PLEASE READ THE INSTRUCTIONS!



Please return this application to:

Chaplain Gary Hamrick Third Floor Loudoun County Sheriff's Office P O Box 7200 Leesburg, VA 20177 (703) 777-0407

LOUDOUN COUNTY SHERIFF'S OFFICE CHAPLAIN APPLICATION

The purpose of this questionnaire is to determine if you meet the standards established by the Loudoun County Sheriff's Office. False or misleading information will disqualify you from further consideration. A polygraph examination will be administered as required. Please use the comments section or add additional pages to this form if you need to more fully explain any areas. DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so). GENDER, HEIGHT AND WEIGHT PERTAIN ONLY TO THOSE APPLYING FOR SWORN POSITIONS INCLUDING FIELD, CORRECTIONAL AND COURT DEPUTIES. IF YOU FAIL TO COMPLETE ANY SECTION, NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION. Thank you for your cooperation.

Name:			
LAST	FIRST	MIDDLE	
Address:			
Telephone: (home)	(work)	(cell#)	
DOB:		MaleFemale	
U.S. Citizen		HeightWeight	
High School Diploma			
GED			
Position Applied For: Chaplain			
Present Occupation:			
Experience in Law Enforceme	ent / Corrections / Di	spatcherYES	NO
Agency:		Years Service:	
Reason for Leaving: (if applical			
Military Experience		YES	NO
Years Service:	Branch:		
Discharge: Honorable Ger	neralDishonorab	ole Date	
		scipline?YES	NO
Explain	•	•	
College Degree (Major and typ	e of degree)		
Driving History			
		Ever held out of state license?YES	NO
Ever suspended or revoked?		YES	NO
If so, when, where and for what	reason		
List all traffic charges, tickets, s	summons', etc. regardl	less of final disposition for your entire driving histor	y:
Date (year only):Charge:			
		Disposition:	
Date (year only):Charge:			
		Disposition:	
Date (year only):Charge:			
Location:			
Date (year only):Charge:			
Location:			
Date (year only):Charge:		•	
Location:		Disposition:	

DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so)

		YES	NO
Date:	Location:		
Disposition:			
Ever charged w	rith a drunk driving related	offense?YES	NO
Date:	Charge:		
Location:		Disposition:	
Ever charged w	rith a criminal offense?	YES	NO
Date:	Charge:		
Drug Use:			
	Date of first use	<u>Date of last use</u> <u>Comments</u>	
Marijuana			
Cocaine/Crack			
LSD			
Mushrooms			
PCP			
Speed			
Steroids			
Other			
Do you have any	y body art? (Tattoos, piercings	, brandings) () NO () YES If Yes, provide:	
		Description	
Size	Location	Description	
	Location	Description	
		Description	
	Location		
	orcement Applications	1	
Prior application	s with the Loudoun County S	heriff's Office (if yes, when)?	
Other agencies:			
	Agency:		
Date:	Agency:		
Results:			
Date:	Agency:		
Civil Action			
		YES	NO
		TES	110
Ever brought sui	t against another?	YES	NO
		1L0	110
		YES	NO
		TLS	110
Ever had judgme		YES	NO
			NO
Ever have any de	obts go to collection?	YES	NO
CENEDAL CO	_CIICUIIISIAIICES MMFNTS		
GENERAL CO			
now ald you lea	rn about this employment opp	portunity?	
DID VOLLEA	THE ANTA CECUTANIC DE AN	IV9 (If an area decorate the state of the st	
DID YOU LEA	VE ANY SECTIONS BLAN	KK? (If an area does not apply, please indicate so)	
CICNATURE		TA A (EDE)	
SIGNATURE:_		DATE	

Revised 01/2015