

**PLEASE READ THE INSTRUCTIONS!**

Please return this application to:



Lieutenant Robert Tricarico  
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 / Dispatcher .....YES 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: \_\_\_\_\_  
Date (year only): \_\_\_\_\_ Charge: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date (year only): \_\_\_\_\_ Charge: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date (year only): \_\_\_\_\_ Charge: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Date (year only): \_\_\_\_\_ Charge: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

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**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:

<u>Size</u>	<u>Location</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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** \_\_\_\_\_