone #	No. Supervised by You
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time	Years	Months		
Part Time	Years	Months		
May We Contact Employer: Yes or No				

Employer:		Address:		
Job Title:		Supervisor's Name	Supervisor's Phone #	No. Supervised by You
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time	Years	Months		
Part Time	Years	Months		
May We Contact Employer: Yes or No				

MILITARY SERVICE

15. Were you ever in the U. S. Military Service or any other military organization? _____ Yes _____ No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date of Discharge _____ Service Number _____ Highest rank _____

Type of Discharge: _____

ARRESTS

16. Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. **(Exclude minor traffic violations)**

Have you ever been arrested or detained by police? _____ Yes _____ No If yes, give details below:

Crime Charged _____ Police Agency _____
_____ Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
_____ Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
_____ Date _____ Disposition of Case _____

Crime Charged _____ Police Agency _____
_____ Date _____ Disposition of Case _____

17. Have you ever been placed on probation? _____ Yes _____ No If yes, give details below:

18. What is the reason you are applying for this position with the Ashe County Sheriff's Office?

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I have completed this application myself and without assistance. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application.

Signature in Full

Date