



ALBEMARLE COUNTY SHERIFF'S OFFICE

Reserve Division Application



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

Please contact us at the following email address, if you have any questions about this application:

applications@albemarleso.org

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. Reserves responsibilities *
6. Acknowledgment of Individual

* **“Signature of Applicant”** is called for three (3) times within this application. **DO NOT** sign unless your signature is being witnessed by either 1) a Commonwealth of Virginia Notary Public or 2) an administrative or sworn personnel within the Albemarle County Sheriff's Office. See the “Acknowledgment of Individual” page.

** Fill out the requested information, but **DO NOT** sign until asked to do so by ACSO personnel.

Deliver your completed application to:

Albemarle County Sheriff's Office
Att: Reserve Application
411 E. High Street, Building B.
Charlottesville, VA 22902

Once we receive your completed application, we will evaluate it. For applicants that pass our initial screening process, you will move on to the next phase and an interview with the Reserve Command Staff will be scheduled. After the interview, if you are selected to proceed, we will perform a background check, including a Division of Motor Vehicle review and possibly fingerprinting. You will be contacted after the background check has been completed.

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



AUTHORITY TO RELEASE INFORMATION

To whom it may concern:

I hereby give authority to any authorized representatives of the Albemarle County, Virginia, Sheriff's Office (ACSO) bearing this release, or copy thereof, within one year of its signed date, to obtain information in files pertaining to my CPA/State Bar records, (including any grievance records), credit history, employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), driver's 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 released 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 (SSN) 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:

Last Name (suffix)	First	Middle
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- -

SSN	Date of Birth	State of Birth	City/County of Birth
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Driver License Number	E-mail Address
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Address

City	State	Zip
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Home Phone	Cell Phone	Work Phone
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(#1) Signature of Applicant

Date

DO NOT sign unless your signature is being witnessed



ALBEMARLE COUNTY SHERIFF'S OFFICE

Reserve Division Application



Please complete in black ink

Members and applicants of Albemarle County Sheriff's Office (ACSO) shall be afforded equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, disability, martial 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.

A. EDUCATION:

Year graduated from High School or obtained GED _____

Number of years of post-high school education _____

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

B. EXPERIENCE - Use Supplemental 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 current 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			



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Reserve Division Application



C. Use this space for 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	Address	Phone	Relationship

Non-relatives:

Name	Address	Phone	Relationship

G. **VIOLATIONS:**

Have you ever been arrested or convicted of **ANY** violations of the law, including moving traffic citations? Yes No
 If "Yes", provide the following: (Use plain paper to list additional arrests or convictions or to provide additional information)

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

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

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

H. **CERTIFICATION:**

I, _____, hereby certify that all entries on this application and attachments are truthful
Full Name (print clearly)

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 within ACSO. 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 ACSO 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.

(#2) Signature of Applicant

Date

DO NOT sign unless your signature is being witnessed



ALBEMARLE COUNTY SHERIFF'S OFFICE



Reserve Division Periodic Drug Screening

As a Reserve Deputy with the Albemarle County Sheriff's Office, I, _____,
Full Name (print clearly)

hereby agree to periodic drug screening upon request by supervisory personnel of the Albemarle County Sheriff's Office or Albemarle County Sheriff's Office Reserve Division. The cost of any requested drug screening will be paid by the requesting organization.

Signature of Reserve Deputy

Date

Albemarle County Sheriff's Office Representative

Date

Reserve Division Release of Drug Test Results

As a Reserve Deputy with the Albemarle County Sheriff's Office, I, _____,
Full Name (print clearly)

hereby give permission to release the results of any drug screening test to supervisory personnel of the Albemarle County Sheriff's Office or Albemarle County Sheriff's Office Reserve Division.

Signature of Reserve Deputy

Date

Albemarle County Sheriff's Office Representative

Date

*** Fill in your "Full Name", but **DO NOT** sign this form until your are asked to do so by an ACSO Representative ***



ALBEMARLE COUNTY SHERIFF'S OFFICE

Reserve Division Application



CORE RESPONSIBILITIES

If selected as a member for the ACSO Reserve Division, the following core responsibilities must be met. Please read and consider these core responsibilities carefully.

- Work a minimum of eight (8) hours of courtroom security or fingerprinting per month. The courtroom hours are Monday through Friday, 8:00am - 4:30pm. Two half days (four hours) may be worked in lieu of one 8 hour day. The fingerprinting hours are Wednesday/Friday Noon - 4:00pm (subject to change).
- 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, responding to searches and attending meetings.
- Maintain annual Albemarle County Sheriff's Office Reserve training requirements by attending mandatory training/qualification sessions throughout the year.
- Attend the monthly membership meetings (generally the first Monday of each month at 6:00pm). Two (2) unexcused absences are allowed per calendar year.
- Commit to assist with after-hours Temporary Detention Orders (TDO on Call) a minimum of one week per calendar year. If you live outside of a 60 minute travel time radius of the Sheriff's Office. You will be exempt from TDO on Call. However, you will have to provide an additional twelve (12) hours of courtroom security or fingerprinting, during the calendar year.
- Assist with prisoner transport, as required.
- Provide community assistance during times of emergency or natural disaster, as required. Such assistance may include providing traffic control, security at shelters, etc.

The core responsibilities listed above are the **minimum** requirements to be a member; in addition, you may choose to participate in additional events and activities.

I, _____, have read, understood and agree to meet each of the required
Full Name (print clearly)
core responsibilities listed above to be a member of the Albemarle County Sheriff's Office Reserve Division. Further, I understand and agree, that if I cannot meet the required core responsibilities, it may cause forfeiture on my part to any membership within Albemarle County Sheriff's Office:

(#3) Signature of Applicant

DO NOT sign unless your signature is being witnessed

Date



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B. EXPERIENCE *(Supplemental Experience)*

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
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



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Acknowledgment of Individual

Commonwealth of Virginia - City/County of _____

The forgoing instrument was acknowledged in three (3) "Signature of Applicant" locations before me this _____ day of _____, 20__ by

(Name of person seeking acknowledgment)

Commonwealth of Virginia Notary Public

Signature of Commonwealth of Virginia Notary Public

(Official Seal or Stamp)

Notary Registration Number: _____

My Commission Expires: _____, 20 ____

OR

Albemarle County Sheriff's Office Representative

Signature of ACSO Representative