

*The Office of the Sheriff  
Norfolk, Virginia*



*Application for Employment*



*811 East City Hall Ave., Norfolk, VA 23510  
(757) 441-2923*

NAME

## **DEPUTY SHERIFF Requirements**

In order to qualify for the position of a Deputy Sheriff applicant, you must:

1. Be a minimum of 21 years of age.
2. Have a high school diploma or a General Education Development Certificate
3. Have a valid Virginia Drivers' License
4. Have an Honorable Discharge if the applicant is a veteran of the Armed Forces.  
**Note: Military applicants must be within sixty (60) days of discharge to apply.**

### **Automatic Disqualifiers**

The following automatic disqualifiers will cause the processing of the applicant to be immediately discontinued:

#### **Criminal Record:**

1. Conviction of any felony.
2. Conviction of driving while intoxicated or under the influence of a controlled substance (within 3 years).
3. Conviction of any charge of domestic assault or violence against a family member.
4. Conviction of a misdemeanor involving moral turpitude (i.e., larceny, embezzlement, perjury, etc.).

#### **Driving Record:**

1. Current drivers' license suspension.
2. Drivers' license suspension within the last 12 months.
3. Conviction of a misdemeanor hit and run.
4. Extensive traffic violation convictions not to exceed minus five (-5) DMV demerit points.

#### **Drug Usage:**

1. Any use of heroin, cocaine, or illegal hallucinogen within the past 2 years.
2. Any use of heroin by injection at any time.
3. Any substantiated illegal act, other than use (i.e., sale, manufacture, etc.) of any narcotic, controlled substance, or dangerous drug, as defined by State and Federal Law, except marijuana.
4. Any use of marijuana or hashish within the past 12 months prior to submitting your application, or any time thereafter.

## **NORFOLK SHERIFF'S OFFICE SELECTION PROCESS**

### **STEP I**

Application submitted for position of deputy sheriff. A background investigation is completed on that applicant to include a criminal and Division of Motor Vehicles records check as well as a review of personal and job history references.

### **STEP II**

A standard written examination designed to measure reading, writing, spelling and mathematical skills are given to the applicant.

### **STEP III**

A physical agility test, designed to evaluate the applicant's physical condition based on certain minimum standards will be conducted.

### **STEP IV**

Each applicant must successfully complete a polygraph examination.

### **HIRING POOL**

All applicants that successfully complete **STEPS I** through **STEPS IV** will enter a **HIRING POOL**. When a deputy position becomes available the best-qualified applicant, based on education, reading-writing-comprehension skills and physical agility will be selected by the Sheriff or his designee to continue in the selection process. Applicants will remain in this **HIRING POOL** for six (6) months, at which time their application will become inactive.

### **STEP V**

The applicant will be offered the job on the condition that the applicant successfully completes: (1) A drug-screening test. (2) A medical examination administered by a physician contracted by the City of Norfolk.

***NOTE:*** *If at any step during the selection process an applicant is disqualified, a letter notifying the applicant of that disqualification and the reason for same will be sent.*

**PLEASE BRING THE FOLLOWING DOCUMENTS WHEN RETURNING  
YOUR COMPLETED AND NOTARIZED APPLICATION:**

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- HIGH SCHOOL DIPLOMA/GED
- DRIVERS LICENSE
- DD214 (IF EVER IN THE MILITARY)
- CURRENT CREDIT REPORT, CREDIT SCORE NO MORE THAN NINETY (90) DAYS OLD FROM AT LEAST ONE OF THE TOP THREE CREDIT REPORTING AGENCIES (EXPERIAN, EQUIFAX AND/OR TRANSUNION).

This application must be typewritten or clearly printed in **BLACK INK**. All questions must be answered. **DO NOT** leave any question BLANK and **DO NOT** answer N/A. Applications which are *not* complete, not completed correctly or illegible will **NOT** be considered.

Be advised that there are **TWO (2)** areas on this application that **MUST** be notarized by a duly sworn Notary Public of the Commonwealth of Virginia. Applications will **NOT** be accepted with the omission of the notarization.

If space provided is not sufficient for complete answers or you wish to furnish additional information, attach supplementary sheets of the same size (8 ½" X 11") as this application and number your responses to the corresponding questions.

**COMPLETE PHYSICAL DESCRIPTION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Any distinguishing marks or tattoos: \_\_\_\_\_

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**THE CITY OF NORFOLK ONLY HIRES U.S. CITIZENS AND  
LAWFULLY AUTHORIZED ALIEN WORKERS**

**DECLARATION OF AUTHORIZED WORK STATUS**

**JOB APPLICANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

I hereby certify, attest, and affirm, under penalty of perjury, that I am either a U.S. Citizen or a foreign citizen who is authorized to be employed in the United States. I understand and agree that if selected for employment, I must provide documentation verifying my identity and employment eligibility as required by the Immigration Reform and Control Act, prior to my date of hire.

\_\_\_\_\_  
Signature of Job Applicant

\_\_\_\_\_  
Date

## NORFOLK SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT AND PERSONAL HISTORY FORM



NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 (Last) (First) (Middle)

CELL NUMBER \_\_\_\_\_

OTHER NAMES USED: NICKNAMES \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
 MARRIED NAMES \_\_\_\_\_ ADOPTED NAMES \_\_\_\_\_  
 NAME CHANGED BY COURT ORDER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_ ft \_\_\_ in WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ V.A. FILE NO. \_\_\_\_\_

VIRGINIA DRIVERS' LICENSE NO. \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SELECTIVE SERVICE NO. \_\_\_\_\_ DRAFT STATUS \_\_\_\_\_



### MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES, U.S. OR FOREIGN?  YES  NO

BRANCH OF SERVICE \_\_\_\_\_ SERVICE NUMBER \_\_\_\_\_

DATE OF ENTRY \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_ PLACE OF DISCHARGE \_\_\_\_\_

RANK UPON ENTRY \_\_\_\_\_ RANK UPON DISCHARGE \_\_\_\_\_

MILITARY CITATIONS AND AWARDS RECEIVED \_\_\_\_\_

LIST ANY DISCIPLINARY ACTION(S) RECEIVED IN THE MILITARY: \_\_\_\_\_

<u>Date</u>	<u>Command</u>	<u>Location</u>	<u>Nature of Charge</u>	<u>Disposition</u>

# EMPLOYMENT

**START WITH YOUR PRESENT EMPLOYER AND WORK BACK FOR THE PAST TEN YEARS. (INCLUDE ANY PERIODS OF UNEMPLOYMENT). (FILL OUT IN DETAIL).**

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(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



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(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



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(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)



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(From)	(To)	(Name of Employer)	(Complete Address)	(Zip Code)
		(Supervisor)	(Position Held)	(Salary)
(Reason for Leaving - in full)				(Phone)

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACHED A SEPARATE SHEET**

## **FAMILY DATA**

PLEASE CIRCLE YOUR PRESENT MARITAL STATUS: SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED.

COMPLETE IF WIDOWED, SEPARATED, DIVORCED OR CURRENTLY MARRIED. IF ENGAGED COMPLETE FOR **FIANCÉ/FIANCÉE**.

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

**IF SEPARATED OR DIVORCED, GIVE DATE, NAME, & LOCATION OF COURT GRANTING THE DECREE.**

\_\_\_\_\_  
(Date) (Name of Court) (Location of Court)

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**LIST THE NAMES, AGES, AND RELATIONSHIP OF ALL PERSONS LIVING WITH YOU.**

(Name) (Age) (Relationship)

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

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YOUR FATHER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

YOUR MOTHER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

YOUR FATHER-IN-LAW'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

YOUR MOTHER-IN-LAW'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_



LIST THE NAMES, AGES, ADDRESSES AND OCCUPATIONS OF ALL BROTHERS AND SISTERS:

(Name) (Age) (Address) (Occupation)

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LIST YOUR ADDRESSES FOR THE PAST FIFTEEN (15) YEARS. IF YOU HAVE SERVED IN THE ARMED FORCES, LIST YOUR DUTY STATIONS WHILE IN THE MILITARY. START WITH YOUR PRESENT ADDRESS AND WORK BACK.

From      To      Address      City      State

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## EDUCATION

LIST ALL HIGH SCHOOLS, COLLEGES, UNIVERSITIES, PROFESSIONAL AND TRADE SCHOOLS ATTENDED. GIVE DATES OF ATTENDANCE, NAME OF INSTITUTION, LOCATION, COURSE OF INSTRUCTION, IF YOU GRADUATED AND TYPE OF DEGREE OR DIPLOMA.

<u>FROM</u>	<u>TO</u>	<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>COURSE PURSUED</u>	<u>GRADUATE</u>
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LIST ANY CLUBS, SOCIAL OR FRATERNAL ORGANIZATIONS, PROFESSIONAL OR TRADE UNIONS OR ASSOCIATIONS TO WHICH YOU CURRENTLY BELONG OR HAVE BEEN A MEMBER OF IN THE PAST.


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LIST THE NAME, ADDRESS (INCLUDING ZIP CODES) AND PHONE NUMBER OF THREE (3) PERSONAL REFERENCES: (EXCLUDING RELATIVES).

(Name)	(Address)	(City, State & Zip)
(Name)	(Address)	(City, State & Zip)
(Name)	Address)	(City, State & Zip)

HAVE YOU EVER USED OR TRIED ANY ILLEGAL DRUGS:  YES  NO

IF THE ANSWER ABOVE IS **YES**, PLEASE COMPLETE BELOW:

	<u>DATE</u> <u>FIRST TIME USED</u>	<u>DATE</u> <u>LAST TIME USED</u>	<u>TOTAL</u> <u>APPROX. USAGE</u>
MARIJUANA	_____	_____	_____
HASHISH	_____	_____	_____
COCAINE	_____	_____	_____
HALLUCINOGEN	_____	_____	_____
HEROIN	_____	_____	_____
STEROIDS	_____	_____	_____
SPEED	_____	_____	_____

OTHER, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** THE USE OF ANY ILLEGAL DRUG OR SUBSTANCE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION. THIS DEPENDS UPON THE TYPE AND EXTENT OF THE USE OF THOSE SUBSTANCES. HOWEVER, WILLFUL CONCEALMENT OF DRUG USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE SHERIFF'S OFFICE.

**LEGAL HISTORY**

HAVE YOU EVER BEEN **CHARGED** WITH OR **CONVICTED** OF ANY CRIMINAL CHARGE WHETHER FELONY OR MISDEMEANOR?       YES       NO

HAVE YOU EVER BEEN DETAINED FOR QUESTIONING BY ANY LAW ENFORCEMENT AGENCY IN CONNECTION WITH A CRIMINAL ACT?       YES       NO

HAVE YOU EVER RECEIVED A TRAFFIC SUMMONS FOR ANY VIOLATION OF TRAFFIC LAWS?       YES       NO

\*IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", EXPLAIN BELOW IN DETAIL: GIVING DATE, PLACE, CHARGE AND FINAL DISPOSITION IN EACH CASE.

DATE                      PLACE                      CHARGE                      FINAL DISPOSITION

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HAS ANYONE RESIDING WITH YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES       NO

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IF YES, EXPLAIN BELOW:

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HOW DID YOU HEAR ABOUT OUR DEPARTMENT?

- VEC                       NSO WEBSITE                       NEWSPAPER
- MAGAZINE                       NSO VAN
- CURRENT DEPUTY EXPLAIN: \_\_\_\_\_
- OTHER                      EXPLAIN: \_\_\_\_\_

**FINANCIAL STATEMENT**

ARE YOU CURRENTLY MEETING YOUR FINANCIAL OBLIGATIONS?       YES       NO

HAVE YOU EVER BEEN CONTACTED BY A COLLECTION AGENCY IN REFERENCE TO ANY OUTSTANDING, UNPAID DEBTS?       YES       NO

HAVE YOU EVER BEEN SUED IN COURT FOR THE COLLECTION OF ANY DEBT CONTRACTED BY YOU?       YES       NO

HAVE YOU EVER FILED FOR BANKRUPTCY?       YES       NO

IF YES, GIVE THE DATE, NAME OF COURT AND LOCATION: \_\_\_\_\_

\_\_\_\_\_

LIST YOUR CURRENT INDEBTEDNESS:

<u>AMOUNT</u>	<u>TO WHOM OWED</u>	<u>MONTHLY PAYMENT</u>	<u>ITEM(S) PURCHASED</u>

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HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH ANY FIRE, RESCUE OR LAW ENFORCEMENT AGENCY OR DEPARTMENT?       YES       NO

IF YES, LIST BELOW:

<u>AGENCY</u>	<u>LOCATION</u>	<u>APPROXIMATE DATE OF APPLICATION:</u>

DO YOU CURRENTLY HAVE AN *ACTIVE* APPLICATION ON FILE WITH ANY OF THE ABOVE?       YES       NO  
STATUS: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY OR PREVIOUSLY EMPLOYED BY THE NORFOLK SHERIFF'S OFFICE?       YES       NO

IF YES, LIST NAMES: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT, FIRE OR RESCUE AGENCY OR DEPARTMENT?       YES       NO

IF YES, GIVE THEIR NAMES, AGENCY, LOCATION AND POSITION HELD:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT WITH THE NORFOLK SHERIFF'S OFFICE ARE **TRUE** AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. I AUTHORIZE THE NORFOLK SHERIFF'S OFFICE AND ITS AGENTS TO CONDUCT A COMPLETE AND COMPREHENSIVE INVESTIGATION INTO MY BACKGROUND FOR THE PURPOSES OF DETERMINING MY FITNESS FOR SERVICE IN THE NORFOLK SHERIFF'S OFFICE. I ALSO UNDERSTAND THAT MY OMISSION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR FOR DISMISSAL FROM THE NORFOLK SHERIFF'S OFFICE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE IN FULL

Before, a Notary Public, in and for the City of \_\_\_\_\_, Commonwealth of Virginia, personally appeared, this date, above applicant, \_\_\_\_\_, who, being duly sworn, does state upon oath and penalties of perjury, that the above statements consisting of SIXTEEN (16) pages, so numbered and initialed by him/her are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

# \_\_\_\_\_  
Notary #

My Commission Expires: \_\_\_\_\_

SEAL

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, or Medical Association

U.S. Armed Forces, Maritime Service, or Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any: School, College, University, Business School, High School, or Elementary School.

Any Local, State, or Federal Law Enforcement Agency

Any Past or Present Employer

Credit Bureau or Retail Merchants Association

U.S. Selective Service System

I, \_\_\_\_\_, Address \_\_\_\_\_  
have applied for employment with the Norfolk Sheriff's Office, Norfolk, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Officer in Charge (OIC) of Personnel or his representative upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

STATE OF VIRGINIA

CITY OF \_\_\_\_\_, TO WIT:

This day, \_\_\_\_\_, personally appeared before me and acknowledged his/her signature to the above statement.

\_\_\_\_\_  
Notary Public (seal requested)

My Commission expires: \_\_\_\_\_

# \_\_\_\_\_

SEAL

## NORFOLK SHERIFF'S OFFICE APPLICANT AGILITY FORMAT

The below format is the Norfolk Sheriff's Office agility test that each applicant *will* be expected to successfully complete before they can continue with the hiring process.

**PHASE I** *This phase must be completed within 1 minute, 10 seconds.*

**(Time STARTS)**

- 1) A fifty (50) yard dash to the stairs.
- 2) Once at the stairs, you must go up and down the steps four (4) times.
- 3) Run to the low obstacle and crawl under.
- 4) Run to the barrel, pick up the handgun and fire it six (6) times with your right hand, then six (6) times with your left hand.

**(Time STOPS)**

**PHASE II** *This phase must be completed within 30 seconds. You are allotted two (2) chances to try and pass this section.*

**(Time STARTS)**

- 1) Climb over the four (4') foot wall and then the three (3') foot wall.
- 2) Proceed to the door, push it open.
- 3) Run twenty-one (21') feet toward the dummy.
- 4) Carry, lift, pull, drag, etc... the dummy completely through the doorway.

**(Time STOPS)**

**PHASE III** *This phase must be completed within 5 minutes, 15 seconds.*

**(Time STARTS)**

- 1) Run a ½ mile course.
- 2) Jump a four (4') foot ditch.
- 3) Jump over a barrel.

**(Time STOPS)**

**NOTE:** An applicant **MUST** successfully pass all three phases in order to continue in the selection process.