

PERSONAL HISTORY STATEMENT – City of Harrisonburg VA

Harrisonburg-Rockingham Emergency Communications Center



Instructions to the Applicant

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 of **Emergency Communications Center Employee** with the City of Harrisonburg.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
- If you need more space for any response, use the last page of this form (page 18) and identify the additional information by the question number.

Disqualification

There are very few **automatic** bases for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are not always, in and of themselves, automatically disqualifying. However, **deliberate misstatements or omissions** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information, OTHER than what affects the ability to perform essential job functions, about themselves or their family members in response to questions on this form.

You **will be required to** present certified copies of the following documents during the recruitment process:

1. Proof of Education - High School Diploma, GED, College Transcripts, etc. (Certified copies required prior to the start of the background check)
2. Government Issued Photo ID – Ex: Driver's License, Passport, etc.
3. Naturalization document and proof of eligibility to work in the United States.

If applicable, you will be required to furnish copies of the following documents during the recruitment process:

1. Military discharge (DD214);
2. Marriage Certificate(s);
3. Divorce decree(s) or Legal Separation paper;

I have read and I understand the above instructions.

Signature: _____

Date: _____

PERSONAL HISTORY STATEMENT – City of Harrisonburg

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)				<input type="checkbox"/> 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 () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP				
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
* If you answered Yes to this question you will be required to provide all documentation to show current naturalization status				
9. BIRTHDATE (MM/DD/YYYY)		10. SOCIAL SECURITY NUMBER		11. DRIVER'S LICENSE
		- -		NUMBER: STATE: EXPIRES:

SECTION 2: RELATIVES AND REFERENCES

12. IMMEDIATE FAMILY						
<ul style="list-style-type: none">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 18 – reference corresponding numbers.						
12.A Spouse / Registered Domestic Partner					<input type="checkbox"/> Deceased	<input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)		Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12.B Parents / Guardians						
List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.						
12.B.1 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____						<input type="checkbox"/> Deceased
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL			

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 2: RELATIVES AND REFERENCES *continued*

12.B.2 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____						<input type="checkbox"/> Deceased	
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.B.3 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____						<input type="checkbox"/> Deceased	
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.B.4 Parent / Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-mother <input type="checkbox"/> Step-father <input type="checkbox"/> Other: _____						<input type="checkbox"/> Deceased	
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP	
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.C Brothers / Sisters							
<input type="checkbox"/> N/A							
List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.							
12.C.1 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____							
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.C.2 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____							
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.C.3 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____							
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				
12.C.4 Sibling: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Other: _____							
NAME		AGE	HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
WORK PHONE ()		CELL PHONE ()	EMAIL				

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 2: RELATIVES AND REFERENCES *continued*

13. LIST OF REFERENCES

- List **THREE** 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, significant others, employers, housemates, or any individuals listed elsewhere.

13.A	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?		
13.B	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?		
13.C	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 18.*

14. CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/
<input type="checkbox"/> Other High School Equivalency Certificate:	/		

15. LIST HIGH SCHOOL(S) ATTENDED

15.A	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	
15.B	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	

16. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

16.A	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY				STATE ZIP MAJOR / AREA OF STUDY

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 3: EDUCATION *continued*

16.B	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED

CITY	STATE	ZIP	MAJOR / AREA OF STUDY

16.C	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

16.D	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY

17. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED				
17.A	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	
17.B	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING	

18. Have you ever attended a VA DCJS Basic Course/Academy for any listed positions? (check all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No Officer <input type="checkbox"/> , Auxiliary <input type="checkbox"/> , Conservator <input type="checkbox"/> , Jailer <input type="checkbox"/> , or Dispatcher <input type="checkbox"/> IF YES, provide the following information:				
18.A	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()
18.B	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
				()

19. Have you ever been subject to any disciplinary action, including academic probation, suspension, or expulsion from any high school, college/university, business, trade school, or academy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances. (Continue on p.27 if needed.)	

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 4: RESIDENCE HISTORY

20. LIST OF RESIDENCES

- List all residences in the past **THREE YEARS**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- If more space is needed, continue your response on page 18.

20.A	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	Present
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you live:					
20.B	FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)			CONTACT NUMBER	
			()		
CITY			STATE	ZIP	EMAIL
Name(s) of those with whom you lived:					
Reason for moving:					

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

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

If you answered "YES" to **Questions 21 and/or 22**, explain (include when, where, and circumstances):

SECTION 5: EXPERIENCE AND EMPLOYMENT

23. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment, and volunteer within the past **FIVE YEARS**. (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**.
- If more space is needed, continue your response on page 18.

23.A	NAME OF CURRENT EMPLOYER OR MILITARY UNIT		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)		SUPERVISOR		

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE		
1)		2)			
PHONE NUMBER OF CO-WORKER		PHONE NUMBER OF CO-WORKER			
EMAIL ADDRESS OF CO-WORKER		EMAIL ADDRESS OF CO-WORKER		PAY RATE (INCLUDE HOURLY/ANNUAL)	

Would there be a problem if we contact your current employer? ☐ Yes ☐ No

IF YES, explain:

23.B	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

23.C	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) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
	NAMES OF CO-WORKERS			REASON FOR LEAVING		
	1)		2)			
	PHONE NUMBER OF CO-WORKER		PHONE NUMBER OF CO-WORKER			
	EMAIL ADDRESS OF CO-WORKER		EMAIL ADDRESS OF CO-WORKER		PAY RATE (INCLUDE HOURLY/ANNUAL)	

23.D	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

23.E	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) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		

SECTION 5: EXPERIENCE AND EMPLOYMENT			
NAMES OF CO-WORKERS		REASON FOR LEAVING	
1)	2)		
PHONE NUMBER OF CO-WORKER	PHONE NUMBER OF CO-WORKER		
EMAIL ADDRESS OF CO-WORKER	EMAIL ADDRESS OF CO-WORKER	PAY RATE (INCLUDE HOURLY/ANNUAL)	

23.F	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) /	TO (MM/YYYY) /
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- 24.** Have you **ever** been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.) ☐ Yes ☐ No

- 25.** Have you ever been fired, released from probation, or asked to resign from any place of employment? ☐ Yes ☐ No

- 26.** Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? ☐ Yes ☐ No

- 27.** Have you ever quit without giving notice? ☐ Yes ☐ No

- 28.** Have you ever resigned in lieu of termination? ☐ Yes ☐ No

- 29.** 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

- 30.** Were you ever the subject of a written complaint at work? ☐ Yes ☐ No

- 31.** Have you ever been counseled at work due to lateness or absences? ☐ Yes ☐ No

- 32.** Did you ever receive an unsatisfactory performance review? ☐ Yes ☐ No

- 33.** Have you ever sold, released, or given away legally confidential information? ☐ Yes ☐ No

- 34.** Have you ever called in sick when you were neither sick nor caring for a sick family member? ☐ Yes ☐ No
IF YES, how many sick days have you used in the past five years which were not due to illness? Days

If you answered "YES" to any of **Questions 24–34**, explain (include when, where, and circumstances – *reference corresponding numbers*).

35. Have you **ever** applied for **any** position at another public safety agency (city, county, state, or federal)? ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

- If you answered "YES" to Question 35, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
- *If more space is needed, continue your response on page 18.*

35.A	NAME OF PUBLIC SAFETY 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified for:						
35.B	NAME OF PUBLIC SAFETY 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified for:						
35.C	NAME OF PUBLIC SAFETY 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: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer						
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> List Expired <input type="checkbox"/> Disqualified for:						

SECTION 6: MILITARY EXPERIENCE

36. Are you required to register for the Selective Service?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, have you registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, explain: _____		
37. Have you ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. If you answered "YES" to Question 37, include the following service information:		
BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 6: MILITARY EXPERIENCE *CONTINUED*

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*: _____

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

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

40. 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

41. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ Yes ☐ No

42. Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ Yes ☐ No

If you answered "YES" to any of **Questions 36–42**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

43. INCOME AND EXPENSES

- For each of the following questions (**43 A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 43 C**: Estimate your monthly living expenses. Include housing, utilities, credit cards or other loan or recurring payments including spousal or child support, whether or not court ordered.

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: _____

C) How much do you spend each month? \$ _____ per month

44. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? ☐ Yes ☐ No

45. Have any of your bills ever been turned over to a collection agency? ☐ Yes ☐ No

46. Have you ever had purchased goods repossessed? ☐ Yes ☐ No

47. Have your wages ever been garnished? ☐ Yes ☐ No

48. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No

49. Have you ever failed to file income tax or cheated/lied on an income tax form? ☐ Yes ☐ No

50. Have you ever written three or more bad checks in one year? ☐ Yes ☐ No

51. Have you ever avoided paying any lawful debt by moving away? ☐ Yes ☐ No

52. Have you ever defaulted on (failed to pay) a loan? ☐ Yes ☐ No

53. 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

54. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? ... ☐ Yes ☐ No

55. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? ☐ Yes ☐ No

56. Have you written any bad checks in the past 5 years? ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 7: FINANCIAL CONTINUED

If you answered "YES" to any of Questions 44–56, explain (include when, where, and why – *reference corresponding numbers*).

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report detentions, charges (whether or not physically arrested), and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been dismissed, pardoned or expunged. As a public safety applicant, you are required to disclose this information, unless specifically exempted by state or federal law.
- If more space is needed, continue your response on page 18.

57. 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:

57.A	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<div></div> <div></div> <div></div> <div></div> <div></div>			

57.B	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<div></div> <div></div> <div></div> <div></div> <div></div>			

57.C	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
	/		
DISPOSITION OR PENALTY			
<div></div> <div></div> <div></div> <div></div> <div></div>			

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

59. 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

60. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 8: LEGAL *continued*

61. Have the police ever been called to your home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Have you or your spouse/partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you ever filed a false insurance or workers' compensation claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "YES" to any of **Questions 58–67**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

► Involvement in Criminal Acts – Part 1

68. At any time in your life, have you ever committed any of the following acts?

- You **MUST** include any acts committed at any time.
- 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.**

68.A	Animal abuse and/or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.B	Annoying, obscene, or harassing contacts by telephone or other electronic communication device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.C	Battery (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.D	Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.E	Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.F	Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.G	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, restaurant, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.H	Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.I	Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.J	Filing a false police report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.K	Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.L	Illegal gambling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.M	Illegal hunting and/or fishing (for example, without a license, out of season)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.N	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 8: LEGAL *continued*

68.O	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.P	Intentionally writing a bad check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.Q	Joyriding/Unauthorized Use (using a car or other vehicle without owner's permission)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.R	Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.S	Petty theft (value up to \$199, including shoplifting/switching price tags)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.T	Possession of alcohol as a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.U	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.V	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.W	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.X	Reckless driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.Y	Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.Z	Trespassing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.AA	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68.BB	Any other act amounting to a misdemeanor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered "YES" to **ANY** of the item(s) in **Question 68**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 70.5) for each explanation.*
- *If more space is needed, continue your response on page 18.*

► Involvement in Criminal Acts – Part 2

69. **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.

69.A	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.B	Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.C	Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.D	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.E	Child molestation (performing unlawful acts with a child, sexual touching of a child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.F	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.G	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.H	Felony drunk driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 8: LEGAL *continued*

69.I	Forcible rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.J	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.K	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.L	Grand larceny (value of \$200 or more, or any firearm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.M	Hit & run (with injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.N	Hate crime (actions based on religion, ethnicity, gender, sexual orientation, etc.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.O	Illegal sex acts with another	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.P	Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.Q	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.R	Perjury (lying under oath)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.S	Possession of an explosive/destructive device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.T	Robbery (theft from another person using a weapon, force, or fear, or of at least \$5 directly from a person without force)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.U	Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.V	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.W	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69.X	Any other act amounting to a felony (In Virginia classified as a crime with a punishment of over 1 year incarceration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you answered “YES” to **ANY** of the item(s) in **Question 69**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 69.3) for each explanation.*
- *If more space is needed, continue your response on page 18.*

[illegible]

PERSONAL HISTORY STATEMENT – City of Harrisonburg

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 (<i>Uppers, Speed, Crank, etc</i>) | ► Marijuana/Cannabis (<i>with or without a prescription</i>) |
| ► Barbiturates (<i>Downers</i>) | ► Mescaline / Peyote |
| ► Bath Salts (or any analog substance) | ► Morphine |
| ► Benzodiazepines / Rohypnol | ► Oxycodone |
| ► Cocaine / Crack Cocaine | ► PCP / Angel Dust |
| ► Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>) | ► Psilocybin |
| ► Fentanyl | ► Quaaludes |
| ► GHB (<i>Date Rape Drug</i>) | ► Steroids |
| ► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>) | ► Tetrahydrocannabinol (THC) / K2 / Spice |
| ► Hashish / Hashish Oil | ► Glue, paint, or any substance containing toluene |
| ► Heroin / Opium | ► Any prescription drugs not prescribed TO YOU |
| ► Hydromorphone | |
| ► MDMA / Ecstasy | |

70. **Within the past twelve months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No

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

71. **Prior to the past twelve months**:

☐ I have **never** used any drug recreationally, illegally, or in a manner other than as prescribed.

☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

72. 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**.

73. 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:

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 9: MOTOR VEHICLE INFORMATION

74. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

75. 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

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

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

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

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

78. List all traffic citations, excluding parking citations, you have received **within the past three years**.

78.A	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined/Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
78.B	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined/Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
78.C	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED Month: Year:	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined/Guilty <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		

79. 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:

PERSONAL HISTORY STATEMENT – City of Harrisonburg

SECTION 10: OTHER TOPICS	
80. Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 80–84**, give details including dates and circumstances – *reference corresponding numbers*.

Use the following page to continue any of your responses.
Be sure to reference corresponding numbers.

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. If you are filling in this page online, text will flow to additional pages automatically.

NARRATIVE

SECTION 11: CERTIFICATION

Signature in Full: ►	Date:
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