

PLEASE READ THE INSTRUCTIONS!

Please return this application to:



Lieutenant Easton McDonald
Attn: LCSO Auxiliary
Loudoun County Sheriff's Office
PO Box 7200
Leesburg, VA 20177-7200
(703) 777-0407

**LOUDOUN COUNTY SHERIFF'S OFFICE
AUXILIARY 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: _____ SSN _____ Male _____ Female _____
U.S. Citizen.....YES NO Height _____ Weight _____
High School Diploma.....YES NO
GED.....YES NO

Position Applied For: **Auxiliary** Email Address: _____

Present Occupation: _____

Experience in Law Enforcement / Corrections / DispatcherYES NO

Agency: _____ Years Service: _____

Reason for Leaving: (if applicable) _____

Military Experience.....YES NO

Years Service: _____ Branch: _____

Discharge: Honorable _____ General _____ Dishonorable _____ Date _____

Any Court Martial / Article 15 Proceedings / Other discipline?.....YES NO

Explain _____

College Degree (Major and type of degree) _____

Driving History

Current Drivers License (state) _____ Ever held out of state license?.....YES NO

List other states: _____

Ever suspended or revoked?.....YES NO

If so, when, where and for what reason _____

List all traffic charges, tickets, summons', etc. regardless of final disposition for your entire driving history:

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

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Location: _____ Disposition: _____

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Location: _____ Disposition: _____

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

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

Ever charged with Reckless Driving?.....YES NO

Date: _____ Location: _____

Disposition: _____

Ever charged with a drunk driving related offense?.....YES NO

Date: _____ Charge: _____

Location: _____ Disposition: _____

Ever charged with a criminal offense?.....YES NO

Date: _____ Charge: _____

Location: _____ Disposition: _____

Drug Use:

	<u>Date of first use</u>	<u>Date of last use</u>	<u>Comments</u>
Marijuana	_____	_____	_____
Cocaine/Crack	_____	_____	_____
LSD	_____	_____	_____
Mushrooms	_____	_____	_____
PCP	_____	_____	_____
Speed	_____	_____	_____
Steroids	_____	_____	_____
Other	_____	_____	_____

Do you have any body art? (Tattoos, piercings, brandings) () NO () YES If Yes, provide:

Size _____	Location _____	Description _____
Size _____	Location _____	Description _____
Size _____	Location _____	Description _____
Size _____	Location _____	Description _____
Size _____	Location _____	Description _____

Other Law Enforcement Applications

Prior applications with the Loudoun County Sheriff's Office (if yes, when)? _____

Results: _____

Other agencies:

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Civil Action

Ever been sued?.....YES NO

Date: _____ Circumstances: _____

Ever brought suit against another?.....YES NO

Date: _____ Circumstances: _____

Ever declared bankruptcy?.....YES NO

Date: _____ Circumstances: _____

Ever had judgments placed against you?.....YES NO

Date: _____ Circumstances: _____

Ever have any debts go to collection?.....YES NO

Date: _____ Circumstances: _____

GENERAL COMMENTS _____

How did you learn about this employment opportunity? _____

DID YOU LEAVE ANY SECTIONS BLANK? (If an area does not apply, please indicate so)

SIGNATURE: _____ **DATE** _____