

Office of the Sheriff

Vance County

156 Church Street, Suite 004
Henderson, North Carolina 27536-5574

Telephone 252-738-2200
Fax 252-738-2220



Sheriff Peter White

PLEASE ATTACH A PHOTOGRAPH

DATE _____

APPLICATION FOR DEPUTY/DETENTION POSITION

PLEASE PRINT AND ANSWER ALL QUESTIONS

POSITION APPLIED FOR: _____

FULL-TIME OR PART-TIME? _____

NAME IN FULL: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____

HOME PHONE: _____ WORK PHONE: _____

HOW LONG HAVE YOU LIVED THERE? _____

PREVIOUS ADDRESS IF LESS THAN 1 YEAR AT ABOVE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____

DRIVER'S LICENSE NUMBER & STATE: _____

HEIGHT: _____ FT. _____ IN. WEIGHT: _____ ANY PHYSICAL DEFECTS? YES__ NO__

IF YES TO PHYSICAL DEFECTS, DESCRIBE: _____

HAVE YOU EVER BEEN EMPLOYED BY VANCE COUNTY? YES _____ NO _____

IF YES, WHAT DEPARTMENT AND WHEN EMPLOYED? _____

NUMBER OF DAYS LOST TO ILLNESS DURING THE PAST TWO YEARS: _____

IF MORE THAN 14 DAYS, WHAT WAS THE ILLNESS? _____

HOW WOULD YOU DESCRIBE THE PRESENT CONDITION OF YOUR HEALTH? (CIRCLE BELOW)

EXCELLENT

GOOD

FAIR

POOR

EDUCATION – HIGHEST GRADE COMPLETED _____

HIGH SCHOOL ATTENDED: _____

DID YOU GRADUATE? _____ YEAR GRADUATED: _____

COLLEGE ATTENDED: _____

MAJOR: _____ DEGREE: _____

BASIC LAW ENFORCEMENT TRAINING (B.L.E.T.) CERTIFIED? _____ YEAR GRADUATED: _____

OTHER SCHOOLS ATTENDED (TRADE, PROFESSIONAL, ETC.):

LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES YOU CAN OPERATE SUCH AS
COMPUTER, TYPEWRITER, ETC.

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A POSITION? _____
IF YES, FROM WHERE? AND EXPLAIN CIRCUMSTANCES: _____

NAME OF PRESENT OR LAST COMPANY: _____ PHONE: _____

ADDRESS OF COMPANY: _____

TYPE OF BUSINESS: _____ TITLE OF POSITION: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

MAY WE CONTACT PRESENT EMPLOYER? _____

DESCRIPTION OF WORK: _____

FINAL SALARY: \$ _____ PER: _____

REASON FOR LEAVING: _____

.....
NAME OF COMPANY: _____ PHONE: _____

ADDRESS OF COMPANY: _____

TYPE OF BUSINESS: _____ TITLE OF POSITION: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

MAY WE CONTACT PAST EMPLOYER? _____

DESCRIPTION OF WORK: _____

FINAL SALARY: \$ _____ PER _____

REASON FOR LEAVING: _____

NAME OF COMPANY: _____ PHONE: _____

ADDRESS OF COMPANY: _____

TYPE OF BUSINESS: _____ TITLE OF POSITION: _____

DATES OF EMPLOYMENT: FROM _____ TO: _____

NAME OF SUPERVISOR: _____

MAY WE CONTACT PAST EMPLOYER: _____

DESCRIPTION OF WORK: _____

FINAL SALARY: \$ _____ PER _____

REASON FOR LEAVING: _____

.....
NAME OF COMPANY: _____ PHONE _____

ADDRESS OF COMPANY: _____

TYPE OF BUSINESS: _____ TITLE OF POSITION: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

NAME OF SUPERVISOR: _____

MAY WE CONTACT PAST EMPLOYER? _____

DESCRIPTION OF WORK: _____

FINAL SALARY: \$ _____ PER _____

REASON FOR LEAVING: _____

IN THE SPACE BELOW, WRITE A SHORT PARAGRAPH STATING WHY YOU WANT TO BE A DEPUTY SHERIFF. USE COMPLETE SENTENCES, GOOD GRAMMAR AND SPELLING.

I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE ANSWERS MAY BE USED AS GROUNDS FOR DISMISSAL IN THE EVENT I AM EMPLOYED.

SIGNATURE OF APPLICANT

DATE

PLEASE NOTE: THIS APPLICATION WILL BE KEPT FOR 6 MONTHS AND THEN DESTROYED

CHARACTER REFERENCES

DO NOT LIST MERE ACQUAINTANCES, PREVIOUS EMPLOYERS OR RELATIVES. LIST ONLY PERSONS WHO KNOW YOU WELL, EITHER PERSONALLY OR IN BUSINESS, WHO CAN ATTEST TO YOUR CHARACTER.

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DO YOU SMOKE? _____ IF YES, HOW MUCH? _____

DO YOU DRINK ALCOHOL? _____ IF YES, HOW OFTEN? _____

HAVE YOU EVER TRIED DRUGS? _____ IF YES, WHAT TYPE(S) AND APPROXIMATE DATE(S)
OF LAST USE:

HAVE YOU EVER BEEN SERVED ANY DOMESTIC VIOLENCE ORDER? _____ IF YES, LIST
DATE AND COUNTY / STATE:

ARE YOU WILLING TO MOVE TO VANCE COUNTY IF CONSIDERED FOR THIS POSITION? _____

ARE YOU WILLING TO SIGN A TWO-YEAR CONTRACT FOR EMPLOYMENT? _____

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Sheriff of Vance County or any authorized representative of the Vance County Sheriff's Office, within 6 months of this date, to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to academic achievement, attendance, athletic, personal history, disciplinary, medical and credit records I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Vance County Sheriff's Office. Consent is granted for the Sheriff of Vance County or his agents to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any university, college, school, hospital or repository of medical records, credit bureau, lending institution, bank, consumer reporting agency, previous or current employer, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, my heirs, or associates due to compliance with this authorization and request to release information pertaining to me, or any attempt to comply with such request contained therein. Should there be any question as to the validity of this release, you may contact me as indicated below.

Name: _____
(Printed or Typed)

Signature _____

Address: _____

Telephone () _____

Witness: _____

NOTARY PUBLIC

Subscribed and sworn to before me
this ____ day of _____, 20 ____.

My Commission Expires: _____

Signature of Notary

SEAL