

Spotsylvania Sheriff's Office VIPS Application Form

Name: (Last)	(First)	(Full Middle)
Maiden Name/Alias		Social Security Number
Address: (No Post Office Box)		
Home Telephone Number		Work Telephone Number
Cell Telephone Number		Contact Email Address
Do you have any web/homepages? If so, provide web address and length of time you've had the web/home page.		Are you a participant in a commercial website such as "My Space" or similar sites? If so, provide web address and length of time you've been a member.
Operator's License (i.e. Driver's License) and state license was issued.		Expiration Date on License
Date of Birth (Month/Day/Year)		City and State of Birth
Current Height, Weight, and Race (for record checks)		Color of Hair: Color of Eyes:
Full Name of Employer		Address of Employer
Length of Employment (Months or Years)		Current Occupation
Full Name of Employer		Address of Employer

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<p align="center">Employment History</p> <p>Have you been demoted or suspended from your current employment? From any previous employments?</p>	<p align="center">Provide Details for All Demotions and Suspension (Dates/Reasons)</p>
<p align="center">Employment History (Continued)</p> <p>Have you been fired from any employment?</p> <p>Yes_____</p> <p>No_____</p>	<p align="center">Details</p>
<p align="center">Volunteer Service History</p> <p>Provide Name and Location of Business/Government Agency, etc.</p>	<p align="center">Position and Dates of Volunteer Service</p>
<p align="center">Reason for Leaving Each Volunteer Position</p>	
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Volunteer Positions/Applications with Spotsylvania County	
Have you previously applied for and been denied any types of volunteer positions within the county?	
Application for Law Enforcement Positions	
Have you applied for any law enforcement related positions? If yes, provide details.	
<p style="text-align: center;">Education</p> High School Diploma: Yes___ No___ GED: Yes___ No___	<p style="text-align: center;">College</p> Associate Degree: Yes___ No___ Bachelors Degree: Yes___ No___ Major: _____ Graduate Degree: Yes___ No___ Major: _____
<p style="text-align: center;">Military Service (Active, Reserve, National Guard)</p> Branch of Service: _____ Years of Service: _____ Type of Discharge: _____ Highest Grade/Rank: _____	<p style="text-align: center;">Disciplinary Action</p> Court martial (Date and Reason): _____ _____ Non-judicial Punishment (Date and Reason) _____ _____
<p style="text-align: center;">Polygraph History</p> Have you ever taken a polygraph: Yes___ No___ Name of Department/Agency: _____	<p style="text-align: center;">Date/Reason for Polygraph</p>
<p style="text-align: center;">Citizenship and Residency</p> Are you a United States Citizen? Yes___ No___ Are you a resident of Spotsylvania County? Yes___ No___	<p style="text-align: center;">Permanent Resident Alien Information</p> Country of Birth: _____ Date of Entry into U.S.: _____ Permanent Resident Alien Number: _____

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<p style="text-align: center;">Driver's License History</p> <p>Has your License ever been revoked or suspended: Yes___No_____</p> <p>If yes, provide details.</p>	<p style="text-align: center;">List Other States Where You Had Driver's Licenses Issued</p>
<p style="text-align: center;">Traffic Citations</p> <p>List <u>all</u> traffic citations(excluding parking) received by offense/date/place/department</p>	<p style="text-align: center;">Traffic Citation Information (Continued)</p>
<p style="text-align: center;">Criminal History</p> <p>List all Criminal Charges/Offenses (type, date, location, police agency, final disposition etc.) You Have Been Charged with regardless of the final outcome of any court proceedings. Include all adult or juvenile.</p>	<p style="text-align: center;">Criminal History (continued)</p>
<p style="text-align: center;">Drug/Substance Use</p> <p>Have you ever used, abused, or experimented with any of the following substances. If yes, provide details as to period of time used, approximately number of times per substance and any comments you wish to provide.</p> <ul style="list-style-type: none"> • Marijuana/Hashish • Cocaine/Crack • Amphetamines/Barbiturates • Steroids 	<p>Provide Details of Treatment Received due to Use of drugs/substances. Space may also be used to explain use of drugs/substances.</p>

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<ul style="list-style-type: none">• LSD/PCP/Hallucinogens• Aerosol Inhalants/Glue• Other substances• Excessive use of alcohol	
<p style="text-align: center;">NOTICE</p> <p>During your personal interview, you will be required to sign this application form in front of a representative of the Spotsylvania Sheriff's Office. By signing this form, you are confirming that all information is true and accurate.</p>	<p style="text-align: center;">Signature of Applicant</p>

Use additional paper (if needed) for comments and details for above information.