

*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 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 or 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.

**COMPLETE PHYSICAL DESCRIPTION**

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

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

**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: \_\_\_\_\_

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. I acknowledge receipt of Form I-9, entitled, "Employment Eligibility Verification", which I will complete and take to the Human Resources Department, along with the required documentation if I am selected for employment.

\_\_\_\_\_

Signature of Job Applicant

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

This application must be typewritten or clearly printed in **BLACK INK**. All questions must be answered if applicable. If not applicable, indicate N/A (not applicable) on that line. Applications which are not completed or legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets of the same size (8 1/2 X 11") as this application, and number your responses to the corresponding questions.



NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
(Last) (First) (Middle) ALTERNATE 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. \_\_\_\_\_ DRAFT STATUS \_\_\_\_\_

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



**MILITARY SERVICE**

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES, U.S. OR FOREIGN? \_\_\_\_\_

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 ACTIONS OR MILITARY COURTS RECEIVED \_\_\_\_\_

<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)

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(Supervisor)                      (Position Held)                      (Salary)

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(Reason for Leaving - in full)                      (Phone)

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(From)                      (To)                      (Name of Employer)                      (Complete Address)                      (Zip Code)

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(Supervisor)                      (Position Held)                      (Salary)

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(Reason for Leaving - in full)                      (Phone)

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(From)                      (To)                      (Name of Employer)                      (Complete Address)                      (Zip Code)

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(Supervisor)                      (Position Held)                      (Salary)

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(Reason for Leaving - in full)                      (Phone)

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(From)                      (To)                      (Name of Employer)                      (Complete Address)                      (Zip Code)

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(Supervisor)                      (Position Held)                      (Salary)

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(Reason for Leaving - in full)                      (Phone)

**IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE ATTACHED SHEET**

## FAMILY DATA

YOUR PRESENT MARITAL STATUS (*CIRCLE ONE*): SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED. IF MARRIED, WIDOWED, OR DIVORCED, GIVE YOUR **PRESENT OR FORMER SPOUSE OR 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)

Three horizontal lines for listing family members.



LIST YOUR ADDRESSES FOR THE PAST 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

Multiple horizontal lines for listing past addresses and military duty stations.

## 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.

(From)	(To)	(Name of School)	(Location)	(Course Pursued)	(Graduate)
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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 RELATIVE).

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(Name)	(Address)	(City, State & Zip)
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(Name)	(Address)	(City, State & Zip)
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(Name)	Address	(City, State & Zip)
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HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH ANY ILLEGAL DRUGS OR SUBSTANCES SUCH AS:

MARIJUANA    HASHISH    COCAINE    HALLUCINOGEN    HEROIN    STEROIDS    SPEED,ETC

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE SEE BELOW:

	DATE FIRST TIME USED	DATE LAST TIME USED	TOTAL APPROX. USAGE
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 THESE SUBSTANCES. HOWEVER, WILLFUL CONCEALMENT OF DRUG USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR DISMISSAL FROM THE SHERIFF'S OFFICE).



**FINANCIAL STATEMENT**

ARE YOU CURRENTLY MEETING YOUR FINANCIAL OBLIGATIONS? \_\_\_\_\_

HAVE YOU EVER BEEN CONTACTED BY A COLLECTION AGENCY IN REFERENCE TO ANY OUTSTANDING, UNPAID DEBTS? \_\_\_\_\_

HAVE YOU EVER BEEN SUED IN COURT FOR THE COLLECTION OF ANY DEBT CONTRACTED BY YOU?  
\_\_\_\_\_

HAVE YOU EVER FILED FOR BANKRUPTCY? \_\_\_\_\_

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

LIST YOUR CURRENT INDEBTEDNESS:

(AMOUNT)	(TO WHOM OWED)	(MONTHLY PAYMENT)	(ITEM(S) PURCHASED)
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HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY FIRE, RESCUE OR LAW ENFORCEMENT AGENCY OR DEPARTMENT? \_\_\_\_\_

IF YES, GIVE DATE, AGENCY, LOCATION AND STATUS OF APPLICATION:  
\_\_\_\_\_

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HAVE YOU PREVIOUSLY APPLIED WITH THE NORFOLK POLICE, FIRE OR PARAMEDICAL RESCUE SERVICE?  
\_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT, FIRE OR RESCUE AGENCY OR DEPARTMENT? \_\_\_\_\_ IF SO, GIVE THEIR NAMES, AGENCY LOCATION AND POSITION:  
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## **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 DEPARTMENT. I ALSO UNDERSTAND THAT MY OMISSION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR FOR DISMISSAL FROM CITY EMPLOYMENT.

\_\_\_\_\_  
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 \_\_\_\_\_ pages, so numbered and initialed by him/her are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

My commission Expires: \_\_\_\_\_

**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 Director of Human Resources 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.: \_\_\_\_\_

Selective Service No.: \_\_\_\_\_

Armed Forces Membership: \_\_\_\_\_ Service No.: \_\_\_\_\_

Veterans' Administration File No.: \_\_\_\_\_

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

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: \_\_\_\_\_



## 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.