Madison County, Virginia
Application Instructions for Full-Time Deputy Sheriff
November 6, 2025

Madison County Sheriff's Office is accepting applications for the position of Deputy Sheriff. Information on Madison County, the position and the application procedures can be found at https://www.madisonco.virginia.gov/. Applications will be received until the position is filled. EOE

Following is supplementary information on the position and application instructions for all interested individuals:

Full-time employees are eligible for VRS Retirement, employee health insurance (currently Local Choice-Blue Cross/Blue Shield) benefits, and holiday and vacation/sick paid time off. The current Madison County Personnel Policy is available on the County website. Part-time positions are not eligible for these benefits. The hiring rate will depend upon the qualifications of the individual selected.

Applicants are to complete an employment applicant and the Authorization of Release of Information Form and return it to Madison County Sheriff's Office; P.O. Box 322; Madison, VA 22727 or tnestes@madisonco.virginia.gov. Resumes (and limited additional relevant documentation) are encouraged and will be accepted but will not be considered a substitute for a completed County application form. Unsigned applications will not be considered. General inquiries by the applicant via telephone or in person are discouraged.

Deputy Sheriff

Department:	Location:	Job Type:	FLSA Status:	Pay Grade:
Sheriff	115 Church St.	Full-Time	Non-Exempt	PS7

General Definition of Work:

Performs protective service work enforcing laws, patrolling assigned area, investigating criminal activity, serving civil papers, ensuring safety of the public, testifying in court, maintaining records and files, preparing reports, and related work as apparent or assigned. Work is performed under the limited supervision of the Sheriff.

Qualification Requirements:

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable an individual with disabilities to perform the essential functions.

Essential Functions:

- On an assigned shift, operates a patrol vehicle to observe for violations of traffic laws, suspicious activities or persons and disturbances of law and order; responds to radio dispatches and answers calls and complaints.
- Serves warrants, summons, subpoenas, civil process papers and makes arrests, forcibly if necessary, using handcuffs and other restraints.
- Enforces traffic laws; issues citations for traffic violations; performs radar enforcement, DUI checks, traffic control, motorist assistance, etc.
- Conducts and documents security checks of homes, neighborhoods, and businesses in assigned area.
- Assists other law enforcement officers and agencies on various tasks.
- Operates computer to run checks, criminal histories, missing person's checks, etc.
- Assists with criminal investigations by preserving, recording and presenting evidence, interviewing victims and witnesses and testifying in court.
- Prepares and maintains a variety of records and files and prepares various reports.
- Ensures vehicle and equipment are in proper working order.
- Performs a variety of special tasks and duties such as civil process, K-9, investigations, SRO/D.A.R.E., etc. or other special assignments as qualified and assigned.

Knowledge, Skills and Abilities:

Thorough knowledge of law enforcement methods, practices and procedures; general knowledge of the geography of the County and location of important buildings; thorough knowledge of the rules and regulations of the Sheriff's Office; skill in the use of firearms, chemical agents, weapons of defense and

the operation of a motor vehicle; possession of physical agility and endurance; ability to understand and carry out oral and written instructions and to prepare clear comprehensive reports; ability to deal courteously, firmly and tactfully with the public under stressful situations; ability to analyze situations and to adopt quick, effective and reasonable courses of action with due regard to surrounding hazards and circumstances; ability to establish and maintain effective working relationships with associates and the general public.

Education and Experience:

High school diploma or GED and minimal experience in law enforcement, or equivalent combination of education and experience.

Physical Requirements:

This work requires the regular exertion of up to 10 pounds of force, frequent exertion of up to 25 pounds of force and occasional exertion of up to 100 pounds of force; work regularly requires sitting, speaking or hearing and repetitive motions, frequently requires standing, using hands to finger, handle or feel, reaching with hands and arms and tasting or smelling and occasionally requires walking, climbing or balancing, stooping, kneeling, crouching or crawling, pushing or pulling and lifting; work requires close vision, distance vision, ability to adjust focus, depth perception, color perception, night vision and peripheral vision; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinctions in sound; work requires of measuring devices, assembly or fabrication of parts within arm's length, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; work regularly requires exposure to outdoor weather conditions and exposure to bloodborne pathogens and may be required to wear specialized personal protective equipment, frequently requires exposure to vibration and occasionally requires wet, humid conditions (non-weather), working near moving mechanical parts, working in high, precarious places, exposure to fumes or airborne particles, exposure to toxic or caustic chemicals, exposure to the risk of electrical shock and wearing a self-contained breathing apparatus; work is generally in a loud noise location (e.g. grounds maintenance, heavy traffic).

Requirements:

- Possession of Virginia Department of Criminal Justice Services (DCJS) Basic Law Enforcement Officer certification upon hire.
- Must meet and maintain all department and State training and education requirements for position.
- Valid driver's license in the Commonwealth of Virginia.

DHRM Form 10-012 (Rev. 9/03)

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Madison County Sheriff's Office

An Equal Opportunity Employer

Application for Employment

Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ (one per application)

2. Agency _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ (Last) _____ (First) _____ (Middle)

6. Home Phone ( ) _____

5. Address _____

7. Business Phone ( ) _____

_____ (City) _____ (State) _____ (Zip)

8. E-mail Address _____

9. **EDUCATION**

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐ 11 ☐12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

b. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**
List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**
a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____
b. Check which job status you will accept: ☐ Full-time ☐ Part-time (specify) _____
c. Check which employment status you will accept: ☐ Salaried (benefits) ☐ Hourly (No benefits) ☐ Part-time salaried (leave benefits only)
d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only, ☐ Occasionally overnight, ☐ Frequently overnight.
e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
f. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.
g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
h. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.
If no, state reason:
i. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No
j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:
Description of offense:
Statute or ordinance (if known): Date of Charge: ; Date of Conviction
County, City, State of Conviction:
(For additional convictions use plain paper. Include all information listed above.)
*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
____ Month ____ Day ____ Year

14. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.
Date _____ **Applicant Signature** _____

Supplementary Experience Form

Social Security Number ____________ **Position Applied For** ____________
Name ____________ **Announcement Number** ____________

Job Title ____________ **Duties:** ____________
Employer ____________
Address ____________
____________ Phone ____________
Type of business ____________
Immediate supervisor ____________
Title ____________ Number and titles of employees you supervised ____________
Salary (start) ______ (finish) ______ Equipment used ____________
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ____________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ____________

Job Title ____________ **Duties:** ____________
Employer ____________
Address ____________
____________ Phone ____________
Type of business ____________
Immediate supervisor ____________
Title ____________ Number and titles of employees you supervised ____________
Salary (start) ______ (finish) ______ Equipment used ____________
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ____________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ____________

Job Title ____________ **Duties:** ____________
Employer ____________
Address ____________
____________ Phone ____________
Type of business ____________
Immediate supervisor ____________
Title ____________ Number and titles of employees you supervised ____________
Salary (start) ______ (finish) ______ Equipment used ____________
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ____________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ____________

Job Title ____________ **Duties:** ____________
Employer ____________
Address ____________
____________ Phone ____________
Type of business ____________
Immediate supervisor ____________
Title ____________ Number and titles of employees you supervised ____________
Salary (start) ______ (finish) ______ Equipment used ____________
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ____________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ____________

Job Title ____________ **Duties:** ____________
Employer ____________
Address ____________
____________ Phone ____________
Type of business ____________
Immediate supervisor ____________
Title ____________ Number and titles of employees you supervised ____________
Salary (start) ______ (finish) ______ Equipment used ____________
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ____________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ____________

DHRM Form 10-012A(Rev 9/03)   Attachment Number

Supplementary Experience Form

Social Security Number ______________________ **Position Applied For** ______________________
Name ______________________ **Announcement Number** ______________________

Job Title ______________________ **Duties:** ______________________
Employer ______________________
Address ______________________
____
______________ Phone ______________
Type of business ______________________
Immediate supervisor ______________________
Title ______________________ Number and titles of employees you supervised ______________________
Salary (start) ________ (finish) ________ Equipment used ______________________
Dates (mo/yr) ________ to (mo/yr) ________ Reason for leaving ______________________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______________________

Job Title ______________________ **Duties:** ______________________
Employer ______________________
Address ______________________
____
______________ Phone ______________
Type of business ______________________
Immediate supervisor ______________________
Title ______________________ Number and titles of employees you supervised ______________________
Salary (start) ________ (finish) ________ Equipment used ______________________
Dates (mo/yr) ________ to (mo/yr) ________ Reason for leaving ______________________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______________________

Job Title ______________________ **Duties:** ______________________
Employer ______________________
Address ______________________
____
______________ Phone ______________
Type of business ______________________
Immediate supervisor ______________________
Title ______________________ Number and titles of employees you supervised ______________________
Salary (start) ________ (finish) ________ Equipment used ______________________
Dates (mo/yr) ________ to (mo/yr) ________ Reason for leaving ______________________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______________________

Job Title ______________________ **Duties:** ______________________
Employer ______________________
Address ______________________
____
______________ Phone ______________
Type of business ______________________
Immediate supervisor ______________________
Title ______________________ Number and titles of employees you supervised ______________________
Salary (start) ________ (finish) ________ Equipment used ______________________
Dates (mo/yr) ________ to (mo/yr) ________ Reason for leaving ______________________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______________________

Job Title ______________________ **Duties:** ______________________
Employer ______________________
Address ______________________
____
______________ Phone ______________
Type of business ______________________
Immediate supervisor ______________________
Title ______________________ Number and titles of employees you supervised ______________________
Salary (start) ________ (finish) ________ Equipment used ______________________
Dates (mo/yr) ________ to (mo/yr) ________ Reason for leaving ______________________
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______________________

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION OR

ANY ACADEMIC DEAN, REGISTRAR, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL, COLLEGE, BUSINESS, TRADE OR HIGH SCHOOL OR

ANY PAST OR PRESENT EMPLOYER, CREDIT BUREAU OR RETAIL MERCHANTS ASSOCIATION, BANK FINANCIAL INSTITUTION OR ANY OTHER CREDIT AGENCY OR ANY OTHER STATE OR FEDERAL AGENCY:

I, _____ (_____)
Name Maiden Name

Address _____
Street or Road City or Town State Zip Code

Have applied for employment with the Madison County Sheriff's Office, and I am aware that my entire background will be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic records) to the Madison County Sheriff's Office or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document, and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Services or Serial Number (if any) _____

Veterans Administration Claim Number (if any) _____

Social Security Number _____

Given under my hand this_____ day of _____, 20_____.

_____
Signature (sign before notary only)

STATE OF VIRGINIA: COUNTY/CITY OF

This day_____personally appeared before me and acknowledged his/her signature of the above statement.

My commission expires on the _____day of _____, 20_____.

_____
Notary Public

RELEASE OF INFORMATION SUBJECT TO THIS AUTHORIZATION IS NOT IN CONFLICT WITH THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, NOR VIRGINIA STATUTES RELATING TO THE PRIVACY PROTECTION ACT.