



Gabriel A. Morgan
Sheriff

Office of the Sheriff

CITY OF NEWPORT NEWS

P.O. Box 57
224 – 26th Street
Newport News, VA 23607



(757) 926-8759
Fax: (757) 926-8429

To all perspective applicants:

Welcome to the Newport News Sheriff's Office Hiring Process. If you haven't already completed an application, please visit the city of Newport News employment site at www.jobs-nngov.com and fill out the Sheriff's Office application.

Once you have filled out and submitted your application, please print this document. Included in this document are the following required forms:

- Information Sheet
- Agility Test Form
- Authorization for Release of Information Form

Note: Your application can not be processed until all necessary forms are received and filled out properly.

Thank you for your interest in the Newport News Sheriff's Office. Once your complete application is received, you will be contacted by the Recruitment and Retention Manager with further information.

Good Luck,

Gabriel A. Morgan
Sheriff

Information Sheet

Please ensure the following forms (Authorization for Release of Information, Agility Test Form) are filled out completely and **notarized**. Mail these forms, along with any other documentation to:

**Newport News Sheriff's Office
Professional Standards Bureau
Attn: Recruitment & Retention Manager
224 26th Street
Newport News, VA 23607**

Required Documents:

- Copy of Valid Driver's License
- Copy of High School Diploma/transcripts, GED or College Degree
- NNSO-Authorization for Release of Information Form (NOTARIZED)
- Three (3) letters of Recommendation (include names, addresses & phone numbers)
- Virginia Department of Motor Vehicles driving record
- Copy of DD214 Member 4 (if applicable)
- Agility Test Form (NOTARIZED)

Agility Test Requirements:

165lb Dummy Drag (30' distance)	30 seconds
Running Broad Jump (6' distance)	2 attempts
Handgun Trigger Pull Test	30 pulls/60 seconds
Stair climb (2 circuits)	50 seconds
1/4 Mile Run (440 yards)	1 minute, 40 seconds (Males) 2 minutes (Females)

Newport News Sheriff's Office



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Authorization for Release of Information

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinics, Attorneys at Law

U.S. Armed Forces, Maritime Service, Veterans Administration or Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, High School or Elementary School (public or private)

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer, Credit Bureau or Retail Merchants Association, U.S. Selective Service System, Division of Motor Vehicles

I, _____, address _____

_____ have applied for employment with the Newport News Sheriff's Office, City of Newport News, Virginia. I am aware that my entire background will be

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investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning my background (including a transcript of any academic record) to Newport News Sheriff's Office investigators or representatives, upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning my background shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name, if applicable) (Date)

STATE OF _____, CITY OF _____,

This day, _____ personally appeared

before me and acknowledged his/her signature to the above statement.

GIVEN under my hand, this _____ day of _____, 20 ____.

My Commission Expires: _____

Signature: _____

Newport News Sheriff's Office

Agility Test Form

Applicant Name: _____
(Last) (First) (M.I.)

DOB: ____/____/____

Sex: M F

In consideration of being permitted to complete the application requirements for employment with the Newport News Sheriff's Office by taking the physical agility test, the undersigned hereby releases the Newport News Sheriff's Office and all of its employees and agents, of and from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned as a result of taking said agility test.

The undersigned, being duly aware of the physical exertion, risks and hazards involved in taking said agility test, hereby elects voluntarily to take it, and voluntarily assumes all risks of loss, damage or injury, including death that may be sustained as a result thereof.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing, understands it, and signs it voluntarily, and that he/she is at least 21 years of age and of sound mind.

Applicant: _____ Witness: _____

State of _____ City of _____

Subscribed and Sworn before me this ____ day of _____
20____.

My commission expires: _____, 20 _____.