Print Form

READ THESE INSTRUCTIONS FIRST!

FAIRFAX COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY STATEMENT

This form is part of the initial phase of the employment process. It is imperative that all questions are completely answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background and suitability for employment. Any **FALSE**, **MISLEADING**, **INCOMPLETE**, or **UNTRUTHFUL** responses to any questions will disqualify you from the application process.

For questions that require a "YES" or "NO" response, place a check in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, continue the answer on page 14. Number each answer to correspond with the appropriate question. **Review the entire packet prior to completing it**. If you need more space when completing the residential history or employment history sections, **make additional copies of the pages prior to completing them.**

All enclosed documents to include the Personal History Statement must be **TYPED or PRINTED IN BLACK INK**, completed by the applicant, and each question answered accurately. Please sign below and read page 15 carefully prior to signing that page. Send the documents to:

Fairfax County Sheriff's Office
Applicant Section
10459 Main Street
Fairfax, VA 22030

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND WHAT IS EXPECTED OF ME.

Did you SUBMIT your resume on-line? ☐ Yes ☐ No

Date resume submitted: _____

Applicant's Signature _____ ***Date*** _____

☐ Deputy Sheriff Full Time
☐ Deputy Sheriff Part Time
☐ Correctional Technician

SHERIFF'S OFFICE

Fairfax County, Virginia
Personal History Statement

☐ Correctional Health Nurse I F/T
☐ Correctional Health Nurse I P/T
☐ Other

Personal Data

If at any time any of the information provided on this Personal History Statement changes, you must make your background investigator aware of it (i.e. phone numbers, address, marital status, traffic violations).

1. Name (First, Middle, Last): _____ Maiden Name _____

2. Have you ever legally changed your name? ◯ Yes ◯ No If YES, list your full former name(s).
List any other name(s) you have used if different from above: (Include all nicknames)

Other Names: _____

Court/Jurisdiction of Name Change: _____ Date of Change _____

3. Present Home Address & P.O. Box *if applicable*: (Residence Number, Street, Apt Number City, State, and Zip code):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (PO Box) City,State,Zip _____

Email: _____

Telephone number (check most preferred method of contact): (Type numbers w/out dashes)

Home _____ ☐

Work _____ ☐

Extension _____

Cell _____ ☐

☐

4. SSN _____ Date of Birth (mm/dd/yyyy) _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

All Deputy Sheriff applicants are required to be United States citizens.

Place of Birth (City,State) _____ Where did you grow up (City,State): _____

5. Place of Naturalization (If applicable) _____

City and State _____

Date of Naturalization _____ Naturalization Certificate Number _____

6. Father's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Father's Occupation _____

7. Mother's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mother's Occupation _____

8. If you were raised by someone other than your natural parents, provide the following information:

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

9. If either parent is remarried, list the name and address of stepparents

A. _____

B. _____

10. List the names, dates of birth, and addresses of your brothers, half-brothers, step-brothers, sisters, half-sisters, step-sisters:

Use Page 14 for additional information

	Name	Date of Birth	Address
1.			
2.			
3.			
4.			
5.			

11. What is your present marital status? ◯ Single ◯ Married ◯ Separated ◯ Divorced ◯ Widowed

Spouse Information:

Name _____ Maiden Name (if applicable) _____

Date of Birth _____ Date of Marriage _____

Address & Telephone (if different) _____

Employer _____ Occupation _____

Employment Address & Telephone _____

Provide an appropriate time of day to contact your spouse _____

12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.				
2.				
3.				

13. Do you have any children and/or dependents? ◯ Yes ◯ No If YES, provide: **Use Page 14 for additional information**

	Name	Date of Birth	Address (if other than yours)	Relationship
1.				
2.				
3.				
4.				
5.				

14. Have you ever in your life possessed, tried, used, experimented with, or sold any illegal drug or illegally used prescription medication?

◯ Yes ◯ No If YES, provide that information: (**Method** = possessed, tried, experimented, used, sold)

Drug Name	Number of Times	Method	Last Time	Drug Name	Number of Times	Method	Last Time
1. Marijuana				14. Ecstasy			
2. Hash				15. Oxycontin			
3. Cocaine				16. Methamphetamine			
4. Crack				17. Mescaline			
5. LSD				18. Codeine			
6. PCP				19. Ice			
7. Acid				20. Designer Drugs			
8. Mushrooms				21. Steroids			
9. Peyote				22. Inhalants (Nitrous oxide, glue, gasoline, etc.)			
10. Opium							
11. Heroin							
12. Barbiturates				23. Other - List on page 14. Include all those drugs or substances not listed on this page.			
13. Morphine							

15. Have you been in the presence of or used any illegal drugs or substances in the past twelve months? ◯ Yes ◯ No

If YES, when and under what circumstances? (See page 14 for additional space)

16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? ◯ Yes ◯ No

If YES, please list:

The Fairfax County Sheriff's Office requires that all newly hired deputies be non-smokers and remain as non-smokers during employment. If hired, you will be required to sign an employment contract to that effect. Breech of that contract is grounds for termination.

17. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? ◯ Yes ◯ No

If YES, explain:

18. Are you currently, or have you ever been, a member of or supported the basic tenets and beliefs of any group, association, or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin? ◯ Yes ◯ No

If YES, explain:

19. Have you ever applied for employment with our agency or any other law enforcement agency? (Include Federal, State, Local or any other Public Safety Employer) ◯ Yes ◯ No

If YES, list below. **(Note that if you are currently in another agency's process, you are required to provide periodic updates to your applicant investigator.)**

	Date	Agency	Position	Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Use Page 14 for additional information

20. If denied by any of the agencies listed above, please explain why in the additional space provided on page 14.

21. Have you ever taken a polygraph examination? ◯ Yes ◯ No

If YES, provide reason and where administered:

Use Page 14 for additional information

Education

22. Name of High School graduated from or last attended:

Address (Include City and State)

Year Graduated:

If you did not graduate, highest grade **completed:**

If G.E.D., provide date and state of issuance:

23. Colleges, Universities, Other Schools Attended	Address	Date(s) Attended		Year & Degree Awarded
1.				
2.				
3.				

24. Have you ever been suspended, dismissed, or expelled from any school? ◯ Yes ◯ No

If YES, where and why

25. Have you ever attended a police or public safety academy? ◯ Yes ◯ No If YES, provide:

26. Name of Academy and Address	List of Certifications Received	Dates Attended
1.		
2.		

Financial Data

Include all financial data for yourself (and your spouse, *if applicable)* for questions #27 to #36.

27. What is your current gross monthly salary?

If applicable, what is your spouse's current gross monthly salary?

28. List all debt, including rent, home mortgages, all open credit card accounts, loans (i.e. car, personal, student) etc:

For Example:	**Type of Account**	**Monthly Payment**	**Present Balance**
	Car/Toyota	$300	$25,000
	Credit/Chase	$110	$1,000

	Type of Account	Monthly Payment	Present Balance		Type of Account	Monthly Payment	Present Balance
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

Use Page 14 for additional information

29. Are you currently delinquent on any account or have accounts in collections? ◯ Yes ◯ No

If YES, please list account(s) and time of delinquency.

30. Have your wages ever been garnished? ◯ Yes ◯ No If YES, why?

31. Have your tax returns ever been withheld? ◯ Yes ◯ No If YES, why?

32. Have you ever filed for bankruptcy or been adjudicated bankrupt? ◯ Yes ◯ No

If YES, give a date of discharge in bankruptcy

Location

Court and Jurisdiction

Amount of indebtedness

Explain the circumstances of bankruptcy

33. Have you had or do you have any pending judgements in court, repossessions or foreclosures, etc? ◯ Yes ◯ No

If YES, where and how much?

34. Have you ever been a plaintiff or defendant in a civil action? ◯ Yes ◯ No

If YES, give details such as date, place, jurisdiction, amount of each judgement, and final disposition.

35. Do you pay alimony or child support? ◯ Yes ◯ No Monthly Amount Total per Year:

If YES, list to whom those payments are made and why?

Details

Military Data

36. Have you ever been a member of any branch of the Armed Forces? ◯ Yes ◯ No

If YES, which branch _____ If "Other", Explain _____

Date entered _____ Date discharged or pending discharge _____ Highest rank obtained _____

Rank when discharged _____ Number of enlistments _____ Primary duties _____

Type of Discharge ◯ Honorable ◯ General ◯ Dishonorable ◯ Uncharacterized

37. Are you a member of any military reserve unit or National Guard? ◯ Yes ◯ No

If YES, which branch _____

Serial Number _____ Rank _____ ◯ Active ◯ Inactive

38. Have you ever been a member of any military service other than the United States? ◯ Yes ◯ No

If YES, what country _____ Identification Number _____

Length of service _____ Type of discharge _____

39. Please list your duty stations in chronological order starting with boot camp until the end of your military service with dates.

Duty Station	Dates

Use Page 14 for additional information

40. During your military service as outlined above:

A) Were you ever disciplined, or did you ever receive an Article 15, or court martial? ◯ Yes ◯ No

B) Did you ever appear before any command personnel for discipline reasons? ◯ Yes ◯ No

If YES, provide:

	Date	Charges	Dispostion
1.			
2.			
3.			
4.			

Use Page 14 for additional information

C) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct?

◯ Yes ◯ No If YES, list:

	Date	Location	Allegation(s)/Disposition(s)
1.			
2.			
3.			

41. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?

◯ Yes ◯ No If YES, explain:

	Date	Branch	Reason
1.			
2.			

If you have been part of the United States military, you must supply both sections of your DD-214 Member 1 and Member 4.

Employment History

42. Start with your current employer and, in reverse chronological order, list your entire work history. Include any periods of unemployment, employment from unclaimed income, volunteer work, military service, and part-time work. Make sure to complete this in its entirety. **If you need more space when completing the employment history section, use the "Additional Employment History" form which can be found at www.fairfaxcounty.gov/sheriff/jobs/phs-extra-employ.pdf**

Start with your Present Employment

Date of Employment To Present

Supervisor's Information

Name

Title

Phone

Best Time to Contact

Name of Business, Address, and Phone

Position

Title

Annual Salary

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly) **AND your reasons for leaving**

Is this employer still in business? ◯ Yes ◯ No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Employment History (continued)

Date of Employment To

Supervisor's Information

Name

Title

Phone

Best Time to Contact

Name of Business, Address, and Phone

Position

Title

Annual Salary

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly) **AND your reasons for leaving**

Is this employer still in business? Yes No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Date of Employment To

Supervisor's Information

Name

Title

Phone

Best Time to Contact

Name of Business, Address, and Phone

Position

Title

Annual Salary

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly) **AND your reasons for leaving**

Is this employer still in business? Yes No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Have you ever been fired or terminated for any reason from any employer? ◯ Yes ◯ No

If YES, give date of each discharge, the place of employment, and an explanation in detail on page 14.

Have you ever left employment without giving notice? ◯ Yes ◯ No

If YES, give end date, the place of employment, and an explanation in detail on page 14.

Have you ever quit a job after being notified that you would be fired? ◯ Yes ◯ No

If YES, give date of forced resignation, the place of employment, and an explanation in detail on page 14.

Arrest Record

43. In your life, have you **ever** been investigated, detained, charged, or arrested for any criminal offense as a Juvenile or Adult?

Include records that have been expunged or dismissed.

Use Page 14 for additional information

◯ Yes ◯ No If YES, please describe

	Date	Jurisdiction	Charge(s)	Disposition**
1.				
2.				
3.				
4.				

** Disposition - i.e. Found Guilty, Dismissed, Nolle Prosequi, No Contest Plea, etc.

44. Have you ever been convicted of a felony? ◯ Yes ◯ No

If YES, give details in space provided on Page 14

Motor Vehicle Driving History

45. In what state are you currently licensed to drive? Permit Number

Expiration date

Is your address current on your operator's license? ◯ Yes ◯ No

Are there any restrictions or special conditions attached with your operator's license? ◯ Yes ◯ No

If YES, explain:

List any other state(s) in which you have been licensed to operate a motor vehicle and include the permit number(s).

46. List all tickets, summonses, citations that you have received regardless of the disposition to include outstanding parking tickets. Give a chronological listing, starting with the most recent offense and indicate the following

	Date	Jurisdiction	Charge(s)	Disposition**
1.				
2.				
3.				
4.				
5.				
6.				

47. Has your privilege to drive ever been denied, refused, suspended or revoked? ◯ Yes ◯ No

If YES, give date(s), place(s) and reason(s)

48. Have you ever attended a driver improvement course? ◯ Yes ◯ No If YES, provide information

	Date	Location	Reason
1.			
2.			
3.			

49. Has your automobile insurance ever been canceled? ◯ Yes ◯ No

If YES, give details

Residential History

50. You must list all of your residences, beginning with your current address and list in reverse chronological order where you have lived, ending with your residence at age 18. Provide addresses of at least four surrounding neighbors on your street, even if not acquainted with them. **Even if you don't know your neighbors' names, you must provide the addresses.** List any roommates and landlord/rental companies in the space provided. **If you need more space when completing the residential history section, use the "Additional Residential History" form which can be found at www.fairfaxcounty.gov/sheriff/jobs/phs-extra-address.pdf.**

Dates	Complete Address	Full Address of Nearest Neighbors (Including Zip Code) *If possible, include Full Names and Telephone Numbers.*
From To Present	Address City State Zip Code	Name Address City State Zip Code Phone Number
Nearest Intersection	If Applicable Landlord/Realty Company Phone	Name Address City State Zip Code Phone Number
	If Applicable Roommate Phone Roommate Phone Roommate Phone	Name Address City State Zip Code Phone Number
		Name Address City State Zip Code Phone Number

Dates	Complete Address	Full Address of Nearest Neighbors (Including Zip Code) *If possible, include Full Names and Telephone Numbers.*
From To	Address City State Zip Code	Name Address City State Zip Code Phone Number
Nearest Intersection	If Applicable Landlord/Realty Company Phone	Name Address City State Zip Code Phone Number
	If Applicable Roommate Phone Roommate Phone Roommate Phone	Name Address City State Zip Code Phone Number Name Address City State Zip Code Phone Number

Dates	Complete Address	Full Address of Nearest Neighbors (Including Zip Code) *If possible, include Full Names and Telephone Numbers.*
From To	Address City State Zip Code	Name Address City State Zip Code Phone Number
Nearest Intersection	If Applicable Landlord/Realty Company Phone	Name Address City State Zip Code Phone Number
	If Applicable Roommate Phone Roommate Phone Roommate Phone	Name Address City State Zip Code Phone Number Name Address City State Zip Code Phone Number

References

51. List **five** persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

1. Name
Home Phone
Address
Work Phone
City
State
Zip Code
Occupation
Email

2. Name
Home Phone
Address
Work Phone
City
State
Zip Code
Occupation
Email

3. Name
Home Phone
Address
Work Phone
City
State
Zip Code
Occupation
Email

4. Name
Home Phone
Address
Work Phone
City
State
Zip Code
Occupation
Email

5. Name
Home Phone
Address
Work Phone
City
State
Zip Code
Occupation
Email

52. Where did you hear about us? (Check a box below)

☐ Sheriff's Office Employee, name:
☐ Sheriff's Office Brochure
☐ Family Member
☐ Internet, which site:
☐ Job Fair, where:
☐ Other:

53. In approximately 100 words, state why you would like to be employed by the Fairfax County Sheriff's Office.

This statement MUST be in your own handwriting.

Additional Information

List corresponding number of question:

I, _____ understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal background and suitability for employment. Any **FALSE, MISLEADING, INACCURATE**, or **INCOMPLETE** responses to any questions will disqualify me from the application process.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement is accurate and true to the best of my knowledge.

_____ Date

_____ Signature of Applicant

Subscribed and sworn to before me this _____day of _____, 20_____

_____ Notary Public

_____ My Commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

- ☐ 1. Birth certificate or other proof of United States citizenship
- ☐ 2. High school diploma or equivalent certificate, **plus** *certified* high school transcripts
- ☐ 3. Social Security card
- ☐ 4. Driver's license and driver transcripts if out-of-state
- ☐ 5. Photographs of yourself - provide two passport type (size - 2 inches X 2 inches)

If applicable, furnish copies of:

- ☐ 6. Military discharge (DD214) Member 1 and 4 forms
- ☐ 7. Name change documentation from court
- ☐ 8. Marriage certificate
- ☐ 9. Divorce decree(s) or legal separation papers
- ☐ 10. College diplomas, plus certified copies of college or university transcript(s)

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

- ☐ 1. Signed Informed Consent Form
- ☐ 2. Signed Notification and Authorization for Employment Credit Report Form
- ☐ 3. Signed & Notarized Authorization of Release of Information Form
- ☐ 4. Signed Change of Information Form

Commonwealth of Virginia

Fairfax County Sheriff's Office

Applicant Section
4110 Chain Bridge Road
Fairfax, VA 22030
703-246-4105 Fax 703-293-9243

INFORMED CONSENT

I, _____, as a candidate to work with the Fairfax County Sheriff's Office, understand that all personal information for the position is confidential and will be seen only by those people directly involved in my recruitment.

I also understand that some or all of this information, as well as information pertaining to employment; appraisal ratings; accident and illness records; and other information about my employment record may be used for the purposes of authorization access to Sheriff's Office information assets for administrative purposes.

_____ Signature

_____ Date

Commonwealth of Virginia

Fairfax County Sheriff's Office

Applicant Section
4110 Chain Bridge Road
Fairfax, VA 22030
703-246-4105 Fax 703-293-9243

NOTIFICATION AND AUTHORIZATION FOR EMPLOYMENT CREDIT REPORT

I, _____, authorize the Fairfax County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

_____ Signature

_____ Date

Commonwealth of Virginia

Fairfax County Sheriff's Office

Applicant Section
4110 Chain Bridge Road
Fairfax, VA 22030
703-246-4105 Fax 703-293-9243

Sign this page in the presence of a Notary Public

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO THE FAIRFAX COUNTY SHERIFF'S OFFICE, OR ITS AUTHORIZED AGENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSITS, WITHDRAWALS AND BALANCES OR CHECKING AND SAVINGS ACCOUNT, AND LOANS AND ALSO THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; PUBLIC UTILITY COMPANIES; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND SALARY RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS; AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINTS OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE FAIRFAX COUNTY SHERIFF'S OFFICE TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THAT AGENCY.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY ENUMERATED ABOVE IS NOT INTENDED TO DENY ACCESS TO ANY RECORDS NOT SPECIFICALLY IDENTIFIED HEREIN. THIS ACCESS IS TO INCLUDE BUT NOT LIMITED TO; INVESTIGATIONS BY OTHER LAW ENFORCEMENT AGENCIES INCLUDING RESULTS OF POLYGRAPH TESTS, PSYCHOLOGICAL EVALUATIONS AND ANY AND ALL PRE-EMPLOYMENT APPLICATION TESTS.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE FAIRFAX COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

_____	_____	_____
Signature	Social Security Number	Date of Birth

_____	_____	_____	_____
Street Address	City	State	Zip

Given under my hand this _____ day of _____, 20_____, in _____

_____	_____
Signature	Commission Expires

Commonwealth of Virginia

Fairfax County Sheriff's Office

Applicant Section
4110 Chain Bridge Road
Fairfax, VA 22030
703-246-4105 Fax 703-293-9243

To: Deputy Sheriff and Civilian Applicants

As applicants, you are responsible for:

- notifying the Sheriff's Office applicant section if you change your address, phone number, employment, marital status, education, training and/or any other information previously provided to the Sheriff's Office.

- notifying the Sheriff's Office applicant section if you apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies.

- notifying the Sheriff's Office applicant section if you are cited for any traffic violations, are arrested for any reason, have a motor vehicle accident or have any involvement with a law enforcement agency.

Remember that any postponement or rescheduling of required appointments with the applicant section may jeopardize your ability to successfully gain employment.

I HAVE READ THE ABOVE STIPULATIONS AND FULLY UNDERSTAND THEM.

_____	_____	_____
Applicant Name (Print)	Signature	Date

Notice of Privacy

Fairfax County is committed to protecting the privacy of its employees. The County does not sell employee information to anyone. Employee records maintained by the County are protected as provided by the federal and state law. The County will collect, maintain, use, and disseminate only that personal information permitted or required by law to be so collected, maintained, used, or disseminated, or necessary to accomplish a proper business need.

Personal information, such as employees' names and Social Security numbers (SSN), shall be collected by the County under the authority of 26 U.S.C. § 6011, and 26 C.F.R. § 31.6011(b)-2(b) and (iii). This information will be used to:

1. comply with federal, state, and local reporting requirements;

2. administer the County's benefits programs;

3. establish and maintain the employee records necessary to accomplish agency business.

You must provide your SSN so the County can fulfill its obligations under the Internal Revenue Code 26 USC §§ 3402 (G)(2)(A) and 6109. Failure to provide the number may result in a civil penalty being imposed by federal authorities. 26 USC § 6723. Your SSN will be disclosed in the Form W_2 (Wage and Tax Statement) provided to you by the County, 26 USC § 6051; 26 CFR § 31.6051-1(a)(1)(i)(b); Va. Code § 58.1-478; 23 Va. Administrative Code § 10-140-190, in a new hire report filed by the County with the Virginia New Hire Reporting Center, 42 USC § 653a; Va. Code § 63.2-1946, to the Social Security Administration via the Social Security Number Verification Service for the purpose of verifying information in the County's database against Social Security records to ensure correct information for the completion of Form W-2, 42 USC § 405(c)(2); Information and Instructions to Verify Social Security Numbers Online, http://www.ssa.gov/employer/ssnv.htm, and in quarterly payroll and tax reports filed by the County with the Virginia Employment Commission, Va. Code § 60.2-101; 16 Va. Administrative Code § 5-32-20; VEC FC-20, 21.

Your SSN will be used as a personal identifier in the County's Personnel Resources Information System (PRISM) and contained in personnel records maintained by the Department of Human Resources, along with other personal information to include gender, birth date, mailing address, telephone number, emergency contact information, and your employment record. Va. Code § 2.2-3801(2).

Upon request and proper identification, you have the right to access your own personal information in County records as provided in Va. Code §§ 2.2-3705.1(1) and 2.2-3705.5(1). The Department of Human Resources shall make your personnel records available to you during normal business hours, in accordance with the procedures set forth in Va. Code § 2.2-3704 for responding to requests under the Virginia Freedom of Information Act, or within a time period as may be mutually agreed upon.

Personnel records maintained by the Department of Human Resources may be disclosed or reproduced for audit, legal, and investigative purposes to law enforcement and national security agencies, the Fairfax County Office of Internal Audit, contracted external audit companies, the Fairfax County Office of Human Rights and Equity Programs, the Fairfax County Office of the County Attorney, and the court system. Proper identification and justification is required. Your personnel record may also be disclosed for administrative purposes to authorized staff from your department to include your department head, supervisor, and department HR/payroll contact. The contents of your personnel records may only be disclosed to third parties as provided in the federal and state law or with signed written permission from you authorizing the Department of Human Resources to release the needed information.