



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 style="text-align: center;">Employment History</p> <p>Have you been demoted or suspended from your current employment? From any previous employments?</p>	<p style="text-align: center;">Provide Details for All Demotions and Suspension (Dates/Reasons)</p>
<p style="text-align: center;">Employment History (Continued)</p> <p>Have you been fired from any employment?</p> <p>Yes_____</p> <p>No_____</p>	<p style="text-align: center;">Details</p>
<p style="text-align: center;">Volunteer Service History</p> <p>Provide Name and Location of Business/Government Agency, etc.</p>	<p style="text-align: center;">Position and Dates of Volunteer Service</p>
<p style="text-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.

Education

High School Diploma: Yes___ No___

GED: Yes___ No___

College

Associate Degree: Yes___ No___

Bachelors Degree: Yes___ No___

Major: _____

Graduate Degree: Yes___ No___

Major: _____

Military Service

(Active, Reserve, National Guard)

Branch of Service: _____

Years of Service: _____

Type of Discharge: _____

Highest Grade/Rank: _____

Military Disciplinary Action

Court martial (Date and Reason):

Non-judicial Punishment (Date and Reason):

Polygraph History

Have you ever taken a polygraph: Yes___ No___

Name of
Department/Agency: _____

Date/Reason for Polygraph

Citizenship and Residency

Are you a United States Citizen?

Yes___ No___

Are you a resident of Spotsylvania County?

Yes___ No___

Permanent Resident Alien Information

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___ 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>

Comments:

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