



ALBEMARLE COUNTY SHERIFF'S OFFICE

Authority to Release Information

Thank you for your interest in the Reserve Division of the Albemarle County Sheriff's Office. Please complete the 2017 Reserve Program application in its entirety. We will **not** process your application unless all requested information is complete.

Please contact one of the following if you have any questions:

- Sergeant Sandridge (434) 531-4214 James.sandridge@cfainstitute.org
- Sergeant Mauer (434) 964-7940 rwmauer@gmail.com

The following documents are contained in this packet:

1. Authority to release information *
2. Reserve Division Application
3. Periodic Drug Screening *
4. Release of Drug Test Results *
5. Reserve: responsibilities

* Signature must be witnessed

Please deliver the completed application to:

Albemarle County Sheriff's Office
Attn: Reserve Application 2013
411 E. High Street, Building B.
Charlottesville, Va. 22902

Once we receive your completed application, we will evaluate it and request an interview within four weeks for applicants that pass our initial screening process. If you are selected to proceed to the next phase after the interview, we will conduct a Division of Motor Vehicle review and a background check, including fingerprinting.

Thank you for your interest in the Reserve Division of the Albemarle County Sheriff's Office.

Name of Applicant: _____

Referred by _____



ALBEMARLE COUNTY SHERIFF'S OFFICE

Reserve Division Application

Please print in black ink.

Members and applicants of Albemarle County Sheriff's Office shall be afforded equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Sheriff's Office.

EDUCATION:

- A. Year graduated high school _____
- B. Number of years of post-high school education _____

Name and Location of Institution	Hours	Degree Received	Major or Specialty	Minor	Dates Attended

EXPERIENCE – Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications and interests. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

Job Title:	Duties:
Employer:	
	Address:
Phone:	
Type of Business:	
Immediate Supervisor:	
Title:	
Start Date: _____ Ending Date: _____	
Your name if different from present: _____	Full Time: _____ Part Time: _____ Hours per week: _____
	Equipment used
Job Title:	Duties:
Employer:	
	Address:
Phone:	
Type of Business:	
Immediate Supervisor:	
Title:	
Start Date: _____ Ending Date: _____	
Your name if different from present: _____	Full Time: _____ Part Time: _____ Hours per week: _____
	Equipment used
Job Title:	Duties:
Employer:	
	Address:
Phone:	
Type of Business:	
Immediate Supervisor:	
Title:	
Start Date: _____ Ending Date: _____	
Your name if different from present: _____	Full Time: _____ Part Time: _____ Hours per week: _____
	Equipment used

Reserve Division Application (continued)

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

D. Licenses: certificates, or other authorization to practice a trade or profession

Type	License Number	Expiration Date	Granted by (licensing board)

E. Please describe your proficiency with handguns: _____

F. REFERENCES:

Neighbors:

Name	Addresses	Phone	Relationship

Non-relatives:

Name	Addresses	Phone	Relationship

G. Have you ever been convicted for any violations of law, including moving traffic violations? ___Yes ___No

If yes, please provide the following:

Description of offense: _____ Date: _____ State/County of Conviction _____

Description of offense: _____ Date: _____ State/County of Conviction _____

Description of offense: _____ Date: _____ State/County of Conviction _____

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

H. 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 Reserve Division Periodic Drug Screening

As a Part-Time Deputy with the Albemarle County Sheriff's Office, I _____ hereby agree to periodic drug screening upon request by supervisory personnel of the Albemarle County Sheriff's Office or Albemarle County Sherriff's Office Reserve Division. The cost of any requested drug will be paid by the requesting organization:

Full Name (Please print clearly)

Signature

Date

Witness

Date

Albemarle County Sheriff's Office Reserve Division Release of Drug Test Results

As a Part-Time Deputy with the Albemarle County Sheriff's Office, I _____ give permission to release the results of any drug screening test to the Albemarle County Sheriff's office or Albemarle County Sherriff's Office Reserve Division:

Full Name (Please print clearly)

Signature

Date

Witness

Date



ALBEMARLE COUNTY SHERIFF'S OFFICE

ACSO Reserve: RESPONSIBILITIES

If selected for the Reserve Division, you will have the following responsibilities:

- **Work a minimum of 8 hours of courtroom security or fingerprinting (if needed) per month. The courtroom hours are Monday through Friday, 8:00am-4:30pm. You may work half days.**
- Assist with parade traffic control over the July 4th period.
- Participate as an active member of the Search and Rescue (SAR) team. This includes participating in training and responding to searches.
- Maintain annual Albemarle County Sheriff's Office Reserve training requirements.
- Attend the monthly membership meetings (generally 6:00 pm the first Monday of each month).
- Commit to assist with afterhours Temporary Detaining Orders (TDO) a minimum of one week per year.
- Assist with prisoner transport.
- Provide community assistance as required during times of emergency or natural disaster. Such assistance may include traffic control, security at emergency shelters, etc.

The responsibilities listed above are the minimum requirements; you may choose to participate in additional events and activities.

I have read, understand and agree to the responsibilities required to be a part of the Albemarle County Sheriff's Office Reserve Division:

Full Name (Please print clearly)

Signature

Date