



MONTGOMERY COUNTY SHERIFF'S OFFICE

An Accredited Agency

C. H. "HANK" PARTIN, SHERIFF



1 E. Main Street
Christiansburg, Virginia 24073
Telephone: (540) 382-6915 Fax Number: (540) 381-6869

Dear Applicant:

Thank you for your interest in employment with the Montgomery County Sheriff's Office. The Sheriff's Office seeks qualified and highly motivated individuals who are interested in a challenging and rewarding career opportunity. Upon receipt of your completed application a preliminary screening investigation will be conducted. This pre-screening will include a check of both criminal and driving history. Illegible and/or incomplete applications will not be included in the hiring selection process. Minimum qualifications are as follows:

1. Must meet all of the requirements stated in the VA Code § 15.2-1705.
2. Be a citizen of the United States.
3. Be required to undergo a background investigation, including fingerprint-based criminal history records inquiries to both the Central Criminal Records Exchange and the Federal Bureau of Investigations.
4. Have a high school education or passed the General Educational Development Exam.
5. Possess a valid Virginia operator's license or be able to obtain a valid Virginia operator's license within 30 days of employment.
6. Be of good health and physical condition, and pass a physical examination subsequent to offer of employment, conducted under the supervision of a licensed physician.
7. Be not less than 18 years of age, generally, not less than 21 years of age for law enforcement assignments.
8. Be of good moral character and reputation.
9. Have eyesight corrected to 20/20 and normal hearing.
10. Good credit rating.

Prior to employment, an extensive background investigation will be conducted. All applicants may be requested to pass a written practical aptitude test and psychological examination by a licensed psychiatrist. Applicants for sworn positions will, at minimum, be required to complete a timed RUN the distance of 1.5 miles in a time not to exceed 20 minutes. This standard is similar to the requirement set by the Criminal Justice Training Academy for acceptance into basic law enforcement and jail sessions. Appointments of the best-qualified applicants will be made solely at the discretion of the Sheriff.

Individuals meeting the minimum qualifications are invited to complete and submit the attached application. Applications are kept on file for a period of one year.

Sincerely,


C.H. Partin, Sheriff



MONTGOMERY COUNTY VIRGINIA

EST. 1776

KEYED	NUMBER OF ATTACHMENTS
-------	-----------------------

MONTGOMERY COUNTY
SHERIFF'S OFFICE
1 E. Main Street
Christiansburg, VA 24073-3180
Phone (540) 382-6915

COUNTY OF MONTGOMERY, VIRGINIA - AA/EEO EMPLOYER
APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

- Social Security Number: _____
- Position(s) Applied for: (LIMITED TO 3 POSITIONS)
 - _____
 - _____
 - _____
- Date of Birth: _____
- Full Legal Name (Print with last name first): _____
- Mailing Address: _____
(CITY, STATE, ZIP)
- Home Phone: _____ Business Phone (IF WE MAY CONTACT YOU AT WORK): _____
- E-mail Address: _____
- Are you a current Montgomery County resident? YES NO If yes, how long? _____
 - Are you a current employee of Montgomery County? YES NO If yes, what department? _____
- List names and addresses of three persons not related to you who know your qualifications or who know your character:

NAME	ADDRESS	TELEPHONE NUMBER

- Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed? YES NO
If yes, please explain: _____
- For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entities "Employment of Illegal Immigrants" please state whether you are legally eligible for employment in the United States. YES NO (You are legally eligible for employment if you are a United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Dept. of Justice or U.S. Dept. of Labor.)
- If you possess any license (other than driver's license), certificate, or other authorization to practice a trade or profession, complete the following section:

TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

- What equipment can you operate? _____
- Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

15. If you did not graduate from high school, do you have a high school equivalency diploma? YES NO

16. If answer to 15 is yes, date received: _____ Source: GED USAFI Other

17. College or University:

Name & Location of Institution	Dates Attended		Major and/or Specialty	Minor	Type of degree or certificate and date graduated
	From	To			
Name of School:					
Location:					
Name of School:					
Location:					
Name of School:					
Location:					

18. If you expect to receive a High School Diploma or College Degree within the next three (3) months, please complete the following:

Type of Degree or Diploma: _____ Date you expect to receive it: _____

19. Describe any skills you possess or specialized training/achievements you have had which you believe would be relevant to the position for which you are applying. _____

20. On what date will you be available to start work? (If no date is given, we will assume that you are available now.) _____

21. May we contact your current or previous employer for a reference? YES NO

22. What is the minimum annual salary that you will accept? \$ _____

23. The County is an Equal Opportunity Employer. It does not discriminate on the basis of race, national origin, sex, religion, age or disability status in employment, promotion, demotion or dismissal.

I hereby certify that this application is a complete record and that all entries on both sides and on all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted in reference to being considered for employment. I authorize Montgomery County to conduct a Criminal History Background Check to be used in the evaluation process of my candidacy for employment.

Date: _____ Signed: _____

Give a complete record of your employment history including part-time work, military service (substituting rank for salary), and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly. You may attach additional information if you desire and this section of the application may be reproduced as necessary, if additional space is needed. Account for all periods of unemployment. All information must be recorded on the application and not on an attached resume.

DATES OF EMPLOYMENT ____ TO ____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	
	ADDRESS		REASON FOR LEAVING	
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: \$_____ FINAL: \$_____	
IF PART TIME HOURS PER WEEK: _____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME	
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED	
a	a	a	a	
b	b	b	b	

DATES OF EMPLOYMENT ____ TO ____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	
	ADDRESS		REASON FOR LEAVING	
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: \$_____ FINAL: \$_____	
IF PART TIME HOURS PER WEEK: _____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME	
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED	
a	a	a	a	
b	b	b	b	

DATES OF EMPLOYMENT ____ TO ____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: \$____ FINAL: \$____
IF PART TIME HOURS PER WEEK: ____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED
a	a	a	a
b	b	b	b

DATES OF EMPLOYMENT ____ TO ____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: \$____ FINAL: \$____
IF PART TIME HOURS PER WEEK: ____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED
a	a	a	a
b	b	b	b

APPLICANT EEO DATA FORM

This information will not be used for making employment decisions, and will not be kept with your application for employment. The information in this section is needed to analyze and assure compliance with the County's Affirmative Action Plan, State and Federal Equal Employment Opportunity laws, and to meet the reporting requirements of these laws. After this information is recorded, this section will be separated from your application:

Applicant Name: _____ Date of Application: _____
 Position(s) Applied For: _____ Date of Birth: _____

Check the appropriate block (Check only one)	Check the block for the racial or ethnic group with which you identify. (Check only one)	Check the block for the highest level of education you have completed. (Check only one)	
<input type="checkbox"/> Female	A <input type="checkbox"/> White (includes persons of Arabian descent)	A <input type="checkbox"/> Less than 8 th grade	F <input type="checkbox"/> College graduate
<input type="checkbox"/> Male	B <input type="checkbox"/> Black (includes Jamaicans, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent)	B <input type="checkbox"/> Completed 8 th grade	G <input type="checkbox"/> Attended graduate school
	C <input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)	C <input type="checkbox"/> Attended high school	H <input type="checkbox"/> Master's degree
	D <input type="checkbox"/> Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)	D <input type="checkbox"/> High school graduate or equivalent	I <input type="checkbox"/> Graduate study beyond master's requirements
	E <input type="checkbox"/> American Indian (includes Alaskan natives)	E <input type="checkbox"/> Attended college and/or associate degree	J <input type="checkbox"/> PHD or professional degree

Veteran Status (Yes/No) _____ Disability Status (Yes/No) _____

How did you find out about this job?

- Roanoke Times & World News
- Internal Job Vacancy Announcement
- College Placement Service
- Employee Referral
- Other

Dear Applicant:

Effective September 30, 1996, Title 18, United States Code, Section 922 (g)(9) makes it illegal for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm or ammunition. This provision applies to persons convicted at any time prior to or after the passage of the September 30, 1996 law. There is no exemption for law enforcement officers and agents.

“Misdemeanor crime of domestic violence” is generally defined as any offense whether or not explicitly described in a statute as a crime of domestic violence – which has its factual basis, the use or attempted use of physical force, or the threatened use of deadly weapon, committed by the victim’s current or former domestic partner, parent, or guardian. “Convicted” is generally defined in the statute as excluding anyone whose conviction has been expunged or been set aside or has received a pardon.

Since deputy sheriffs require a firearm for the performance of their duties, it is clear that this law applies to all deputy sheriffs or applicants for deputy sheriff who have ever been convicted of such misdemeanors. These requirements are the result of an act of Congress and there is no discretion in this matter. The requirements in this statute cannot be waived or extended other than by a new act of Congress.

To allow the Montgomery County Sheriff’s Office to comply with this law, it is necessary for you to indicate below whether or not you have been convicted of such a crime as described above. A Criminal history will be obtained to support both positive and negative responses. It is our intention to comply with the law and support compliance with the proper documentation to protect you the applicant, as well as the Sheriff’s Office.

I _____,
(Signature)

Applicant of the Montgomery County Sheriff’s Office have read the attached memo concerning Title 18, United States Code Section 922 (g)(9) and understand both its meaning and its consequences.

- I have been convicted of such a crime
- I have not been convicted of such a crime

Full name (Print) _____

Other Names (maiden) _____

Other Names (maiden) _____

Date: _____

AUTHORIZATION FOR RELEASE OF RECORDS & ASSUMPTION OF RISK

To assist in the evaluation of employment application and/or for "employment purpose", I authorize Montgomery County, Virginia, to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government subdivisions, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to, authorization for Montgomery County to check and verify any information contained in my employment application.

I hereby authorize any and all of the aforesaid enumerated parties to furnish Montgomery County any and all information concerning me.

I further release all parties referred to herein and Montgomery County, its divisions, subsidiaries, affiliates, agents, and/or employees from any and all liability and responsibility arising out of the release of any information concerning me.

I understand that, if applying for the position of Deputy Sheriff, I will be required to take and pass a physical agility and fitness test as part of my application to become a Deputy Sheriff for Montgomery County. I understand that there is a risk of injury in taking the physical agility test. I agree to assume the risk of injury to myself inherent in taking the test. I will not seek monetary or other compensation from the County of Montgomery as a result of any injury I may suffer as a result of taking the physical agility test. I further agree to hold the County of Montgomery harmless and indemnify the County, and its agencies or agents, with regard to any injuries suffered or damages incurred.

Print Name: _____

Signed: _____

Date: _____