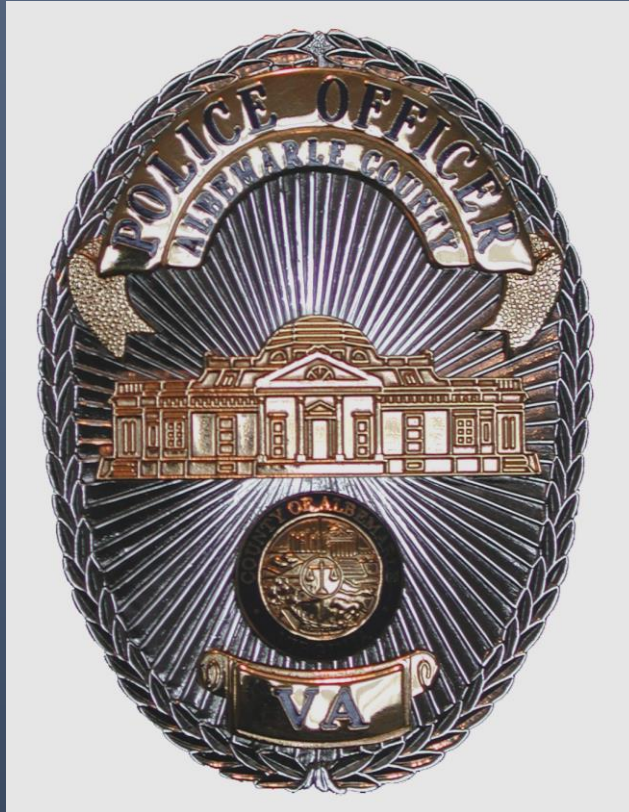


Personal History Packet



COUNTY OF ALBEMARLE POLICE DEPARTMENT

1600 5TH STREET, SUITE D

CHARLOTTESVILLE, VA 22902

Phone: (434) 296-5807 • Fax: (434) 972-4061



ACCREDITED LAW ENFORCEMENT AGENCY

COUNTY OF ALBEMARLE POLICE DEPARTMENT
1600 5th Street, Suite D

Charlottesville, Virginia 22902

Phone: (434) 296-5807 • Fax: (434) 972-4061



Personal History Statement

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position. It is your responsibility to complete this form and provide all required information. You must respond to all items and questions. If a question does not apply to you, write "N/A" in the space provided for your response. Please fill out the enclosed forms to the best of your ability using black or blue ink and in your own handwriting. Be sure to sign and date each form in the required space. Be mindful that all information you enter will be thoroughly researched by a background investigator. Any false or misleading information provided in these documents could lead to termination of the selection process.

Please return the enclosed documents to:

Albemarle County Police Department

Attn: Lead Recruiter

1600 5th Street Suite D

Charlottesville, VA 22902

In addition to the provided documents you should also include copies of the following documents:

1. A photocopy of your driver's license
2. A photocopy of your social security card
3. A photocopy of your birth certificate
4. A photocopy of your high school diploma or GED.
5. A photocopy of your college diploma
6. An official transcript from any college attended.
7. A copy of Military Discharge Certificate, DD214 (if applicable)



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**AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY
FOR CONSUMER CREDIT REPORT**

In applying for employment with the Albemarle County Police Department, I hereby authorize the Albemarle County Police Department, or any designated agent(s) working in the police department's behalf to obtain and review my consumer credit report and or any other credit related information pertaining to me. I understand that information contained in the report may be utilized in a decision about my employment with the Albemarle County Police Department.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights pursuant to the Fair Credit Reporting Act

I hereby fully release the Albemarle County Police Department, and any and all of its employees, directors, agents, successors and assigns, and all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any subsequent investigation(s) of my credit history.

I hereby state that all information I have provided to the Albemarle County Police Department, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Albemarle County Police Department by me will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Albemarle County Police Department if I am hired or advanced by the Albemarle County Police Department before such misrepresentation is identified. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment by the Albemarle County Police Department. It is also understood that the Albemarle County Police Department operates under an AT-WILL EMPLOYMENT POLICY and this authorization and release does not alter or affect this policy in any manner.

Full Name (Typed or Printed): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ Phone: _____

Given under my hand this ____ day of _____, 20____

Signature

Commonwealth of Virginia, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the ____ day of _____, 20____

Notary Public
Notary Registration # _____

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ACCREDITED LAW ENFORCEMENT AGENCY

COUNTY OF ALBEMARLE POLICE DEPARTMENT

1600 5th Street, Suite D

Charlottesville, Virginia 22902

Phone: (434) 296-5807 • Fax: (434) 972-4061



AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any police officer or other authorized representative of the Albemarle County Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment (including any grievance records), military, educational records, medical records, credit records, (including credit card and payment device numbers), and law enforcement records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Albemarle County Police Department. Consent is granted for the Albemarle County Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. I have been advised the Albemarle County Police Department will utilize this number only to facilitate the location of employment, military, medical, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Typed or Printed): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ Phone: _____

Given under my hand this _____ day of _____, 20____

Signature

Commonwealth of Virginia, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, 20____

Notary Public

Notary Registration # _____

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SECTION 1: PERSONAL

1. YOUR FULL NAME				
LAST		FIRST		MIDDLE
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)				N/A
3. ADDRESS WHERE YOU LIVE				
NUMBER / STREET		APT / UNIT		
CITY		STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)				
5. CONTACT NUMBERS				
HOME ()		WORK ()	EXT OTHER ()	CELL FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP				
Are you a U.S. citizen? Yes No				
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? Yes No				
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)				
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY		12. DRIVER'S LICENSE
		— —		NUMBER: STATE: EXPIRES:
13. PHYSICAL DESCRIPTION				
HEIGHT:		WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES**14. IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable.
- Mark "Deceased," if appropriate.
- If more space is needed, continue on page 30 – reference corresponding numbers.

14.A Spouse / Registered Domestic Partner				Deceased	N/A
NAME		HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF / (MM/YYYY)			Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No		
14.B Former Spouse / Former Registered Domestic Partner				Deceased	N/A
NAME		HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS	CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
DATE OF / (MM/YYYY)		DATE OF / (MM/YYYY)	Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? Yes No		

SECTION 2: RELATIVES AND REFERENCES *continued***14.C Parents / Guardians**List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

14.C.1 Parent / Guardian: Mother Father Step-mother Step-father In-law	Deceased				
Other:					
NAME	HOME ADDRESS (NUMBER / STREET /		STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

14.C.2 Parent / Guardian: Mother Father Step-mother Step-father In-law	Deceased				
Other:					
NAME	HOME ADDRESS (NUMBER / STREET /		STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		STATE	ZIP	
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

14.C.3 Parent / Guardian: Mother Father Step-mother Step-father In-law	Deceased				
Other:					
NAME	HOME ADDRESS (NUMBER / STREET /		STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		STATE	ZIP	
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

14.C.4 Parent / Guardian: Mother Father Step-mother Step-father In-law	Deceased				
Other:					
NAME	HOME ADDRESS (NUMBER / STREET /		STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		STATE	ZIP	
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

14.D Brothers / Sisters	N/A
--------------------------------	-----

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 Sibling: Brother Sister Half-brother Half-sister Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET /	STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		STATE	ZIP	
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

14.D.2 Sibling: Brother Sister Half-brother Half-sister Other:					
NAME	AGE	HOME ADDRESS (NUMBER / STREET /	STATE	ZIP	
HOME PHONE	MAILING ADDRESS (IF DIFFERENT)		STATE	ZIP	
()					
WORK PHONE	CELL PHONE		EMAIL		
()	()				

SECTION 2: RELATIVES AND REFERENCES *continued***14.D.3 Sibling:** Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET /	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

14.D.4 Sibling: Brother Sister Half-brother Half-sister Other:

NAME	AGE	HOME ADDRESS (NUMBER / STREET /	CITY	STATE	ZIP
HOME PHONE ()	MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL			

14.E Children

N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.2 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.3 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

14.E.4 Child: Son Daughter Other:

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)			
		ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
		CONTACT NUMBER ()	EMAIL		

SECTION 2: RELATIVES AND REFERENCES *continued***15. LIST OF REFERENCES**

- List **7 –10** people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do **NOT** include relatives, employers, housemates, or any individuals listed elsewhere.

15.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.5	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.6	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			

SECTION 2: RELATIVES AND REFERENCES *continued*

15.7	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()		EMAIL		
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.8	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()		EMAIL		
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.9	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()		EMAIL		
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		
15.10	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()		EMAIL		
	HOW DO YOU KNOW THIS PERSON?				HOW LONG HAVE YOU KNOWN THIS PERSON?		

SECTION 3: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- *If more space is needed, continue your response on page 31.*

16.	MM/YYYY		MM/YYYY	
	HIG / H	GED: /	:	/
17. LIST HIGH SCHOOL(S) ATTENDED				
17.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY			STATE
17.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY			STATE

SECTION 3: EDUCATION *continued***18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED**

18.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
		/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY	
18.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
		/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY	
18.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
		/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY	
18.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED	
		/	/	QTR SYSTEM SEM SYSTEM	
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED	
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY	

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE	
		/	/	YES NO	
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE	
		/	/	YES NO	
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		

20. Have you ever taken a Firearms Course? IF YES, provide the following information

A. COURSE PRESENTER NAME		LOCATION (CITY / STATE)
B. COURSE COMPLETION		COMPLETION DATE (MM/YYYY)
Did you successfully complete the course?		/

SECTION 4: RESIDENCES *continued*

24.2	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.3	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.4	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.5	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.6	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		
24.7	NAME OF HOUSEMATE		CONTACT NUMBER	
			()	
	CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT)	CITY	STATE	ZIP
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)		EMAIL		

25. Have you ever been evicted or asked to leave a residence? Yes No

25. A Have you ever forfeited a deposit? Yes No

26. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No

If you answered "YES" to **Questions 25 and/or 26**, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

27. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in **excess of 30 days**.

27.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS				REASON FOR WANTING TO LEAVE		
1) 2)						
Would there be a problem if we contact your current employer? Yes No						
IF YES, explain:						

27.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:	/	/

27.3	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1) 2)						

27.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.5	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	JOB TITLE / RANK				EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
				FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS				REASON FOR LEAVING			
1)		2)					

27.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

27.7	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	JOB TITLE / RANK				EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
				FT PT TEMP SELF-EMPLOYED VOLUNTEER			
NAMES OF CO-WORKERS				REASON FOR LEAVING			
1)		2)					

27.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/	/

27.9	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR		
	CITY	STATE	ZIP	CONTACT NUMBER		EXT	
				()			
	JOB TITLE / RANK				EMAIL		
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)			
				FT PT TEMP SELF-EMPLOYED VOLUNTEER			

NAMES OF CO-WORKERS		REASON FOR LEAVING
1)	2)	

27.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/

27.11	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					FT PT TEMP SELF-EMPLOYED VOLUNTEER	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

27.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/

27.13	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					FT PT TEMP SELF-EMPLOYED VOLUNTEER	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

27.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	Student	Between jobs	Leave of absence	Travel	Other:	/

27.15	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
	DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
					FT PT TEMP SELF-EMPLOYED VOLUNTEER	
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

27.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:	/	/

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

27.17	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:	/	/

27.19	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
			FT PT TEMP SELF-EMPLOYED VOLUNTEER		
NAMES OF CO-WORKERS			REASON FOR LEAVING		
1)			2)		

27.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:	/	/

28.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, verbal counseling, reductions in pay, reassignments, or demotions.	Yes	No
28.1	To your knowledge, have you ever violated and policy, rule or provision that you were subjected to by your employer?.....	Yes	No
28.2	Have you ever collected unemployment compensation while working under the table?.....	Yes	No
28.3	Have you ever been paid for work you did not perform?.....	Yes	No
28.4	Have you ever falsely indicated your work hours to an employer?.....	Yes	No
28.5	Have you ever slept on duty?.....	Yes	No
28.6	Have you ever provided false information or withheld information on an employment application or during an interview?	Yes	No

- | | | | |
|-----|--|-----|----|
| 29. | Have you ever been fired, released from probation, or asked to resign from any place of employment?..... | Yes | No |
| 30. | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?..... | Yes | No |
| 31. | Have you ever quit without giving proper notice?..... | Yes | No |

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

- | | | | |
|------|---|-----|----|
| 32. | Have you ever resigned in lieu of termination?..... | Yes | No |
| 33. | Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? | Yes | No |
| 34. | Were you ever the subject of a written complaint at work?..... | Yes | No |
| 34.1 | Have you ever taken possession or removed any item belonging to a co-worker or employer without their authorization?..... | Yes | No |
| 35. | Have you ever been counseled at work due to lateness or absences? | Yes | No |

If you answered "YES" to any of **Questions 28–38**, explain (include when, where, and circumstances – *reference corresponding numbers*).

42.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER						
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED						

42.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER						
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED						

42.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER						
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED						

42.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
					/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF		
	CITY	STATE	ZIP	CONTACT NUMBER	EXT	
				()		
POSITION APPLIED FOR			EMAIL			
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:						

STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED

42.6	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
			()		
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER					
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED					

42.7	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
				/	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
			()		
POSITION APPLIED FOR			EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
STEP: APPLICATION WRITTEN PHYSICAL ABILITY ORAL POLYGRAPH/CVSA BACKGROUND CHIEF'S ORAL CONDITIONAL OFFER					
STATUS: HIRED ON ELIGIBILITY LIST WITHDRAWN DISQUALIFIED LIST EXPIRED					

SECTION 6: MILITARY EXPERIENCE

43. Are you required to register for the Selective Service?..... Yes No
IF YES, have you registered?..... Yes No
IF NO, explain:

44. Have you ever served in the military?..... Yes No

45. If you answered "YES" to Question 44, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
ENTRY LEVEL	HONORABLE	GENERAL
OTH (OTHER THAN HONORABLE)		
BAD CONDUCT		
DISHONORABLE		
RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214:		

46. Are you currently participating in one of the following?

Military Reserve National Guard IF CHECKED, date obligation ends (MM/DD/YY):

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

47.1	Have you ever violated a military order?.....	Yes	No
48.	Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?	Yes	No
49.	Have you ever taken military property without permission for personal use, to sell, or to give away?	Yes	No

SECTION 6: MILITARY EXPERIENCE *continued*

If you answered "YES" to any of **Questions 47–49**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

- For each of the following questions (**50A, B**), fill in the amounts to the nearest dollar.

- A) From your employer(s), what is your take-home monthly income? \$ _____ per month
- B) Do you have other sources of income? (IF YES, fill in amount and explain.) Yes No \$ _____ per month
- Explain:

51.	Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	No
52.	Have any of your bills ever been turned over to a collection agency?	Yes	No
53.	Have you ever had purchased goods repossessed?	Yes	No
54.	Have your wages ever been garnished?	Yes	No
55.	Have you ever been delinquent on income or other tax payments?	Yes	No
56.	Have you ever failed to file income tax or cheated/lie on an income tax form?	Yes	No
57.	Have you ever had an employment bond refused?	Yes	No
58.	Have you ever avoided paying any lawful debt by moving away?	Yes	No
59.	Have you ever defaulted on (failed to pay) a loan?	Yes	No
60.	Have you ever borrowed money to pay for a gambling debt?	Yes	No
	IF YES, do you currently have any outstanding debts as a result of gambling?	Yes	No
61.	Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes	No
62.	Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	Yes	No
63.	Have you written three or more bad checks in a one-year period?	Yes	No
63.1	Have you ever had an application for credit denied?.....	Yes	No

If you answered "YES" to any of **Questions 51–63**, explain (include when, where, and why – *reference corresponding numbers*).

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**
- If more space is needed, continue your response on page 30.

64. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?Yes No

IF YES, explain each incident:

64.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
	DISPOSITION OR PENALTY		
64.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
	DISPOSITION OR PENALTY		
64.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
	DISPOSITION OR PENALTY		

65. Have you ever been placed on court probation?Yes No

65.1 Have you ever been detained by law enforcement? Yes No

66.	Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes	No
67.	Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
68.	Have the police ever been called to your home for any reason?	Yes	No
69.	Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	No
70.	Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	Yes	No

SECTION 8: LEGAL *continued*

71.	Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	Yes	No
72.	Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	Yes	No
73.	Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	Yes	No
74.	Have you ever filed a false insurance or workers' compensation claim?	Yes	No

If you answered "YES" to any of **Questions 65–74**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

75. Have you committed any of the following acts ***within the past 10 years***? (You do NOT have to report any acts committed ***prior to age 15***.)

- You **MUST** include any acts committed at any time after you were first employed in law enforcement, including as a Police Explorer/Police Cadet.
- NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

75.1	Animal abuse and/or neglect	Yes	No
75.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	Yes	No
75.3	Battery (use of force or violence upon another)	Yes	No
75.4	Brandishing a weapon (any type of weapon)	Yes	No
75.5	Carrying a concealed weapon without a permit.....	Yes	No
75.6	Contributing to the delinquency of a minor	Yes	No
75.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)	Yes	No
75.8	Driving under the influence of alcohol and/or drugs	Yes	No

75.9	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	No
75.10	Filing a false police report	Yes	No
75.11	Hit & run collision (no injuries).....	Yes	No
75.12	Illegal gambling	Yes	No
75.13	Illegal hunting and/or fishing (for example, without a license, out of season)	Yes	No

SECTION 8: LEGAL *continued*

75.14	Impersonating a peace officer (pretending to be a police officer)	Yes	No
75.15	Indecent exposure and/or lewd or obscene conduct	Yes	No
75.16	Intentionally writing a bad check	Yes	No
75.17	Joyriding (using a car or other vehicle without owner's permission)	Yes	No
75.18	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	Yes	No
75.19	Petit Larceny (value up to \$200, including shoplifting/switching price tags)	Yes	No
75.20	Possession of alcohol as a minor	Yes	No
75.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	Yes	No
75.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	Yes	No
75.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	Yes	No
75.24	Reckless driving	Yes	No
75.25	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	Yes	No
75.26	Trespassing.....	Yes	No
75.27	Vandalism (including, but not limited to, "tagging," and/or property damage).....	Yes	No
75.28	Driven a motor vehicle when you believed you might be impaired by drugs or alcohol?.....	Yes	No
75.29	Any other act amounting to a misdemeanor	Yes	No

- If you answered "YES" to **ANY** of the item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 75.5) for each explanation.*
- *If more space is needed, continue your response on page 30.*

► Involvement in Criminal Acts – Part 2

76. **At any time in your life**, have you **EVER** committed any of the following acts?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.

76.1	Arson (intentionally destroying property by setting a fire)	Yes	No
76.2	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	Yes	No
76.3	Blackmail or extortion	Yes	No
76.4	Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No
76.5	Child molestation (performing unlawful acts with a child, inappropriate touching of a child)	Yes	No
76.6	Elder abuse and/or neglect (physical and/or financial)	Yes	No
76.7	Embezzlement (theft of money or other valuables entrusted to you)	Yes	No
76.8	Felony drunk driving (involving injuries)	Yes	No
76.9	Forcible rape	Yes	No
76.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	Yes	No
76.11	Fraudulent use of a credit, ATM, debit, and/or check card	Yes	No
76.12	Grand theft (value of over \$200, or any firearm)	Yes	No
76.13	Hit & run (with or without injuries)	Yes	No
76.14	Hate crime	Yes	No
76.15	Illegal sex acts (That you could be prosecuted for)	Yes	No
76.16	Insurance fraud	Yes	No
76.17	Murder, homicide, or attempted murder	Yes	No
76.18	Perjury (lying under oath)	Yes	No
76.19	Possession of an explosive/destructive device	Yes	No
76.20	Robbery (theft from another person using a weapon, force, or fear)	Yes	No
76.21	Stalking	Yes	No
76.22	Theft of a vehicle and/or vehicle parts	Yes	No
76.23	Viewing and/or possessing child pornography	Yes	No
76.24	Any other act amounting to a felony	Yes	No
76.25	Domestic Assault.....	Yes	No
76.26	Have ever taken a polygraph.....	Yes	No
76.27	Have ever had sexual contact with a person who lacked the capacity to give their consent?	Yes	No
76.28	Have ever altered the price tags on an item?	Yes	No
76.29	Have ever been the subject of a complaint made to law enforcement?	Yes	No

- If you answered “YES” to **ANY** of the item(s) in **Question 76**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 76.3) for each explanation.*
- If more space is needed, continue your response on page 30.

SECTION 8: LEGAL *continued*

► Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
 - Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
 - Barbiturates (*Downers*)
 - Cocaine / Crack Cocaine
 - Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - GHB (*Date Rape Drug*)
 - Hallucinogens (*Peyote, LSD, Mushrooms*)
 - Hashish / Hashish Oil
 - Marijuana (*with or without a prescription*)
 - Mescaline
 - Morphine
 - PCP / Angel Dust
 - Quaaludes
 - Steroids
 - Tetrahydrocannabinol (THC)

77. Have you **EVER** used any drug(s) as indicated above? Yes No

IF YES, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

79. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved**, **over what time period(s)**, and **circumstances**.

79.1 Have you ever taken prescription medication in a manner other than it was prescribed?..... Yes No

80. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?Yes No

IF YES, explain:

SECTION 9: MOTOR VEHICLE INFORMATION

81. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

82. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

83. Have you ever been refused a driver's license by any state? Yes
No

IF YES, explain (include when, where, and circumstances):

84. Has your driver's license ever been suspended or revoked? Yes No

IF YES, explain (include when, where, and circumstances):

85. List your current liability insurance on your vehicle(s).

85.1	TYPE OF COVERAGE		VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
	INSURED UNINSURED					
	INSURANCE COMPANY			POLICY NUMBER		EXPIRATION DATE
						/ /
	ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP	CONTACT NUMBER

							()
85.2	TYPE OF COVERAGE INSURED UNINSURED		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE / /
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()
85.3	TYPE OF COVERAGE INSURED UNINSURED		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE / /
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()

SECTION 9: MOTOR VEHICLE OPERATION *continued*

86. List all traffic citations, excluding parking citations, you have received.

86.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED				
86.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED				
86.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE
	DATE VIOLATION OCCURRED MONTH: YEAR:		ACTION TAKEN NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED				

87. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear Failed to Complete Traffic School Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

88. Have you been involved as the driver in a motor vehicle accident? Yes No

IF YES, give details below.

88.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY		STATE
	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	AT FAULT? YES NO		WAS THE ACCIDENT? INJURY NON-INJURY
88.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY		STATE
	POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY	AT FAULT? YES NO		WAS THE ACCIDENT? INJURY NON-INJURY
88.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY		STATE

POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
YES NO		YES NO	INJURY NON-INJURY

89. Have you ever driven a vehicle without auto insurance, as required by law?	Yes
IF YES, GIVE REASON	FROM (MM/YYYY) TO (MM/YYYY)
	/ /

90. Have you ever been refused automobile liability insurance or had it cancelled?	Yes
IF YES, GIVE REASON	DATE
	/
INSURANCE COMPANY	

SECTION 10: OTHER TOPICS

91. Have you ever been refused a permit to carry a concealed weapon? Yes No
91.2 Have you ever carried a weapon for which you did not have a permit? Yes No
92. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?Yes No
92.1 Do you know anyone who is associated with an organization that promotes violence or illegal activity? Yes No
93. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No
93.1 Have you ever made a credit card purchase with a credit card that was not issued to you? Yes No
94. <i>Since the age of 13</i> , have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No
94.1 Have you ever made an explosive device? Yes No
95. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?..... Yes No
96. Have you ever taken a bribe?Yes No
97. Have you ever provided false information to a police officer? Yes No

If you answered "YES" to any of **Questions 91–95**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION

99. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ►

Date:

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*
- You may print copies of this page as needed.



ACCREDITED LAW ENFORCEMENT AGENCY

COUNTY OF ALBEMARLE POLICE DEPARTMENT



POLICE OFFICER JOB DESCRIPTION

The Police Officer performs general police work in the protection of life and property through the enforcement of laws and ordinances. Work in this position normally consists of routine patrol, preliminary, investigations and traffic control duties in a designated area on an assigned shift. Essential functions include, but are not limited to, the following:

- patrols the County to preserve law and order, to identify and solve problems, to prevent and discover the commission of crimes, to serve the public and to direct traffic and enforce the motor vehicle law;
- answers calls and complaints involving fire, automobile accidents, neighborhood disturbances and other misdemeanor and felony crimes;
- secures crime scenes, administers first aid, conducts preliminary investigations, gathers evidence, obtains witnesses and makes arrests;
- testifies in court;
- interviews/interrogates suspects, gathers information and prepares detailed reports;
- gives advice on laws, ordinances and general information to the public;
- covers an assigned sector/beat in the County;
- maintains evidence and other property;
- attends regular in-service training classes to maintain state certification;
- conducts follow-up investigations;
- performs crime prevention activities.

QUALIFICATIONS: Entry-level knowledge of police methods, practices and procedures, or the ability to acquire this knowledge and apply it; general knowledge of the geography of the County and the location of important landmarks and buildings or the ability to acquire this knowledge rapidly; ability to deal courteously but firmly with the general public; demonstrated ability to understand and carry out oral and written instructions, and to prepare clear and comprehensive reports; must be able to act without immediate supervision and exercise independent judgment in meeting emergencies; physical ability to perform job tasks; and the ability to establish and maintain effective working relationships with coworkers and the general public. Must be high school graduate or possess GED. Military experience will be considered. Completion of the appropriate training prescribed by the Commonwealth of Virginia for an entry level position is required.

PHYSICAL CONDITIONS AND NATURE OF WORK CONTACTS: Typically performs duties on foot, from a motor vehicle or motorcycle; regular desk duties include writing reports, accessing computer information from computer terminals; frequent and extensive walking, standing and occasional running is necessary; occasional heavy lifting and pushing is required; extensive periods of sitting may be necessary; ability to physically subdue and restrain an individual is occasionally required; this position requires performance of duties in adverse weather, day and night; regular exposure to life-threatening and emotionally stressful situations is required; regular contact is made with the general public; frequent contact with community and school groups to inform and educate on crime Prevention activities is necessary; occasional contact with government officials including Judges, and lawyers is necessary to serve as a witness or in conjunction with arrests and citations. Contacts may require considerable tact, diplomacy and discretion.

THIS JOB DESCRIPTION HAS BEEN EXPLAINED TO ME AND I UNDERSTAND THE JOB REQUIREMENTS ASSOCIATED WITH 'THE POSITION OF POLICE OFFICER WITH ALBEMARLE COUNTY.

Signature: _____

Date: _____

