

# Office of the Sheriff Vance County

156 Church Street, Suite 004  
Henderson, North Carolina 27536-5574

Telephone: 252-738-2200  
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**Sheriff  
Curtis R. Brame**

***PLEASE ATTACH A PHOTOGRAPH***

DATE \_\_\_\_\_

## **APPLICATION FOR EMPLOYMENT**

PLEASE PRINT AND ANSWER ALL QUESTIONS

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POSITION APPLIED FOR: \_\_\_\_\_

FULL-TIME OR PART-TIME? \_\_\_\_\_

NAME IN FULL: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN 1 YEAR AT ABOVE ADDRESS: \_\_\_\_\_

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SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DRIVER'S LICENSE NUMBER & STATE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_ ANY PHYSICAL DEFECTS? YES\_\_ NO\_\_

IF YES TO PHYSICAL DEFECTS, DESCRIBE: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY VANCE COUNTY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT DEPARTMENT AND WHEN EMPLOYED? \_\_\_\_\_

NUMBER OF DAYS LOST TO ILLNESS DURING THE PAST TWO YEARS: \_\_\_\_\_

IF MORE THAN 14 DAYS, WHAT WAS THE ILLNESS? \_\_\_\_\_

HOW WOULD YOU DESCRIBE THE PRESENT CONDITION OF YOUR HEALTH? (CIRCLE BELOW)

EXCELLENT                      GOOD                      FAIR                      POOR

EDUCATION – HIGHEST GRADE COMPLETED \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DEGREE: \_\_\_\_\_

BASIC LAW ENFORCEMENT TRAINING (B.L.E.T.) CERTIFIED? \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

OTHER SCHOOLS ATTENDED (TRADE, PROFESSIONAL, ETC.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES YOU CAN OPERATE SUCH AS COMPUTER, TYPEWRITER, ETC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A POSITION? \_\_\_\_\_  
IF YES, FROM WHERE? AND EXPLAIN CIRCUMSTANCES: \_\_\_\_\_

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NAME OF PRESENT OR LAST COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ TITLE OF POSITION: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT PRESENT EMPLOYER? \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FINAL SALARY: \$ \_\_\_\_\_ PER: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ TITLE OF POSITION: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT PAST EMPLOYER? \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ TITLE OF POSITION: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT PAST EMPLOYER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

.....

NAME OF COMPANY: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ TITLE OF POSITION: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT PAST EMPLOYER? \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



CHARACTER REFERENCES

DO NOT LIST MERE ACQUAINTANCES, PREVIOUS EMPLOYERS OR RELATIVES. LIST ONLY PERSONS WHO KNOW YOU WELL, EITHER PERSONALLY OR IN BUSINESS, WHO CAN ATTEST TO YOUR CHARACTER.

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_



DO YOU SMOKE? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

DO YOU DRINK ALCOHOL? \_\_\_\_\_ IF YES, HOW OFTEN? \_\_\_\_\_

HAVE YOU EVER TRIED DRUGS? \_\_\_\_\_ IF YES, WHAT TYPE(S) AND APPROXIMATE DATE(S) OF  
LAST USE:

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HAVE YOU EVER BEEN SERVED ANY DOMESTIC VIOLENCE ORDER? \_\_\_\_\_ IF YES, LIST DATE  
AND COUNTY / STATE:

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ARE YOU WILLING TO MOVE TO VANCE COUNTY IF CONSIDERED FOR THIS POSITION? \_\_\_\_\_

ARE YOU WILLING TO SIGN A TWO-YEAR CONTRACT FOR EMPLOYMENT? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Sheriff of Vance County or any authorized representative of the Vance County Sheriff's Office, within 6 months of this date, to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to academic achievement, attendance, athletic, personal history, disciplinary, medical and credit records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Vance County Sheriff's Office. Consent is granted for the Sheriff of Vance County or his agents to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any university, college, school, hospital or repository of medical records, credit bureau, lending institution, bank, consumer reporting agency, previous or current employer, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, my heirs, or associates due to compliance with this authorization and request to release information pertaining to me, or any attempt to comply with such request contained therein. Should there be any question as to the validity of this release, you may contact me as indicated below.

Name: \_\_\_\_\_  
(Printed or Typed)

Signature \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Witness: \_\_\_\_\_

**NOTARY PUBLIC**

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**SEAL**