



Sheriff C.T. Woody, Jr.

City of Richmond
Sheriff's Office



APPLICATION FOR EMPLOYMENT

**CITY OF RICHMOND SHERIFF'S OFFICE
Employee Recruitment Services**

1701 Fairfield Way

Richmond, Virginia 23223

Phone Number: (804) 646-0924 Fax: (804) 646-4430 Toll Free: (866) ADEPUTY

INSTRUCTIONS

Please Read and Follow Carefully

1. Please take your time and fill out the application completely. *Your application will not be processed if any requested information is not provided.*
2. If a question does not apply to you, please respond by writing *N/A (Not Applicable)* in the appropriate space.
3. Your application should be completed neatly in ink or typed.
4. Applications on file will remain active for a period of one year. As vacancies occur, active applications will be reviewed to consider the most qualified applicants.
5. Any applicant who does not meet the following minimum requirements will not be eligible for consideration for employment:
 - Applicant must be 21 years of age.
 - Must be a United States Citizen.
 - Applicant must undergo a background investigation which includes a fingerprint based criminal history inquiry to the Central Criminal Records Exchange and the Federal Bureau of Investigations and complete a polygraph examination.
 - Must possess a High School Diploma or G.E.D. (G.E.D.s accepted only if applicant has significant related experience or a College Degree.)
 - Must have a good driving record (from DMV) and a valid driver's license. Must be eligible for a Virginia Driver's License.
 - Must undergo a physical examination through the Richmond Sheriff's Office. This office operates under a "Drug Free Workplace" policy. You will be asked, as part of your physical examination, to submit to a drug screen as a condition of employment. You will also be periodically randomly drug tested throughout your employment.
 - Must not have any felony convictions or a conviction in another state which would be classified as a felony in Virginia.

How were you referred to this agency (Newspaper Ad, Radio, Flyer, Internet, etc...) _____

Name: _____ Social Security No: _____
(Last) (First) (Middle)

Present Address: _____
(Street & Apt. No.) (City) (State) (Zip Code)

In what City/County do you reside? _____

Home Phone: _____ Cell/Other Phone: _____

The Richmond Sheriff's Office provides equal opportunity to all employees and applicants for employment regardless of race, color, sex, religion, national origin, age, disabilities, political affiliation, or other conditions protected by applicable Federal, State, or local laws.

EMPLOYMENT HISTORY

Using a separate section for each position, describe **IN DETAIL** all work experience beginning with your present or most recent job. Include self-employment, military service, volunteer, and periods of unemployment. If additional room is needed, make copies of page (3) of this application and provide the additional information on the copies. **Be sure to indicate whether employment was full-time or part-time. INCOMPLETE INFORMATION WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.**

May we contact your present employer? YES NO

Employer (present or most recent):		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	Zip Code:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

Employer :		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	ZipCode:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

Employer :		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	Zip Code:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

EMPLOYMENT HISTORY (continued)

Employer (present or most recent):		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	Zip Code:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

Employer :		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	ZipCode:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

Employer :		Street Address:		
Job Title:	(Circle) FT PT	City:	State:	Zip Code:
Date Employed (mo/yr):	Starting Salary:	Ending Salary:	Employer's Phone Number:	
	\$ Per	\$ Per		
Date Separated (mo/yr):	Job Duties (Be Specific):			
Name of Supervisor:				
Reason for Leaving:				

Additional Prior Employment Notes: _____

SKILLS

Check the following skills, experience, professional certifications, etc. which you have:

- Commercial Driver's Lic. (specify type/endorsements): _____

 Typing (specify WPM): _____
 Firearms (specify type): _____
 Computer (Type/Software used): _____
 Foreign Language (specify): _____
 Other (specify): _____

Professional Certifications and/or Licenses

Field/Registration: _____ State: _____ Number: _____ Exp. Date: _____

Field/Registration: _____ State: _____ Number: _____ Exp. Date: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED (Date and Place Obtained) _____ College 1 2 3 4 Graduate School 1 2 3 4

School	Name of School	Location	Attended		Semester/ Quarter Hours	Degree or Diploma	Major/Minor Course- work
			From	To			
High School							
College or University							
Graduate or Professional							
Other Educational, Vocational, Internship, etc							

MILITARY

Branch of Service: _____ Active Duty Dates: _____

Discharge Rank: _____ Type of Discharge: _____ Date of Discharge: _____

REFERENCES

(List 3 individuals familiar with your capabilities and character. Do not list relatives or supervisors previously noted under employment.)

Name	Years Known	Home/Business Address	Home/Business Phone

CERTIFICATION (Carefully read before signing)

I certify that the information I have provided to the previous questions in this application are true and correct and no attempt has been made to conceal pertinent information. I understand that all statements made are open to investigation by the Richmond Sheriff's Office including investigation of Credit History, Employment History, Criminal History, Medical Records, and any other information deemed necessary by a duly authorized agent of this office. I understand that a polygraph examination may also be part of the application process. If any information given by me in this application, or anytime in the application process, is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employment, and I agree not to hold the Richmond Sheriff's Office or persons named herein liable in that event. I further understand that employees of the Richmond Sheriff's Office work at the pleasure of the Sheriff and as such may be terminated from employment at anytime without recourse.

Applicant's Signature

Date

★★ Unsigned applications will be ineligible for processing ★★

☆ STEPS IN THE APPLICATION PROCESS ☆

Applicants should return completed applications to the Recruitment Office



Applications of individuals that meet minimum requirements are categorized and rated for interview eligibility



Interviews are scheduled and conducted by the Recruitment Office



The Recruitment Office will make recommendations based on written materials submitted and evaluation of results from the interview as to eligibility for advancement to the next stage of the employment process



A thorough background investigation, to include a polygraph examination, is completed



Your entire application package is submitted to the Sheriff or his designee for the final employment selection decision



Selected candidate is scheduled for a medical physical and final paperwork to include verification of eligibility to work in the United States



Selected candidate is employed as a Richmond City Sheriff's Deputy

Submit all correspondence to:

City of Richmond Sheriff's Office
Employee Recruitment Services
1701 Fairfield Way
Richmond, Virginia 23223

(Appendix A)

BACKGROUND PRE-SCREENING WORKSHEET

Personal History:

Name: _____ Social Security Number _____
(Last) (First) (Middle)

Have you ever used a name different than the one you listed above? Yes No

If yes, please provide exact name(s) as used _____

Date of Birth: _____ Place of Birth _____
(MM/DD/YY) (City) (State)

Are you a United States Citizen? Yes No If Naturalized, date of Naturalization: _____

Have you applied with this agency in the past? Yes No If yes, when? _____

Do you have any relatives employed with this agency? Yes No

If yes, please provide name and relationship: _____

Driver's License Information:

Driver's License Number _____ State Issued _____

Has your Driver's License ever been suspended or revoked in any state? Yes No

If yes, please explain: _____

Do you have a vehicle registered in your name? Yes No

If yes, please give license plate # : _____ State Registered: _____

Driving Record History:

List all traffic convictions that you have received in any State within the past ten (10) years:

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

If additional room is needed, please use a separate sheet of blank paper and include it with this application

(Appendix B-1)

BACKGROUND PRE-SCREENING WORKSHEET (continued)

Criminal History:

List all criminal charges that you have been convicted of in any state.

Note: You must list all charges that you were convicted of or charges that were Nolle Prossed.

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Military Record:

List all military disciplinary and criminal charges in which you were found guilty:

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Offense: _____ Date of Offense: _____

Jurisdiction: _____ Disposition of Case: _____

Have you ever been court martialed? Yes No

If yes, please explain: _____

Financial History:

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgement against you? Yes No

If yes, when - circumstances - current status: _____

If additional room is needed, please use a separate sheet of blank paper and include it with this application

BACKGROUND PRE-SCREENING WORKSHEET (continued)

Prior Residences:

List all prior residences and dates where you have resided. Begin with your current residence:

1.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			
2.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			
3.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			
4.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			
5.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			
6.	_____	_____	_____	_____
	<i>(Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZipCode)</i>
	_____	_____	_____	_____
	<i>(Dates)</i>			

Miscellaneous Information:

If you answer yes to any question in this section, please provide a detailed explanation on a separate sheet of blank paper and include it with this application.

1. Have you ever applied to another Law Enforcement/Correctional Agency? Yes No
If yes, list approximate date, agency name, and disposition:

_____	_____	_____
<i>(Date)</i>	<i>(Agency)</i>	<i>(Disposition)</i>
_____	_____	_____
<i>(Date)</i>	<i>(Agency)</i>	<i>(Disposition)</i>
_____	_____	_____
<i>(Date)</i>	<i>(Agency)</i>	<i>(Disposition)</i>
_____	_____	_____
<i>(Date)</i>	<i>(Agency)</i>	<i>(Disposition)</i>

2. Are you wanted by the police anywhere at this time? Yes No

3. Have you ever used, tried, or experimented with Marijuana? Yes No

4. Have you ever used, tried, or experimented with cocaine, including crack? Yes No

5. Have you ever used, tried, or experimented with any illegal drugs other than marijuana or cocaine (i.e., LSD, PCP, Heroin), or any other drug in which it is a violation of the law to possess? Yes No

6. Have you ever purchased illegal drugs? Yes No

If additional room is needed, please use a separate sheet of blank paper and include it with this application.

BACKGROUND PRE-SCREENING WORKSHEET (continued)

Miscellaneous Information:

If you answer yes to any question in this section, please provide a detailed explanation on a separate sheet of blank paper and include it with this application.

7. Have you ever sold illegal drugs? Yes No
8. Have you intentionally falsified any information on this application? Yes No

If additional room is needed, please use a separate sheet of blank paper and include it with this application.

During the application process, the Richmond Sheriff's Office implies no offer of employment until all processing and background investigations are completed and reviewed by the Sheriff or his designee.

The Richmond Sheriff's Office provides equal opportunity to all employees and applicants for employment regardless of race, color, sex, religion, national origin, age, disabilities, political affiliation, or other conditions protected by applicable Federal, State, or local laws.

In accordance with the Virginia Privacy Act of 1976, we inform you of the following information:

- 1. The information on this application will only be used for determining your eligibility for employment with the City of Richmond Sheriff's Office. The only use outside the Sheriff's Office will be limited to the courts, upon request, for legal proceedings.**
- 2. You are not required by law to furnish the information requested in this application. However, if you do not furnish the information requested, we will have no data on which to determine your eligibility. Therefore, we will be unable to consider you for employment.**

CERTIFICATION (Carefully read before signing)

I certify that the information I have provided to the previous questions in this application are true and correct and no attempt has been made to conceal pertinent information. I understand that all statements made are open to investigation by the Richmond Sheriff's Office including investigation of Credit History, Employment History, Criminal History, Medical Records, and any other information deemed necessary by a duly authorized agent of this office. I understand that a polygraph examination may also be part of the application process. If any information given by me in this application, or anytime in the application process, is found to be false or misleading, I will be subject to dismissal at anytime during the period of my employment, and I agree not to hold the Richmond Sheriff's Office or persons named herein liable in that event. I further understand that employees of the Richmond Sheriff's Office work at the pleasure of the Sheriff and as such may be terminated from employment at anytime without recourse.

Applicant's Signature

Date

★★ Unsigned applications will be ineligible for processing ★★

Release Of Information Authorization

(Military Records)

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Position Applied For: _____

Date of Birth: _____

Social Security Number: _____

I authorize the National Personnel Records Center in St. Louis, Missouri, or other custodian of my military records to release to the Richmond Sheriff's Office information or photocopies from my military personnel and related medical records, or only the following records: _____ . This could include a photocopy of my DD-214 Form, Report of Separation.

All authorizations must be signed by the veteran.

All authorizations granting a third party (company, agent, or agency) the right to receive information from the military personnel and related records must be dated.

(Applicant's Signature)

(Date)

Before me personally the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20_____

My commission expires ____/____/____

(Notary Signature)

Release Of Information Authorization

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Position Applied For: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish the Richmond City Sheriff's Office **ANY AND ALL** information that you may have concerning my employment record, educational record, military record, physical and mental records or reports including **ALL** information of a confidential or privileged nature, and photostats or copies of the same. This information is to be used to assist the Richmond City Sheriff's Office in determining my qualifications and fitness for the position I am seeking. A reproduction of this original will be valid as an original hereof.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested.

(Applicant's Signature) (Date)

Before me personally the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

My commission expires ____/____/____

(Notary Signature)

Release Of Credit Information Authorization

Applicant's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip Code)

Position Applied For: _____

Date of Birth: _____

Social Security Number: _____

Pursuant to Subsection 604(b)(2) of the Fair Credit Reporting Act ("FCRA") as amended by the Consumer Credit Reporting Reform Act of 1996, effective September 30, 1997, I understand the Richmond Sheriff's Office may obtain and use a Consumer Report for employment purposes. Accordingly, I authorize any bona fide Consumer Reporting Agency ("CRA") to furnish the Richmond City Sheriff's Office ANY AND ALL information they may have concerning my employment, financial, and credit status. This information is to be used to assist the Richmond City Sheriff's Office in determining my qualifications and fitness for the position I am seeking. I further understand, under Subsection 604(b)(3), that before any adverse action is taken relative to an employment decision based on a Consumer Report, I will be provided a copy of the report and a copy of the FTC's Consumer Rights Notice.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested. A reproduction of this release will be valid as an original hereof.

(Applicant's Signature) (Date)

Before me personally the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this ____ day of _____, 20 ____

My commission expires ____/____/____

(Notary Signature)

Agreement To Submit To Polygraph Examination

I, _____, do hereby agree to submit to a polygraph examination to be conducted by the Richmond City Sheriff's Office. In submitting to this test, I do so of my own free will with no force or duress being exercised by anyone, nor has any promise of reward or other consideration been made. I have no objection to the use of the results of said test by the duly constituted law enforcement authorities for any lawful purpose in connection with my application for employment with the Richmond City Sheriff's Office.

I have been advised and understand that the examination may be terminated at any time by either the examiner or me.

I hereby release the officers of the Richmond City Sheriff's Office and any other duly authorized agents or officials from any liability connected in any way with the test or use of the results thereof.

(Applicant's Signature)

(Date)

Before me personally the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this ____ day of _____, 20 ____

My commission expires ____/____/____

(Notary Signature)

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT/ANTI-HARASSMENT POLICY

It is the policy of the Richmond Sheriff's Office to be in compliance with state and federal laws, including but not limited to Title VII of the Civil Rights Act of 1964, as amended, in all employment practices. This Office is an equal opportunity employer. Employment discrimination on the basis of race, religion, color, sex, national origin, age or disability is prohibited.

One form of prohibited discrimination is sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Examples of prohibited conduct include unwelcome discussion of sexual activities, unwelcome touching, display of sexual explicit pictures or objects, use of sexually suggestive gestures, and sexual remarks about physical attributes.

Harassment of employees on basis of race, religion, color, national origin, age or disability is prohibited. Slurs, epithets, and jokes based on these characteristics have no place in the workplace. Harassment of any nature, when based on race, religion, color, sex, national origin, age or disability will not be tolerated.

All employees of this office are entitled to a workplace free of unlawful harassment by management, co-workers, clients or vendors. Any employee who feels that he or she has been subjected to unlawful harassment is directed to report it immediately to the Human Resources Division. Preserving a workplace free of unlawful harassment is the responsibility of all employees.

Any report of unlawful harassment will promptly be investigated by this Office. All employees are required to cooperate with the investigation. Confidentiality will be maintained so far as possible and no retaliation will be permitted.

Where this Office's investigation substantiates the allegation of harassment, appropriate measures will be taken. Discipline, up to and including dismissal, will be imposed upon any employee who is found to have engaged in conduct prohibited by this policy.

Any individual who knowingly makes a false claim of sexual or other forms of unlawful harassment will be subject to appropriate disciplinary action up to and including dismissal. Any questions about this policy should be directed to the Director of Human Resources.

This policy updates and replaces Section V. of the employees' handbook, page 15.

As an applicant of the Richmond Sheriff's Office, I have received, read and understand this copy of the **Equal Employment Opportunity Statement/Anti-harassment Policy**.

(Applicant's Signature)

(Date)

APPLICATION COMPLETION CHECKLIST

Before submitting your application to the Richmond Sheriff's Office Recruitment Department, check to ensure the following have been completed as instructed:

**Please Check the Boxes
Below as You Validate
Each Item's Completion**

- All addresses are complete including full street addresses, City, State, and Zip Codes. (This includes all personal references, employment references, educational institutions or other addresses requested).
- A certified copy of your educational transcripts and copies of diplomas/degrees are included with the application.
- A copy of your valid Driver's License is included with the application.
- A copy of your official State Issued Birth Certificate is included with your application.
- A copy of your Social Security Card is included with the application.
- If prior military, a copy of your DD-214 (long form) including type of discharge is included with your application.
- All Release for Information Affidavits are signed by you and notarized by a Notary Public. (Appendixes C, D, and E)
- The polygraph agreement is signed by you and notarized by a Notary Public. (Appendix F)
- All requested background screening information has been provided and is accurate. (Appendixes B-1 through B-4)
- You have reviewed the minimum qualifications listed on the front of this application and you meet **all** of the minimum qualifications. (Page 1)
- The certification statement on the back of the application and the back of the Background Pre-screening Worksheet has been read and signed by you. (Page 4 and Appendix B-4)
- The Equal Employment Opportunity Statement/Anti-Harassment Policy Form has been reviewed and signed by you. (Appendix G)
- This Application checklist has been reviewed and signed by you. (Appendix H)

I have reviewed the entire application for employment and all enclosed appendixes to ensure completion and my checking the boxes on this page acknowledge that all requested information is provided or completed as instructed. Failure to provide all information requested may result in my application being considered as ineligible for further processing.

Applicant's Signature

Date

NOTE: All items submitted by you or offered by other sources during the application process will become the property of the Richmond Sheriff's Office and will not be returned to or duplicated for the applicant.



Richmond City Sheriff's Office



DOMESTIC VIOLENCE STATEMENT

Name (Print): Last First MI Social Security Number

Position Applied For

Title 18, United States Code, Section 922(g)(9), makes it illegal for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm or ammunition. A crime of domestic violence is generally defined as any offense, whether or not explicitly described in a statute as a crime of domestic violence, which has as its factual basis the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian.

This provision applies to persons convicted at anytime prior to or after the passage of this law on September 30, 1996. There is no exemption for law enforcement officers or agents. If you have ever been convicted of a crime of domestic violence within the meaning of this statute, possession of any firearm or ammunition, whether state-issued or privately owned, may subject you to felony criminal penalties, including up to ten years imprisonment, paying a fine, as well as administrative action.

Please complete and sign the statement below and return this form to the Employee Recruitment Section of the Richmond City Sheriff's Office.

I hereby certify and warrant that I (check one):

Have _____ Have not _____

been convicted of any misdemeanor or felony crime of domestic violence within the meaning of the statute that has not been expunged or otherwise set aside or pardoned.

If you answered yes to the above question, please provide the following information with respect to the conviction(s):

Court/jurisdiction: _____

Charge: _____

Date and Punishment Imposed: _____

To the best of my knowledge, all of the information provided by me is true, correct and complete. I understand that false or fraudulent information provided herein may be grounds for refusal or termination of employment.

Signature

Date