

PORTSMOUTH SHERIFF'S OFFICE APPLICATION PACKAGE

Application packages can be printed from our website

www.portsmouthva.gov/ps0 OR

You can call (757) 393-5028 to make an appointment to *pick up* an application.

When you are ready to submit your COMPLETED application package, please call (757) 393-5028 to make an appointment to turn in your package and participate in a brief interview.

Appointments will be held on

Wednesdays, 2:00 p.m. – 5:00 p.m.

The Charles Fisher Memorial Training Academy

1725 Green Street

Portsmouth, VA 23704

(Located behind the Fire Station on Effingham Street)

If you are unable to come in to submit your application, you can mail it to:

Portsmouth Sheriff's Office - Human Resources

The Charles Fisher Memorial Training Academy

1725 Green Street

Portsmouth, VA 23704

DEPUTY SHERIFF



REQUIREMENTS

- 1) Be a minimum of 18 years of age.
- 2) Have a high school diploma or a general education development certificate.
- 3) Have a valid driver's license.
- 4) Have an Honorable Discharge if the applicant is a veteran of the Armed Forces.
- 5) Must be able to physically perform the duties of a deputy.
- 6) Vision 20/20 corrected but not less than 20/40 uncorrected
- 7) No Judgment or current BAD CREDIT HISTORY.
- 8) Must have a clean driving record for the past 3 years.
- 9) If required, must take a polygraph exam, a written exam, a physical agility exam, and a medical exam.

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 a misdemeanor involving moral turpitude (i.e., larceny, embezzlement, perjury.)
- 4) Conviction of any domestic assault.
- 5) Conviction of misdemeanor Sex offense including but not limited to sexual battery or consensual sexual intercourse with a minor 15 years or under.

Driving Record:

- 1) Current driver's license suspension.
- 2) Driver's license suspension within last 12 months.

Drug Usage:

- 1) Any use of heroin, cocaine, or illegal hallucinogen within past 2 years. Any illegal use of steroids within last 5 years.
- 2) Any use of heroin by injection at any time.
- 3) Any substantiated illegal act, (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.

**PORTSMOUTH SHERIFF'S OFFICE
REQUIRED DOCUMENTS**

**TO BE SUBMITTED WITH
EMPLOYMENT APPLICATION**

- 1. COPY OF DRIVERS LICENSE**
- 2. COPY OF BIRTH RECORD**
- 3. COPY OF HIGH SCHOOL DIPLOMA,
OR GED**
- 4. COPY OF SOCIAL SECURITY CARD**
- 5. COPY OF DRIVING RECORD**
- 6. COPY OF FORM DD214 (Member 4)
WITH LAST 2 EVALUATIONS
IF YOU WERE IN THE MILITARY**
- 7. COPY OF YOUR CREDIT REPORT DATED WITHIN THE
LAST 30 DAYS.**

**IF YOU HAVE ANY QUESTIONS
CALL THE HUMAN RESOURCES OFFICE
(757) 393-5028**



PORTSMOUTH SHERIFF'S OFFICE
701 Crawford Street
Portsmouth, VA 23704
APPLICATION FOR APPOINTMENT

Answer all questions completely. If the answer to the question is none, write the word "NONE". Incomplete applications will not be considered. Your references are important. Use complete and accurate names, addresses including zip codes, and phone numbers. Mis-statements of any kind in this application will invalidate the application, and any appointment to a position with the Sheriff's Office.

I hereby make application to the Portsmouth Sheriff's Office for appointment to the position of:

Auxiliary Deputy ___ Full Time Deputy ___ Correctional Health Nurse ___ Clerk ___

Date of Application _____

Name in Full: _____ Social Security No: _____

Full Maiden Name: _____ Date of Birth: _____

Place of Birth: _____ Where did you grow up? _____

U.S. Citizen () YES () NO Place of Naturalization : (if applicable) City: _____

State: _____ Date of Naturalization: _____ Certificate # : _____

Father's Name: _____ Mothers Name: _____

Address: _____ Address: _____

Phone – Home: _____ Work: _____ Phone – Home: _____ Work: _____

Father's Occupation: _____ Mother's Occupation: _____

If you were raised by someone other than your natural parents, provide the following information:

Name: _____ Relationship: _____

Address: _____ Phone – Home : _____

_____ Work: _____

Have you ever legally changed your name? () NO () YES If YES, What was/were your former Name(s)?

_____ Court Jurisdiction: _____

Date: _____ List any other name(s) you have used (include all nicknames) _____

Present Street Address: _____

City: _____ State: _____ Zip: _____ email address: _____

Telephone (home): _____ Telephone (work): _____ Cell/ Pager: _____

How long have you been living at your present address? _____

Provide your address of residence for the past five (5) years. (Do not include your present address. Use back of preceding page if more space is necessary.)

Street Address City and State From: Month & Year To: Month & Year

Marital Status: Single ___ Married ___ Divorced ___ Number of children: _____

Spouse's full name _____ Occupation _____

Were you ever in the Armed Forces: () Yes () No If yes, where, how long, and in what capacity: _____

Honorably Discharged: () Yes () No Date of Discharge: _____

Are you currently a member of a Military Reserve Unit? () Yes () No If yes, give name and location of unit: _____

How did you find out about this position with the Sheriff's Office? _____

Have you ever been in the employ of the Portsmouth Sheriff's Office or the City of Portsmouth? () No () Yes

If yes, explain: _____

Do you have a valid driver's license? () Yes () No From What State: _____

What is your driver's license number? _____ Expiration Date: _____

Have you ever been convicted of a felony, misdemeanor, or moving traffic violation? () Yes () No

If yes, circle the item and please explain: _____

Have you ever been arrested, processed, but not convicted? () Yes () No

If yes, circle the item and please explain (Include conviction by Military trial): _____

EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ___Yes ___No Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and location of Institution	Hrs.	Degree Received	Major or Specialty	Minor	Dates Attended
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1. _____

2. _____

3. _____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date of completion: _____

List any additional training you have received that may be applicable to the position you are applying for: _____

Provide the names and addresses of three (3) references. These individuals should know you well, but should not be related to you: (Use professional references, Police Officers, Deputies, Judges, Lawyers, or a person who has knowledge of the law enforcement profession.)

Name	Address	Phone	Time of day to call
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1. _____

2. _____

3. _____

List all jobs you have held in the past ten years starting with your current or most recent position. Include military service and any part-time jobs. Attach additional sheets if necessary.

Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____

Salary (Start) _____ (Finish) _____
Dates (mo./yr) _____ to (mo./yr) _____

Full-time _____ Part-time _____ Hours/Week _____

Duties _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____

Salary (Start) _____ (Finish) _____
Dates (mo./yr) _____ to (mo./yr) _____

Full-time _____ Part-time _____ Hours/Week _____

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Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____

Salary (Start) _____ (Finish) _____
Dates (mo./yr) _____ to (mo./yr) _____

Full-time _____ Part-time _____ Hours/Week _____

Duties _____

Number and titles of employees you supervised _____

Equipment used _____
Reason for leaving _____

Your name if different from present _____

Will you agree to work on any shift, including weekends and holidays? () Yes () No

Have you ever been discharged from any position? () Yes () No If yes, state when, name of employer and reason on back.

Have you ever been engaged in any illegal occupation? () Yes () No If yes, explain on back.

May we consult your present employer? () Yes () No

Is there any fact in your life, concerning your integrity that is not disclosed in the foregoing answers of which an employer should be informed? If so, explain on back.

Have you at any time advised, advocated, taught, or been a member of/or affiliated with any group, society, association or organization which advises, advocates, or teaches the overthrow by force or violence of the government of the United States of America?
() Yes () No If yes, explain on back of preceding page.

Do you have an application on file with any other LAW ENFORCEMENT AGENCY?

() No () Yes If yes, give name of agency.

Agency

Date of Application

Contact Person

Why are you interested in working for the Portsmouth Sheriff's Office?

CERTIFICATE OF APPLICANT: (Read carefully before signing)

I hereby certify that all of the statements made in this application are true to the best of my knowledge and belief. I understand that any misstatement of material facts herein may forfeit consideration for appointment with the Portsmouth Sheriff's Office. Falsified statements on this application shall be considered sufficient for dismissal.

I, the undersigned applicant, hereby authorize the Portsmouth Sheriff's Office to contact past employers, and to investigate my background, including criminal and financial information, which is pertinent to my appointment. I understand that as a condition of such appointment with the Portsmouth Sheriff's Office I will be required to submit to and meet the requirements of the Rules, Policies and Procedures of the Portsmouth Sheriff's Office.

I understand that as a condition of appointment with the Portsmouth Sheriff's Office I will be required to successfully complete a physical examination by the City of Portsmouth's Physician.

I am a U. S. citizen lawfully qualified to work in the U. S. and will provide documentation as required by law if offered an appointment to a position with the Portsmouth Sheriff's Office.

Signature: _____

Date: _____

**COMMONWEALTH OF VIRGINIA
CITY OF PORTSMOUTH:**

I, _____, SSN: _____ Date of Birth _____
hereby authorize any person or agency to disclose, when requested to do so by the Portsmouth Sheriff's
Office representative, any and all information with respect to criminal records, personnel and
employment records, juvenile records, medical records, or any other records requested. A photostatic
copy of this authorization shall be considered as effective and valid as the original.

Date: _____ Signed: _____

Address: _____

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

(Notary Public Signature and Registration Number)

My Commission expires: _____

To The Applicant:

This statement is given to all applicants for a covered position with the Portsmouth Sheriff's Office. It must be signed and returned with the application.

The Sheriff will make the final determination regarding whether any applicant is accepted for appointment to a position with the Sheriff's Office. Any member of the Sheriff's Office may be involved in conducting the background investigation, interviews, or making recommendations. However, no one in the Sheriff's Office, except the Sheriff through his designated personnel representative, is authorized to offer an appointment to an applicant. No statement made by any other member of the Portsmouth Sheriff's Office shall be construed as a job offer to any applicant.

Signature of Applicant

Date

In order to obtain a copy of your credit report you can call or write any of the credit reporting company's listed below or contact your own bank for assistance in obtaining a report.

**Equifax Credit Information Center
Post Office Box 740241
Atlanta, GA 30374-0241
1-800-685-1111**

**Experian
Post Office Box 2002
Allen, Texas 75013
1-800-583-4080**

**Transunion
Post Office Box 1000
Chester, PA 19022
1-800-916-8800**

The report should cost you approximately \$8.50

Directions to
The Charles Fisher Memorial Training Academy
AND
The Human Resource Office (757) 393-5028
www.portsmouthva.gov/psol

In Portsmouth, take interstate 264 toward the downtown tunnel. Take the Effingham Street South exit (prior to the tunnel). Take a left on Lincoln Street. Go 1 block, take a left on to Green Street; we are the 2nd building on the right. (You will follow the fence around and enter the gate on the Randolph Street side).

From Norfolk take the downtown tunnel to Portsmouth, via interstate 264. Get off at the Effingham Street South Ramp, bare left onto Effingham Street, go to the 1st light and take a left on to Lincoln Street. Go 1 block, take a left on to Green Street; we are the 2nd building on the right. (You will follow the fence around and enter the gate on the Randolph Street side).

From Richmond, Suffolk, Chesapeake, and other northern cities, take Route 460 from Richmond to Route 58 East; take interstate 264 at Bowers Hill to Effingham Street South exit. Take a left onto Lincoln Street. Go 1 block, take a left on to Green Street; we are the 2nd building on the right. (You will follow the fence around and enter the gate on the Randolph Street side).