

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg VA

Harrisonburg Police Department
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 **Police Officer, Police Department Civilian Employee, or Emergency Communications Dispatcher** 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 28) 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 completion of 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: _____

SECTION 1: PERSONAL

SECTION 2: RELATIVES AND REFERENCES

Initial this page to indicate that you have understood every question and have provided complete information: _____

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SECTION 2: RELATIVES AND REFERENCES *continued*

12.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

12.C.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			

12.C.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.C.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.C.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.D Brothers / Sisters

☐ N/A

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

12.D.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.D.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		

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SECTION 2: RELATIVES AND REFERENCES *continued*

12.D.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.D.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		

12.E Children	<input type="checkbox"/> N/A
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List **ALL LIVING** children, including natural, adopted, step, and/or foster children. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

12.E.1 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
			CONTACT NUMBER ()	EMAIL	
12.E.2 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
			CONTACT NUMBER ()	EMAIL	
12.E.3 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
			CONTACT NUMBER ()	EMAIL	
12.E.4 Child: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____					
NAME		AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)		
			ADDRESS (NUMBER / STREET / APT)	CITY	STATE ZIP
			CONTACT NUMBER ()	EMAIL	

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SECTION 2: RELATIVES AND REFERENCES *continued*

13. 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.

13.1	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?	
13.2	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?	
13.3	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?	
13.4	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?	
13.5	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?	
13.6	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		
	How do you know this person?			How long have you known this person?	

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SECTION 2: RELATIVES AND REFERENCES *continued*

13.7	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?		
13.8	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?		
13.9	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?		
13.10	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 28.*

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				
15.1	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	
15.2	NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
			/	/
	CITY		STATE	

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SECTION 3: EDUCATION *continued*

16. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

16.1	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
16.2	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
16.3	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
16.4	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

17.1	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	
17.2	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 taken an NRA or VA DCJS approved Firearms Course? ☐ Yes ☐ No
 IF YES, provide the following information:

A. COURSE PRESENTER NAME	LOCATION (CITY / STATE)
B. COURSE COMPLETION	
Did you successfully complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPLETION DATE (MM/YYYY)
	/

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SECTION 3: EDUCATION *continued*

19. Have you ever attended a **VA DCJS** Basic Course/Academy for any listed positions? (check all that apply) ☐ Yes ☐ No
Officer ☐ , Auxiliary ☐ , Conservator ☐ , Jailor ☐ , or Dispatcher ☐ IF YES, provide the following information:

19.1	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 ()
19.2	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 ()

20. 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?..... ☐ Yes ☐ 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.)

SECTION 4: RESIDENCE HISTORY

21. LIST OF RESIDENCES

- List all residences in your lifetime.
- 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 28.

21.1	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:				
21.2	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:				

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 4: RESIDENCE HISTORY *continued*

21.3	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:					

21.4	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:					

21.5	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:					

22. LIST OF HOUSEMATES

- Provide contact information for all housemates listed in **Question 22** with whom you have resided **during the past 10 years**.
- Do **NOT** list anyone for whom you have already provided contact information.
- If more space is needed, continue your response on page 28.

22.1	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		

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 4: RESIDENCES <i>continued</i>					
22.2	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	
22.3	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	
22.4	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	
22.5	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	
22.6	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	
22.7	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	
23. Have you ever been evicted or asked to leave a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Have you ever left a residence owing rent, utilities, or other household expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered "YES" to Questions 23 and/or 24 , explain (include when, where, and circumstances):					

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SECTION 5: EXPERIENCE AND EMPLOYMENT

25. 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**.
- If more space is needed, continue your response on page 28.

25.1	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)	
					<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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, explain:						

25.2	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: _____	/	/

25.3	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)	
					<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)		

25.4	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: _____	/	/

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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.5	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)		
			<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			PAY RATE (INCLUDE HOURLY/ANNUAL)		

25.6	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: _____	/	/

25.7	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)		
			<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			PAY RATE (INCLUDE HOURLY/ANNUAL)		

25.8	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: _____	/	/

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.9	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)	
				<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)		

25.10	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: _____	/	/

25.11	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)	
				<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)		

25.12	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: _____	/	/

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.13	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)		
			<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)	

25.14	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: _____	/	/

25.15	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)		
			<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)	

25.16	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: _____	/	/

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.17	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)		
			<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			PAY RATE (INCLUDE HOURLY/ANNUAL)		

25.18	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: _____	/	/

25.19	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)		
			<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			PAY RATE (INCLUDE HOURLY/ANNUAL)		

25.20	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: _____	/	/

26.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments, or demotions.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Have you ever quit without giving notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

35. Have you ever sold, released, or given away legally confidential information? ☐ 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 **Question 37**, 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 28.*

Initial this page to indicate that you have understood every question and have provided complete information: _____

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

37.2	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			
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>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</p> <p>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:</p>						
37.3	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			
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>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</p> <p>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:</p>						
37.4	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			
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>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</p> <p>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:</p>						
37.5	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			
<p>CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:</p> <p>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</p> <p>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:</p>						

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

37.6	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: <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:					

37.7	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: <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

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

39. Have you ever served in the military? ☐ Yes ☐ No

40. If you answered "YES" to Question 39, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1–4) if applicable – <i>refer to your DD-214</i> : _____		

41. Are you currently participating in one of the following?
☐ Active Service ☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY): _____

42. 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

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

44. 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 41–44**, explain (include dates and circumstances).

SECTION 7: FINANCIAL

45. INCOME AND EXPENSES

- For each of the following questions (**45 A, B, C**), fill in the amounts to the nearest dollar.
- For **Question 45 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.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per month
Explain: _____	
C) How much do you spend each month?	\$ _____ per month

46. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have any of your bills ever been turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have you ever had purchased goods repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Have your wages ever been garnished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Have you ever been delinquent on income or other tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Have you ever failed to file income tax or cheated/lie on an income tax form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Have you ever written three or more bad checks in one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. Have you ever defaulted on (failed to pay) a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
55. Have you ever borrowed money to pay for a gambling debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, do you currently have any outstanding debts as a result of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you written any bad checks in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 46–58**, 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 28.

59. 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:

59.1

CHARGE

APPROX DATE (MM/YYYY)

ARRESTING OR DETAINING AGENCY

DISPOSITION OR PENALTY

59.2

CHARGE

APPROX DATE (MM/YYYY)

ARRESTING OR DETAINING AGENCY

DISPOSITION OR PENALTY

59.3

CHARGE

APPROX DATE (MM/YYYY)

ARRESTING OR DETAINING AGENCY

DISPOSITION OR PENALTY

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

61. 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

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

63. Have the police ever been called to your home for any reason? ☐ Yes ☐ No

64. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

65. Have you ever been the subject of an emergency protective order/restraining order/stay-away order? ☐ Yes ☐ No

Page 20 of 30 Initial this page to indicate that you have understood every question and have provided complete information: _____

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 8: LEGAL <i>continued</i>	
66. 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
67. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. 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
69. 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 60–69**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*).

.....

.....

.....

.....

.....

.....

.....

► Involvement in Criminal Acts – Part 1	
70. At any time in your life, have you ever committed any of the following acts?	
<ul style="list-style-type: none">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.	
70.1	Animal abuse and/or neglect <input type="checkbox"/> Yes <input type="checkbox"/> No
70.2	Annoying, obscene, or harassing contacts by telephone or other electronic communication device <input type="checkbox"/> Yes <input type="checkbox"/> No
70.3	Battery (use of force or violence upon another) <input type="checkbox"/> Yes <input type="checkbox"/> No
70.4	Brandishing a weapon (any type of weapon) <input type="checkbox"/> Yes <input type="checkbox"/> No
70.5	Carrying a concealed weapon without a permit..... <input type="checkbox"/> Yes <input type="checkbox"/> No
70.6	Contributing to the delinquency of a minor <input type="checkbox"/> Yes <input type="checkbox"/> No
70.7	Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, restaurant, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
70.8	Driving under the influence of alcohol and/or drugs <input type="checkbox"/> Yes <input type="checkbox"/> No
70.9	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
70.10	Filing a false police report <input type="checkbox"/> Yes <input type="checkbox"/> No
70.11	Hit & run collision (no injuries) <input type="checkbox"/> Yes <input type="checkbox"/> No
70.12	Illegal gambling..... <input type="checkbox"/> Yes <input type="checkbox"/> No
70.13	Illegal hunting and/or fishing (for example, without a license, out of season) <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 8: LEGAL <i>continued</i>		
70.14	Impersonating a peace officer (pretending to be a police officer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.15	Indecent exposure and/or lewd or obscene conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.16	Intentionally writing a bad check	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.17	Joyriding/Unauthorized Use (using a car or other vehicle without owner's permission).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.18	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
70.19	Petty theft (value up to \$199, including shoplifting/switching price tags)	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.20	Possession of alcohol as a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.21	Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.22	Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.23	Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.24	Reckless driving.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.25	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
70.26	Trespassing	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.27	Vandalism (including, but not limited to, "tagging," malicious mischief, and/or property damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No
70.28	Any other act amounting to a misdemeanor.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> • If you answered "YES" to ANY of the item(s) in Question 70, fully explain circumstances, including dates, names of individuals involved, and resolution. <i>Reference the corresponding number (e.g., 70.5) for each explanation.</i> • If more space is needed, continue your response on page 28. 	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

► Involvement in Criminal Acts – Part 2		
71. 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.		
71.1	Arson (intentionally destroying property by setting a fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.2	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
71.3	Blackmail or extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8: LEGAL <i>continued</i>		
71.4	Burglary (entering a structure or vehicle to commit theft or other crime)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.5	Child molestation (performing unlawful acts with a child, sexual touching of a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.6	Elder abuse and/or neglect (physical and/or financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.7	Embezzlement (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.8	Felony drunk driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.9	Forcible rape	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.10	Forgery (falsifying any type of document, check certificate, license, currency, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.11	Fraudulent use of a credit, ATM, debit, and/or check card	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.12	Grand larceny (value of \$200 or more, or any firearm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.13	Hit & run (with injuries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.14	Hate crime (actions based on religion, ethnicity, gender, sexual orientation, etc.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.15	Illegal sex acts with another	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.16	Insurance fraud	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.17	Murder, homicide, or attempted murder	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.18	Perjury (lying under oath)	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.19	Possession of an explosive/destructive device	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.20	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
71.21	Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.22	Theft of a vehicle and/or vehicle parts	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.23	Viewing and/or possessing child pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
71.24	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 71**, fully explain circumstances, including dates, names of individuals involved, and resolution. *Reference the corresponding number (e.g., 71.3) for each explanation.*
- *If more space is needed, continue your response on page 28.*

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

72. **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**:

73. **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**:

74. 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**.

75. 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 – Public Safety Employee, City of Harrisonburg

SECTION 9: MOTOR VEHICLE INFORMATION

76. Current Driver's License:

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

77. 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

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

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

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

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

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

80.1	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	
80.2	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	
80.3	TYPE OF COVERAGE <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY) / /	
	ADDRESS (NUMBER/STREET)		CITY		STATE	ZIP	CONTACT NUMBER ()	

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

SECTION 9: MOTOR VEHICLE OPERATION *continued*

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

81.1	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		
81.2	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		
81.3	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		

82. 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:

83. Have you been involved as the driver in a motor vehicle accident ***within the past seven years?*** ☐ Yes ☐ No

IF YES, give details below.

83.1	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.2	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.3	DATE OF ACCIDENT (MM/YYYY) /	LOCATION (STREET)	CITY	STATE
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

84. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON	FROM (MM/YYYY) /	TO (MM/YYYY) /
---------------------	---------------------	-------------------

85. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON	DATE (MM/YYYY) /
---------------------	---------------------

INSURANCE COMPANY

SECTION 10: OTHER TOPICS	
86. Have you ever been refused a permit to carry a concealed weapon?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
87. 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
88. Have you ever hit or physically overpowered a spouse or romantic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
89. Have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90. 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
91. Do you have ANY tattoos that would be visible while wearing a short sleeved shirt and long pants?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "YES" to any of **Questions 86–91**, give details including dates and circumstances – *reference corresponding numbers*).

SECTION 11: CERTIFICATION	
92. 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:

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.

- 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.

PERSONAL HISTORY STATEMENT – Public Safety Employee, City of Harrisonburg

CITY OF HARRISONBURG, VIRGINIA
HARRISONBURG POLICE DEPARTMENT
HARRISONBURG-ROCKINGHAM EMERGENCY COMMUNICATIONS CENTER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the City of Harrisonburg whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability of employment by the City of Harrisonburg.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses (including reasonable attorney fees), arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

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

Signature of Applicant (sign before notary)

State of _____

City/County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____

by _____
(applicant name)

Notary Public Signature

Notary Registration Number

My commission expires _____, 20____.

Notary Seal