



Pasquotank County Sheriff's Office

APPLICATION

Return To: Pasquotank County Sheriff's Office
200 E. Colonial Ave.
Elizabeth City, NC 27909
252-338-2191

DATE _____

NAME _____ Drivers License _____

SOCIAL SECURITY NUMBER ____/____/____ DOB _____

POSITION(S) APPLIED FOR:

____ DEPUTY _____ OTHER (specify) _____

Type of work requested:

____ Permanent ____ Permanent part-time ____ Temporary full-time ____ Temporary part-time

OTHER REQUESTS:

____ NON-PAID _____ LETTER OF SPONSORSHIP
____ Reserve Deputy _____ Basic Law Enforcement Training

Applications for reserve status of letter of sponsorship must be submitted to the Pasquotank County Sheriff's Office, 200 E. Colonial Ave., Elizabeth City, NC 27909

MINIMUM STANDARDS FOR EMPLOYMENT AS A JUSTICE OFFICER

Applicants for the position of deputy sheriff or letter of sponsorship must meet the following criteria prior to employment.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. At least 21 years of age 2. US Citizenship 3. High School Graduate or GED 4. Not convicted of a felon 5. Not convicted of a Class B Misdemeanor within 5 years | <ol style="list-style-type: none"> 6. Good moral character 7. Prior to employment <ol style="list-style-type: none"> a. Thorough background investigation b. Physical examination/test c. Drug testing d. Finger printed and photographed e. Interview/review board |
|---|---|

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of application
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How Did You Learn About Us?

Advertisement Friend walk-in
 Employment Relative Other _____

Last Name	First Name	Middle Name		
Address	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate Collage				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization, which indicate race, color, religion gender, national origin, disabilities or other protected status.

1.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

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Application Statement

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be consider for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Application

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No

Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES:

