
Employment Application

Tazewell County Sheriff's Office
104 Court Street
Tazewell, VA 24651

H. S. Caudill, Sheriff

Please read the following before completing this application

Thank you for your interest in employment with the Tazewell County Sheriff's Office. Our agency is proud to be an equal opportunity employer.

Please read and answer the questions on the following pages. Upon completion of your application, please return it to our office.

All applications must be typed and completely filled out in order for it to be considered for employment. No hand written application will be accepted.

Please do not call to inquire about applications.

1. There is no guarantee of a job offer or a job interview.
2. Applications are filed according to job title. Please mark clearly the position for which you are applying.

I agree to a pre-employment background check, drug, and alcohol screening.

I certify that I have made true, correct and complete statements on this application. I understand and agree that any misrepresentation, omission, or falsely answered statement made by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my appointment at any time, with or without cause, and without prior notice.

** I fully understand that if I choose to leave the Tazewell County Sheriff's Office within one year after graduating from the Basic Academy, I will be required to reimburse Tazewell County for training, physicals, drug testing, uniforms, and any other expenses that have been incurred by me.*

Type of employment desired: Full-Time Part-Time

Position(s) Applied For

Office/Clerical E-911 Dispatcher Deputy Sheriff

PLEASE SIGN LEGIBLY: If your signature cannot be read, your application will not be accepted.

Signature of Applicant: _____ Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Physical Address: _____
Street City State Zip Code

Telephone: () _____ **Social Security Number:** _____ - _____ - _____

Date of Birth: ____/____/____ **Driver's License Number:** _____ **State:** _____

Have you ever been employed at the Tazewell County Sheriff's Office before?... Yes No

Have you ever been dishonorably discharged from a military force?..... Yes No

Have you ever been charged or convicted of a felony?..... Yes No

Have you ever been charged for domestic violence?..... Yes No

Are you a resident of Tazewell County?..... Yes No

Do you have any relatives employed at the Tazewell County Sheriff's Office?.... Yes No

If yes, please list the name and relationship: _____

Do you have any medical conditions that would prevent you from performing duties required by this position?..... Yes No

Educational Background

Name and Location	Years Completed	Year of Graduation		Course of Study
High School:				
College:		Major:	Degree:	
Other:				

References

Name	Telephone	Years Known

To be completed by Administration Office

TAZEWELL COUNTY SHERIFF'S OFFICE

104 Court Street
Tazewell, VA 24651
(276) 988-5966

H. S. Caudill, Sheriff

PRE-EMPLOYMENT BACKGROUND CHECK

I _____, DOB _____,
SSN _____ authorize the Tazewell County Sheriff's Office to
obtain my driving records, medical records, criminal history and all employment history. I also
give my permission to have my credit history checked and my educational information (school
records) for pre-employment and employment status. I waive my right of access to any such
information.

Signature: _____ Date: _____

Acknowledged before me _____, a Notary Public in and for the
(Name of Notary)

City / County of _____ State of _____, at large, by
_____, this day of _____, _____.

Notary Public: _____ My Commission Expires: _____

Notary Seal