



HAMPTON SHERIFF'S OFFICE

1928 W. Pembroke Avenue

Hampton, VA 23661

(757) 926-2540

www.hampton.gov/sheriff

APPLICATION DOCUMENTS CHECKLIST

PLEASE COMPLETE ALL DOCUMENTS IN BLACK INK ONLY.

DOCUMENTS TO BE COMPLETED:

- Application (Print legibly. **Do not leave any blanks**. (If a question does not apply to you, write N/A. If you answer YES to any question, please write an explanation in the space provided).
 - Authorization for Release of Information – (Notarized)
 - Agility Test Form (Deputy Applicants only) – (Notarized)
 - Resume (optional)
 - EEO Information (optional)
-

COPIES (NOT ORIGINALS) OF DOCUMENTS TO BE INCLUDED:

- Copy of current **VIRGINIA** Driver's License
- Official DMV Driving Record – **Not to exceed a minus (-2)**
(Driving Record not to exceed 30 days)
- Copy of **signed** Social Security Card
- Copy of High School Diploma **OR** GED **OR** College Diploma
- Copy of Form DD-214 (Discharge documents from the Armed Forces, if applicable)
- Three (3) Reference Letters: (**not to exceed 30 days**) **Dated and signed**. Must include **telephone numbers**, and **email addresses**. References from former employers – include Company Name, Address, Name of Supervisor, Title, **Telephone Number**, and **Email Address**. **References from family members and relatives are not acceptable.**

Mail your application to:
Hampton Sheriff's Office
1928 W. Pembroke Avenue,
Hampton, VA 23661

Drop Off (Preferred):
Monday – Friday: 8:30 a.m. – 4:00 p.m.
Hampton Sheriff's Office
1928 W. Pembroke Avenue,
Hampton, VA 23661

Revised: 2/5/2018

“Committed to Excellence”



Hampton Sheriff's Office

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



Employment Desired:

Position Desired:	Application Date:	Orientation Date:
Are you seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		How did you hear about us?

Personal Information: (Incomplete information could disqualify you from further consideration.)

Name: (First, Middle, Last)	SS#:	
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-mail Address:		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 20 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work overtime, including weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this agency? If yes, please provide dates, supervisors, etc.:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you know anyone who works for this agency? If yes, please provide name and length of time known for each:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives currently working for this agency? If yes, please provide name and relationship for each:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Background:

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company names and contacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony offense? If yes, please provide dates and location for all convictions:	<input type="checkbox"/> Yes <input type="checkbox"/> No



EMPLOYMENT HISTORY

List all jobs you have held in the past ten years, beginning with your current or most recent position. Please include military service, part time jobs and any periods of unemployment. Attach additional sheets, if necessary.

Current or Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:		Supervisor's Title:		
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Second Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:		Supervisor's Title:		
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Third Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:		Supervisor's Title:		
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				



EMPLOYMENT HISTORY-continued

List all jobs you have held in the past ten years, beginning with your current or most recent position. Please include military service, part time jobs and any periods of unemployment. Attach additional sheets, if necessary.

Fourth Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Fifth Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Sixth Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				



EDUCATION

	Name of School	City/State	No. Years Attended	Subjects/Major	Degree Y/N
High School					
College or University					
Graduate School					
Trade or Business School					

Licenses or Certifications:

Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:

Special skills, experience and/or training that would enhance your ability to perform the position applied for.**Equipment and/or Computer Skills:****REFERENCES:** (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)

Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:



Military History

Military Service

Branch of Service:	Date of Entry:	Date of Discharge:
Type of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other	If Other Please Explain:	

List Military Disciplinary Actions 9, Article 15s, Court Martial, etc.)

Date:	Command	Location
Nature of Charge:	Type of Charge:	
Place of Charge:	Disposition:	
Rank Upon Entry in Military:	Rank Upon Discharge from Military:	
Additional Space if needed:		

Family Information

Family Information:

Present Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Spouse's Name or Significant Other:		
Address:	City	State
Place of Employment:	Business Address:	
Occupation:	Business Phone:	

Child information (all children & step-children) Also list the names, ages and relationships of any additional persons living with you. (Attach additional sheets, if necessary).

Names	Ages	Relationship



Extended Family Information

Mother's Name: _____ **Address:** _____ **City & State:** _____

Occupation: _____ **Address:** _____ **City & State:** _____

Father's Name: _____ **Address:** _____ **City & State:** _____

Occupation: _____ **Address:** _____ **City & State:** _____

List the names, ages, addresses and occupations of all brothers and sisters

Name: _____ **Age:** _____ **Address:** _____ **Occupation:** _____



Legal and Drug History

Legal:

Have you ever been convicted in any court of law of any criminal charge whether felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested or charged with any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to furnish bail or bond for an appearance in any court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received a ticket or summons for any violation of traffic laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has any member of your family ever been arrested for a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the victim of any criminal act which was reported to legal authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever experimented or used any illegal drugs or substances within the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any misconduct with an inmate or co-worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to any of the above questions, please explain below in detail: giving date, place, charge and final disposition

Drugs

Have you ever used or tried any illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	First time used	Last time used	Frequency
Marijuana			
Heroin			
LSD			
Speed			
Cocaine			
Hashish			
PCP			

List any other drugs, narcotics, hallucinogens that have not been identified above:

Implementation of the PREA standards in combating sexual abuse in confinement facilities will be contingent upon effective agency and facility leadership, and the development of an agency's principles prioritizing efforts to combat sexual abuse.

A criminal background records check will be conducted before hiring new employees or enlisting services from volunteers or contractors, who may have contact with inmates. **PREA 115.17 (c) (1-2), (d)**

The Hampton Sheriff's Office shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. **PREA 115.17 (b)**

All applicants and employees, who may have contact with inmates, will be asked directly about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. **PREA 115.17 (f)**

Employees and applicants must disclose any such misconduct. Any material omission or false information regarding misconduct will be grounds for termination. **PREA 115.17 (g)**

The Hampton Sheriff's Office (HSO) has a zero tolerance for any incidence of rape, sexual assault or sexual misconduct and complies with applicable components of the Prison Rape Elimination Act (PREA) of 2003.

Initial / Date

Authorization

Please Read Carefully Before Signing

I authorize investigation of all statements contained in this application and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background, if requested.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined reflect adversely on the Hampton Sheriff's Office.

If employed, I agree to maintain confidentiality regarding any information concerning the Hampton Sheriff's Office that may come to my knowledge. Further, I agree to comply with all of the policies and regulations of the Hampton Sheriff's Office as set forth in the Hampton Sheriff's Office employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Hampton Sheriff's Office to hire me. I understand that if employment is offered to me, such offer does not constitute a contract of employment. I understand that if I am employed by the Hampton Sheriff's Office, my employment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the Sheriff or myself.

I attest with my signature below that I have read all of the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 20 years of age and am legally authorized to work in the United States. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself and the Hampton Sheriff's Office for either employment or for the providing of any benefit.

I understand that as a condition of this application and any employment, I may be required to submit to testing for the presence of illegal drugs. I hereby consent to such testing. I further acknowledge that no promise or guarantee is binding upon the Hampton Sheriff's Office unless made in a written contract of employment as described above.

Applicant's Name: (Please Print)	
Applicant's Signature:	Date:

OFFICE OF THE SHERIFF



City Of Hampton
1928 W. Pembroke Avenue
Hampton, VA 23661

Karen E. Bowden
Sheriff

Phone: (757) 926-2540
Fax: (757) 926-2537

Hampton Sheriff's Office Authorization for Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinics, Attorneys at Law

U.S. Armed Forces, Maritime Service, Veterans Administration or Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, High School or Elementary School (public or private)

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer
Credit Bureau or Retail Merchants Association
U.S. Selective Service System
Division of Motor Vehicles

I, _____, Address _____

have applied for employment with the Hampton Sheriff's Office, City of Hampton, Virginia. I am aware that my entire background will be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning my background (including a transcript of any academic record) to Hampton Sheriff's Office investigators or representatives, upon presentation of this release or copy thereof.

- over -

"Committed to Excellence"



Hampton Sheriff's Office Agility Test Form



Applicant`s Name: _____ Age: _____ Sex: ___ M ___ F Date: ___/___/___ Make-up Date: ___/___/___ Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
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In consideration of being permitted to complete the application requirements for employment as a Correctional Officer with the Hampton Sheriff's Office by taking the physical agility test, the undersigned hereby releases the Hampton Sheriff's Office and all of its employees and agents, of and from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the undersigned as a result of taking the said agility test.

The undersigned, being duly aware of the physical exertion, risks and hazards involved in taking the said agility test, hereby elects voluntarily to take it, and voluntarily assumes all risks of loss, damages, or injury, including death that may be sustained as a result thereof.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing, understands it, and signs it voluntarily, and that he/she is 20 years of age and of sound mind.

Applicant: _____ Witness: _____

State of _____ City of _____

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

“My commission expires: _____, 20_____.”

CITY OF HAMPTON, VIRGINIA – EEO APPLICATION INFORMATION FORM

FOR CITY USE ONLY:

Employment Status: _____

Date: _____

IMPORTANT:

The information on this sheet regarding race, sex, age, and disability status is needed to analyze and assure compliance with city and federal Equal Employment Opportunity Laws and to meet the reporting requirements of these laws. Your cooperation in voluntarily giving this information is important to the success of our Equal Employment Opportunity programs.

This EEO Applicant Information Form will be kept separate from your application. It is not to be used in hiring, interviewing, or any other employment decision. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

1. Position for which you are applying: _____

2. Name: _____
Last First Middle

3. Sex: ___ Male ___ Female 4. Birthdate: _____
Month Day Year

5. Racial/Ethnic Data: Please identify yourself in terms of the racial/ethnic groups below:

___ Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, the Indian subcontinent.

___ African American (not of Hispanic origin): All persons having origins in any black racial groups.

___ Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

___ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

6. Disability Status:

Are you disabled? ___ Yes ___ No

7. Veteran Status:

___ Veteran ___ Disabled Veteran



Hampton Sheriff's Office Criteria for Applicants



- Minimum age 20 years old
- High school diploma or GED Equivalency Certificate or College Diploma
- Current Virginia driver's license-not to exceed a minus (-2) on driving record
- Veterans must have an Honorable Discharge from the Armed Forces (DD-214)
- Successfully pass a physical examination to include urinalysis for drug screening
- Successfully pass an agility test completion to include a rigorous physical fitness test
- Successfully pass a written examination (contents to include reading comprehension and math computation)
- Successful completion of a thorough background investigation, to include a polygraph examination.
- Must agree to all conditions of an employment agreement and sign, requiring reimbursement for training and uniforms expenses, if conditions are not met



Hampton Sheriff's Office Disqualifiers for Applicants



- Criminal Record (to include in state (VA), out of state and Federal):
 - Charged and/or Conviction of any felony.
 - Conviction of any offense involving moral turpitude (i.e.: larceny, embezzlement, perjury, etc.).
 - Conviction of any misdemeanor crime of domestic violence as defined in Title 18 of the Federal Code.
 - Charged of DUI, DWI or any serious driving offenses, within ten (10) years.
 - Conviction of DUI, DWI or any serious driving offenses.
 - Conviction of driving with a suspended license.
- Drug Usage: Substantiated use or illegal act involving the use of any narcotic, controlled substance, or dangerous drug, as deemed by Federal and or State law.
 - Marijuana Usage:
No marijuana within the twelve (12) months preceding the date of their application for employment, regardless of the location of use (even if marijuana usage is legal in the candidate's home state). The various forms of marijuana include cannabis, hashish, hash oil, and tetrahydrocannabinol (THC), in both synthetic and natural forms.

A candidate's use of marijuana in its various forms for medical reasons, regardless of whether or not it was prescribed by a licensed practicing physician, cannot be used as a mitigating factor.

Illegal Drugs:

No illegal drug can be used, within the ten (10) years preceding the date of the application for employment. (Other than marijuana)

Candidates cannot have sold, distributed, manufactured, or transported any illegal drug or controlled substance without legal authorization.

Prescription Drugs/Legally Obtainable Substances:

Candidates cannot have used anabolic steroids without a prescription from a licensed practicing physician within the past ten (10) years preceding the date of the application for employment.

Candidates cannot have sold, distributed, manufactured, or transported any prescription drug without legal authorization.

Dishonorable or bad conduct discharge from military service

Poor military service records, i.e.: Article 15, AWOLS, etc. (may be considered on a case by case basis)



Hampton Sheriff's Office Agility Test Requirements for Deputy Applicants Only



This test will consist of six (6) elements as described below, which are essential for the satisfactory performance of the duties within the Hampton Sheriff's Office as a deputy sheriff. Each element is scored on a pass/fail basis based on time. New applicants must satisfactorily complete each element of the assessment in order to successfully complete the agility test. New applicants who fail any element of this agility test will not be considered for appointment as deputy sheriff.

Element I – Trigger Pull

The candidate must pull the trigger 30 times with their **strong hand** within 60 seconds.

The candidate must pull the trigger 12 times with their **support hand** in 12 seconds.

FAIL: Unable to pull the trigger within the designated time frame.

Element II – Dummy Lift

The candidate must lift and hold dummy for 1 minute utilizing a bear-hug, simulating relieving pressure on the neck without dropping.

FAIL: Unable to relieve pressure for 1 minute or unable to complete task within designated time frame.

Element III – Dummy Drag

The candidate must drag the 120-pound dummy 30 feet within 20 seconds.

FAIL: Cannot drag the dummy 30 feet or it takes longer than 20 seconds or unable to complete task within designated time frame.

Element IV – Stair Climb

The candidate must climb 3 flights of stairs (up and down) in 40 seconds (no jumping or skipping steps. You must use each step.)

FAIL: More than 40 seconds or unable to complete task within designated timeframe.

Element V – Run

The candidate will run 1 lap on a quarter mile track in 3:00 minutes.

FAIL: More than 3:00 minutes or unable to complete run within designated time frame.

Element VI – 40 Yard Dash

The candidate must run 40 yards within 8 seconds.

FAIL: More than 8 seconds or unable to complete task within designated time frame.

HAMPTON SHERIFF'S OFFICE
An Equal Opportunity Employer



SELECTION PROCESS

May take up to 45-60 days

POSTING

The job announcement is made public.

COMPLETED APPLICATION

Applications are screened and all supporting documentation.

FINGERPRINTING

Criminal History checks are made; and applicants are scheduled for Fingerprinting.

ORIENTATION

Applicants are given an overview of the Hampton Sheriff's Office and the Selection Process followed by a Question and Answer period.

WRITTEN/AGILITY/TOUR (DEPUTY APPLICANTS ONLY)

Applicants take the written assessment and the **Agility Test (Deputy Only)**. The written assessment will be emailed to applicants. The deadline to complete the written assessment will be in the body of the email. Deputy applicants will be contacted with the agility test date and time. Appropriate gym clothes must be worn. Conservative attire required. A tour of the Hampton Correctional Facility will be conducted immediately following the agility test.

BACKGROUND CHECKS

Employment verifications and personal background checks are administered at this time. Information given on the application will be verified and general information about the applicant will be sent to the references provided.

POLYGRAPH EXAMINATION

Applicants will be scheduled to take a Polygraph Examination. The Polygraph Exam will take approximately 2 hours.

PHYSICAL EXAMINATION/DRUG TESTING

Applicants will be scheduled to take a Physical Examination, to include Drug Tests. The Physical will be taken on a Tuesday. **Applicants must return on Thursday for results to be determined.** Physicals could begin as early as 7:30 a.m.

ORAL BOARD INTERVIEW

Applicants will appear before a panel which evaluates each applicant based on their responses to a set of general and situational questions.

PERSONAL INTERVIEW AND CONTRACT OVERVIEW

Applicants are personally interviewed by the Undersheriff and/or Sheriff by date of hire. Prior to start date, employment agreement and salary information have been reviewed by applicant.

OFFER LETTER / UNIFORM FITTING

An offer letter and employment agreement are sent to all successful candidates. Upon acceptance, the offer letter is returned to the Hampton Sheriff's Office. A Uniform Fitting appointment is made, and an official first day of employment is scheduled.

START DATE

A start date is scheduled within two weeks of the expiration date of the offer letter.

RE-APPLICATION

Applicants who are not selected may be eligible to reapply after one (1) year.

Each step in the process is based on "Pass or Fail" criteria. An HR representative will contact applicants to schedule dates and times for each step.



Hampton Sheriff's Office Test Results



Applicant's Name _____
Last
First
Middle Initial

Written Examination: ___ Pass ___ Fail Date Administered: _____

Agility Test: ___ Pass ___ Fail Date Administered: _____

Polygraph Test: ___ Pass ___ Fail Date Administered: _____

Interview Board: ___ Pass ___ Fail Date Administered: _____

Interview w/ Jail Administrator: ___ Pass ___ Fail Date Attended: _____

Results: _____

Physical Examination: ___ Pass ___ Fail Date Administered: _____

Hired: ___ Pass ___ Fail Start Date: _____

Comments: _____

