



# **ALBEMARLE COUNTY SHERIFF'S OFFICE**

## **Reserve Application Packet**

Thank you for your interest in the Reserve Division of the Albemarle County Sheriff's Office. Please fill out the forms contained in this packet. We will **not** be able to process your application unless all information is complete.

### **Please call one of the following if you have a question.**

Sgt. Steve Estes (434)566-6078 or Cpl. Brian Hollesh at [b2hollesh@albemarleso.org](mailto:b2hollesh@albemarleso.org)

### **RESERVE APPLICATION PACKET**

Thank you for your interest in the Reserve Division of the Albemarle County Sheriff's Office. Please fill out the forms contained in this packet. We will not be able to process your application unless all information is complete.

#### **Contained in this packet is an:**

1. Application
2. Authority to release information (signature must be witnessed)
3. Data sheet
4. DMV Information Request
5. Guide for background investigations
6. Periodic Drug Screening
7. Release of Drug Test Results

When you have completed these forms, except for the finger print cards, please return the application packet to the Sheriff's Office. Upon returning the application packet, you will at this time have your photo taken and your fingerprints done. Please remind whoever is in the Sheriff's Office that you have been instructed to have your photo and prints done at the same time.

Once we have all of the above forms completed, the application process goes to the next phase, a Division of Motor Vehicle check, (a print out of your driving record.) If you do not have a Virginia driver's license, one must be obtained. Then a "Background Check" will be done. After this, you will be scheduled for an interview. Next, your application packet will be sent to the Sheriff for review.

After your interview, you hear from our office within (4) weeks. Again, thank you for your interest in the Reserve Division of the Albemarle County Sheriff's Office.

REFERRED BY \_\_\_\_\_



# ALBEMARLE COUNTY SHERIFF'S OFFICE

## Authority to Release Information

To whom it may concern:

I hereby authorize any authorized representatives of the Albemarle County, Virginia, Sheriff's Office (ACSO) bearing this release, or copy thereof, within one year of its date, to obtain any information in files pertaining to my CPA/State Bar records, (including any grievance records), credit, employment, military, educational records (including but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), drivers license record and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction from criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of ACSO. Consent is granted for ACSO 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 school, college, university, or other educational institution law enforcement agency or criminal justice agency, 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 heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. I have been advised that ACSO will utilize this number only to facilitate the location of records concerning me in connection with this application of employment with ACSO. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: (Signature)

\_\_\_\_\_ (Include maiden and any other previously used name)

Full Name: (TYPED OR PRINTED)

\_\_\_\_\_

Social Security Account Number

\_\_\_\_\_

Drivers License Number

\_\_\_\_\_

State License Issued

\_\_\_\_\_

Parent or Guardian: (if required)

\_\_\_\_\_

Date:

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

CPA/BAR Membership:

\_\_\_\_\_

Witness 1:

\_\_\_\_\_

Witness 2:

\_\_\_\_\_



|                                      |                                       |
|--------------------------------------|---------------------------------------|
| Job Title:                           | Duties:                               |
| Employer:                            |                                       |
|                                      | Address:                              |
| Phone:                               |                                       |
| Type of Business:                    |                                       |
| Immediate Supervisor:                |                                       |
| Title:                               |                                       |
| Start Date:                          | Ending Date:                          |
| Salary: (starting)                   | (ending):                             |
|                                      | Full Time: Part Time: Hours per week: |
| Your name if different from present: | Equipment used                        |

D. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Automated word processing (specify equipment): \_\_\_\_\_

F. Licenses: (to include driver's) certificate, or other authorization to practice a trade or profession

| Type | License Number | Expiration Date | Granted by (licensing board) |
|------|----------------|-----------------|------------------------------|
|      |                |                 |                              |
|      |                |                 |                              |

**9. REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

| Name | Addresses | Phone | Relationship |
|------|-----------|-------|--------------|
|      |           |       |              |
|      |           |       |              |
|      |           |       |              |

10. Have you ever been convicted for any violations(s) of law, including moving traffic violations? \_\_\_ YES \_\_\_ NO IF YES, please provide the following: Description of offense: \_\_\_\_\_

Statue or ordinance: (if known) \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ County, City, or State of Conviction: \_\_\_\_\_

(For additional convictions, use plain paper: Include all information listed above.)

\*Convictions include Virginia juvenile adjudication's for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

**11. CERTIFICATION: Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any membership. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Sheriff's Office to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency or designee.

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE:** \_\_\_\_\_



# ALBEMARLE COUNTY SHERIFF'S OFFICE

## ACSO Reserve: Data Entry Form: Full Data

**Please Print.**

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|                    |       |        |
|--------------------|-------|--------|
| Last Name (suffix) | First | Middle |
|--------------------|-------|--------|

---

|  |             |
|--|-------------|
| Familiar Name (that people should use generally) | Nickname(s) |
|--|-------------|

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|     |               |                |               |
|-----|---------------|----------------|---------------|
| SSN | Date of Birth | State of Birth | City of Birth |
|-----|---------------|----------------|---------------|

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Address 1

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|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

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|            |            |       |            |
|------------|------------|-------|------------|
| Home Phone | Cell Phone | Pager | Work Phone |
|------------|------------|-------|------------|

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E-mail Address

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|         |      |             |              |
|---------|------|-------------|--------------|
| Badge # | Rank | Team Leader | Annex Key No |
|---------|------|-------------|--------------|

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|        |              |      |
|--------|--------------|------|
| Signed | Printed Name | Date |
|--------|--------------|------|

**Guide for background investigations  
Albemarle County Sheriff's Reserve Division**

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**Neighbor's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?
  
2. How long have you known the applicant and in what capacity?

**Neighbor's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?
  
2. How long have you known the applicant and in what capacity?

**Neighbor's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?
  
2. How long have you known the applicant and in what capacity?

===== **Reference's**  
**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, what is the information?
  
2. How long have you known the applicant and in what capacity?

**Reference's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes\_\_\_\_  
No\_\_\_\_ If yes, what is the information?

3. How long have you known the applicant and in what capacity?

**Reference's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes\_\_\_\_  
No\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

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**FOR THE LAST 10 YEARS**

**Employer's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes\_\_\_\_ No\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

3. Reason for leaving employment?

**Employer's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes\_\_\_\_ No\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

3. Reason for leaving employment?

**Employer's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

3. Reason for leaving employment?

=====

**Fellow worker's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

**Fellow worker's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

**Fellow worker's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

1. Do you have knowledge of any information that reflects unfavorably upon applicant? Yes\_\_\_\_ No\_\_\_\_ If yes, what is the information?

2. How long have you known the applicant and in what capacity?

**General:**

**PERIODIC DRUG SCREENING**

As a Part-Time Deputy with the Albemarle County Sheriff's Office, I

\_\_\_\_\_ **(Please print full name)**  
hereby agree to periodic drug screening upon request by supervisory personnel of the Albemarle County Sheriff's Office. The cost of any requested drug will be paid by the requesting organization.

\_\_\_\_\_  
**Full Name (Please print clearly)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

## RELEASE OF DRUG TEST RESULTS

As a Part-Time Deputy with the Albemarle County Sheriff's Office, I

\_\_\_\_\_ (Please print full name)  
allow Martha Jefferson Hospital permission to release the results of any drug screening test to the Albemarle County Sheriff's Office and/or Albemarle County Sheriff's Office Reserve Deputy Organization.

\_\_\_\_\_  
**Full Name (Please print clearly)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**