**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 Department Civilian Employee or 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SECTION 1: PERSONAL | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** your full name | | | | | | | | | | | | | | | | | | | | | | | | |
| last | | | | | | first | | | | | | | | | | middle | | | | | | | | |
| **2.** other names you have used or been known by (include maiden name and nicknames) | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | N/A |
| **3.** address where you live | | | | | | | | | | | | | | | | | | | | | | | | |
| number / STREET | | | | | | | | | | | | | | | APT / UNIT | | | | | | | | | |
| city | | | | | | | | | | | | | | | STATE | | | | | ZIP | | | | |
| **4.** mailing address, if different from above (for example, po box) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** contact numberS | | | | | | | | | | | | | | | | | | | | | | | | |
| home (     ) | | | | WORK (     ) | | | | | | EXT | | OTHER (     ) | | | | | cELL  FAX | | | | | | | |
| **6.** contact EMAIL | | | | | | | | **7.** LIST **ALL** OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS) | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |
| **8.** CITIZENSHIP | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a U.S. citizen?  Yes  No  If no, are you a resident alien who is eligible and has applied for U.S. citizenship?  Yes  No  \* 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| • 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** | | | | | | | | | | | | | | | | | | Deceased | | | | 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?  Yes  No | | | | | | | | | | | | | | | | | | | |

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| **12.B** Parents / Guardians | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.B.1 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deceased | | |
| name | | | | | | | | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| work phone | | | | cell phone | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION 2: RELATIVES AND REFERENCES *continued* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **12.B.2 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deceased | | |
| name | | | | | | | | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | |
| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| work phone | | | | cell phone | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.B.3 Parent / Guardian:**  Mother  Father  Step-mother  Step-father  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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:**  Mother  Father  Step-mother  Step-father  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deceased | | |
| name | | | | | | | | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | |
| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| work phone | | | | cell phone | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.C Brothers / Sisters** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N/A | | |
| List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.C.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| name | | | | | | | age | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
|  | | | | | | |  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | |
| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| work phone | | | | cell phone | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.C.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  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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| **12.C.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| name | | | | | | | age | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
|  | | | | | | |  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | |
| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| **12.C.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| name | | | | | | | age | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| home phone | | | | mailing address (if different) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | state | | | | zip | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.1** | | | name of reference | | | | | | home address (number / street / apt) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | | state | | | zip | |
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| home phone | | | | work address (number / street / suite) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | | state | | | zip | |
| (     ) | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  | |
| work phone | | | | cell phone | | | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | |
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| home phone | | | | work address (number / street / suite) | | | | | | | | | | | | | | | | | | city | | | | | | | | | | | | | | | state | | | zip | |
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| work phone | | | | cell phone | | | | | | | | | email | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How do you know this person? | | | | | | | | | | | | | | | | | | | | | | How long have you known this person? | | | | | | | | | | | | | | | | | | | |
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| 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 | | |
| High School Diploma: | | | | | | / | | | | | GED: | | | / | | | | | | | 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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| **16.** LIST ALL COLLEGES AND UNIVERSITIES ATTENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16.1** | | | name of college/university | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | to (mm/yyyy) | | | | | | | | | total units COMPLETED | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | / | | | | | | | | / | | | | | | | | |  | | | | Qtr System  SEM System | | | | | | | | | |
| address (number / street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | type of degree earned | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| city | | | | | | | | | | | | | | | | | | state | | | | | zip | | | | | | | major / area of study | | | | | | | | | | | |
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| **SECTION 3: EDUCATION *continued*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16.2** | | | name of college/university | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | to (mm/yyyy) | | | | | | | | | total units COMPLETED | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | / | | | | | | | | / | | | | | | | | |  | | | | Qtr System  SEM System | | | | | | | | | |
| address (number / street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | type of degree earned | | | | | | | | | | | |
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| city | | | | | | | | | | | | | | | | | | state | | | | | zip | | | | | | | major / area of study | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | |
| **16.3** | | | name of college/university | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | to (mm/yyyy) | | | | | | | | | total units COMPLETED | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | / | | | | | | | | / | | | | | | | | |  | | | | Qtr System  SEM System | | | | | | | | | |
| address (number / street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | type of degree earned | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| city | | | | | | | | | | | | | | | | | | state | | | | | zip | | | | | | | major / area of study | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | |
| **16.4** | | | name of college/university | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | to (mm/yyyy) | | | | | | | | | total units COMPLETED | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | / | | | | | | | | / | | | | | | | | |  | | | | Qtr System  SEM System | | | | | | | | | |
| address (number / street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | type of degree earned | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| city | | | | | | | | | | | | | | | | | | state | | | | | zip | | | | | | | major / area of study | | | | | | | | | | | |
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| **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? | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | / | | | | | | | | | / | | | | | | | Yes  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? | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | / | | | | | | | | | / | | | | | | | Yes  No | | | | | | | | | | |
| city | | | | | | | | | | | | | | | | | state | | | type of school or training | | | | | | | | | | | | | | | | | | | | | |
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| **18.** 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18.1** | name of academy | | | | | | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | | | | to (mm/yyyy) | | | | | | | | did you pass/graduate? | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | / | | | | | | | | | | | / | | | | | | | | Yes  No | | | | | | | | |
| location (city, state) | | | | | | | | | | | name of training officer / academy coordinator | | | | | | | | | | | | | | | | | | | | | | | | | | contact number | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | (     ) | | | | | | | | |
| **18.2** | name of academy | | | | | | | | | | | | | | | | | | from (MM/YYYY) | | | | | | | | | | | to (mm/yyyy) | | | | | | | | did you pass/graduate? | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | / | | | | | | | | | | | / | | | | | | | | Yes  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?  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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.1** | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20.2** | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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.* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **23.1** | | name of current employer or military unit | | | | | | | | | | | from (MM/YYYY) | | to (mm/yyyy) | | |
|  | | | | | | | | | | | / | | / | | |
|  | address (number / street / suite / or base) | | | | | | | | | supervisor | | | | | | |
|  |  | | | | | | | | |  | | | | | | |
|  | | | |  | |  | | | |  | | | | | |  |
| **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) | | | | | | | | | |
|  |  | | | | | | FT  PT  Temp  Self-employed  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: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **23.2** | | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | | | | | from (mm/yyyy) | | to (mm/yyyy) | | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | | | | | / | | / | | | |
|  | | | | | | | | | | | | | | | | | | |
| **23.3** | | | name of employer or military unit | | | | | | | | | | from (MM/YYYY) | | to (mm/yyyy) | | | |
|  | | | | | | | | | | / | | / | | | |
| address (number / street / suite / or base) | | | | | | | | supervisor | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| city | | state | | zip | | | | contact number | | | | | | ext | |
|  | |  | |  | | | | (     ) | | | | | |  | |
| job title / rank | | | | | | | | email | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| duties / assignments | | | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | | | | | |
|  | | | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | | | | | |
| names of co-workers | | | | | | reason for leaving | | | | | | | | | |
| 1) | 2) | | | | |  | | | | | | | | | |
| 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) | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **23.4** | | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | | | | | from (mm/yyyy) | | to (mm/yyyy) | | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | | | | | / | | / | | | |

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| **23.5** | | | name of employer or military unit | | | | | | | | | | | from (MM/YYYY) | | | | | to (mm/yyyy) | | | | | | |
|  | | | | | | | | | | | / | | | | | / | | | | | | |
|  | | address (number / street / suite / or base) | | | | | | | | | | supervisor | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | city | | | | | state | | zip | | | contact number | | | | | | | | ext | |
|  | |  | | | | |  | |  | | | (     ) | | | | | | | |  | |
|  | | job title / rank | | | | | | | | | | email | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | duties / assignments | | | | | | | | TYPE OF EMPLOYMENT (check all that apply) | | | | | | | | | | | |
|  | |  | | | | | | | | FT  PT  Temp  Self-employed  Volunteer | | | | | | | | | | | |
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| **SECTION 5: EXPERIENCE AND EMPLOYMENT** ***continued*** | | | | | | | | | | | | | | | | | | | | | |
|  | | 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) | | | | | | | | | | | |
|  | |  | | |  | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **23.6** | | | PERIOD OF UNEMPLOYMENT (check applicable) | | | | | | | | | | | from (mm/yyyy) | | | | | to (mm/yyyy) | | | |
| Student  Between jobs  Leave of absence  Travel  Other: | | | | | | | | | | | / | | | | | / | | | |
|  | | |  | | | | | | | | | | | | |  | | | | |  | | |
| |  | | --- | | **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 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| **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.* | | | | | | | | | | | | | | | | | | | | | | |
| **35.1** | | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  List Expired  Disqualified for: | | | | | | | | | | | | | | | | | | | |
| **35.2** | | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  List Expired  Disqualified for: | | | | | | | | | | | | | | | | | | | |
| **35.3** | | 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:  Application  Written  Physical Ability  Oral  Polygraph/CVSA  Background  Chief’s Oral  Conditional Offer  STATUS:  Hired  On Eligibility List  Withdrawn  List Expired  Disqualified for: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 6: MILITARY EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | |
| **36.** Are you required to register for the Selective Service?  Yes  No  If yes, have you registered?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| If no, explain: | | | |  | | | | | | | | | | | | | | | | | | |
| **37.** Have you ever served in the military?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| **38.** If you answered “YES” to Question 37, include the following service information: | | | | | | | | | | | | | | | | | | | | | | |
|  | | Branch of service | | | | | | | | | | from (mm/yyyy) | | | | | to (mm/yyyy) | | | | |
|  | |  | | | | | | | | | | / | | | | | / | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION 7: FINANCIAL** ***continued*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answered “YES” to any of **Questions 44–56**, explain (include when, where, and why – *reference corresponding numbers*). | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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: | | | | | |
| **57.1** | charge | | approx date (mm/yyyy) | arresting or detaining agency | |
|  | | / |  | |
|  | disposition or penalty | | | | |
|  | | | | |
| **57.2** | charge | | approx date (mm/yyyy) | arresting or detaining agency | |
|  | | / |  | |
|  | disposition or penalty | | | | |
|  | | | | |
| **57.3** | charge | | approx date (mm/yyyy) | arresting or detaining agency | |
|  | | / |  | |
|  | disposition or penalty | | | | |
|  | | | | |
| **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 | | | | | |
| **SECTION 8: LEGAL *continued*** | | | | | |
| **61.** Have the police ever been called to your home for any reason?  Yes  No | | | | | |
| **62.** Have you or your spouse/partner ever been referred to Child Protective Services?  Yes  No | | | | | |
| **63.** Have you ever been the subject of an emergency protective order/restraining order/stay-away order?  Yes  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?  Yes  No | | | | | |
| **65.** Have you ever fraudulently received welfare, unemployment compensation, workers’ compensation, or other state or federal assistance?  Yes  No | | | | | |
| **66.** Have you ever been required to repay any welfare payments, unemployment compensation, or other state or  federal assistance?  Yes  No | | | | | |
| **67.** Have you ever filed a false insurance or workers’ compensation claim?  Yes  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, h**ave 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**. | | | | | |
| **68.1** | | Animal abuse and/or neglect  Yes  No | | | |
| **68.2** | | Annoying, obscene, or harassing contacts by telephone or other electronic communication device  Yes  No | | | |
| **68.3** | | Battery (use of force or violence upon another)  Yes  No | | | |
| **68.4** | | Brandishing a weapon (any type of weapon)  Yes  No | | | |
| **68.5** | | Carrying a concealed weapon without a permit  Yes  No | | | |
| **68.6** | | Contributing to the delinquency of a minor  Yes  No | | | |
| **68.7** | | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, restaurant, etc.)  Yes  No | | | |
| **68.8** | | Driving under the influence of alcohol and/or drugs  Yes  No | | | |
| **68.9** | | Drunk in public (being so intoxicated in a public place that you’re not able to care for yourself)  Yes  No | | | |
| **68.10** | | Filing a false police report  Yes  No | | | |
| **68.11** | | Hit & run collision (no injuries)  Yes  No | | | |
| **68.12** | | Illegal gambling  Yes  No | | | |
| **68.13** | | Illegal hunting and/or fishing (for example, without a license, out of season)  Yes  No | | | |
| **68.14** | | Impersonating a peace officer (pretending to be a police officer)  Yes  No | | | |
| **SECTION 8: LEGAL *continued*** | | | | | |
| **68.15** | | Indecent exposure and/or lewd or obscene conduct  Yes  No | | | |
| **68.16** | | Intentionally writing a bad check  Yes  No | | | |
| **68.17** | | Joyriding/Unauthorized Use (using a car or other vehicle without owner’s permission)  Yes  No | | | |
| **68.18** | | Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone’s privacy)  Yes  No | | | |
| **68.19** | | Petty theft (value up to $199, including shoplifting/switching price tags)  Yes  No | | | |
| **68.20** | | Possession of alcohol as a minor  Yes  No | | | |
| **68.21** | | Possession of falsified or altered identification, including use of another person’s ID (for any reason)  Yes  No | | | |
| **68.22** | | Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)  Yes  No | | | |
| **68.23** | | Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)  Yes  No | | | |
| **68.24** | | Reckless driving  Yes  No | | | |
| **68.25** | | Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)  Yes  No | | | |
| **68.26** | | Trespassing  Yes  No | | | |
| **68.27** | | Vandalism (including, but not limited to, “tagging,” malicious mischief, and/or property damage)  Yes  No | | | |
| **68.28** | | Any other act amounting to a misdemeanor  Yes  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.* | | | | | |
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| ▶ 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**. | | | | | |
| **69.1** | | Arson (intentionally destroying property by setting a fire)  Yes  No | | | |
| **69.2** | | Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)  Yes  No | | | |
| **69.3** | | Blackmail or extortion  Yes  No | | | |
| **69.4** | | Burglary (entering a structure or vehicle to commit theft or other crime)  Yes  No | | | |
| **69.5** | | Child molestation (performing unlawful acts with a child, sexual touching of a child)  Yes  No | | | |
| **69.6** | | Elder abuse and/or neglect (physical and/or financial)  Yes  No | | | |
| **69.7** | | Embezzlement (theft of money or other valuables entrusted to you)  Yes  No | | | |
| **69.8** | | Felony drunk driving  Yes  No | | | |
| **SECTION 8: LEGAL *continued*** | | | | | |
| **69.9** | | Forcible rape  Yes  No | | | |
| **69.10** | | Forgery (falsifying any type of document, check certificate, license, currency, etc.)  Yes  No | | | |
| **69.11** | | Fraudulent use of a credit, ATM, debit, and/or check card  Yes  No | | | |
| **69.12** | | Grand larceny (value of $200 or more, or any firearm)  Yes  No | | | |
| **69.13** | | Hit & run (with injuries)  Yes  No | | | |
| **69.14** | | Hate crime (actions based on religion, ethnicity, gender, sexual orientation, etc.)  Yes  No | | | |
| **69.15** | | Illegal sex acts with another  Yes  No | | | |
| **69.16** | | Insurance fraud  Yes  No | | | |
| **69.17** | | Murder, homicide, or attempted murder  Yes  No | | | |
| **69.18** | | Perjury (lying under oath)  Yes  No | | | |
| **69.19** | | Possession of an explosive/destructive device  Yes  No | | | |
| **69.20** | | Robbery (theft from another person using a weapon, force, or fear, or of at least $5 directly from a person without force)  Yes  No | | | |
| **69.21** | | Stalking  Yes  No | | | |
| **69.22** | | Theft of a vehicle and/or vehicle parts  Yes  No | | | |
| **69.23** | | Viewing and/or possessing child pornography  Yes  No | | | |
| **69.24** | | Any other act amounting to a felony (In Virginia classified as a crime with a punishment of over 1 year incarceration)  Yes  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.* | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 8: LEGAL *continued* | | | | | | | | | | |
| ▶ Illegal Use of Drugs | | | | | | | | | | |
| • For the purpose of responding to the following questions, “illegal drugs” include the unauthorized or illegal use of prescription medications  or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”  • Your responses should include — ***but not be limited to*** — your use of any of the following: | | | | | | | | | | |
| ⯈ Amphetamines / Methamphetamines *(Uppers, Speed, Crank, etc)*  ⯈ Barbiturates(*Downers)*  ⯈ Bath Salts (or any analog substance)  ⯈ Benzodiazepines / Rohypnol  ⯈ Cocaine / Crack Cocaine  ⯈ Designer Drugs *(Ecstasy, Synthetic Heroin, etc.)*  ⯈ Fentanyl  ⯈ GHB *(Date Rape Drug)*  ⯈ Hallucinogens *(Peyote, LSD, Mushrooms)*  ⯈ Hashish / Hashish Oil  ⯈ Heroin / Opium  ⯈ Hydromorphone  ⯈ MDMA / Ecstasy | | | | | | | ⯈ Marijuana/Cannabis *(with or without a prescription)*  ⯈ Mescaline / Peyote  ⯈ Morphine  ⯈ Oxycodone  ⯈ PCP / Angel Dust  ⯈ Psilocybin  ⯈ Quaaludes  ⯈ Steroids  ⯈ Tetrahydrocannabinal (THC) / K2 / Spice  ⯈ Glue, paint, or any substance containing toluene  ⯈ Any prescription drugs not prescribed TO YOU | | | |
| **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***. | | | | | | | | | | |
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| **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: | | | | | | | | | | |
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| 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 | | |
|  |  | | | /    / | | |  | | |
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| **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 | | |
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| **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***. | | | | | | | | | | |
| **78.1** | NATURE of VIOLATION | | | | | LOCATION (street) | | | city | state |
|  | | | | |  | | |  |  |
|  | DATE VIOLATION OCCURRED | | | ACTION TAKEn | | | | | | |
| Month: | | Year: | Not Guilty  Fined/Guilty  Traffic School  Dismissed | | | | | | |
| **78.2** | NATURE of VIOLATION | | | | | LOCATION (street) | | | city | state |
|  | | | | |  | | |  |  |
|  | DATE VIOLATION OCCURRED | | | ACTION TAKEn | | | | | | |
| Month: | | Year: | Not Guilty  Fined/Guilty  Traffic School  Dismissed | | | | | | |
| **78.3** | NATURE of VIOLATION | | | | | LOCATION (street) | | | city | state |
|  | | | | |  | | |  |  |
|  | DATE VIOLATION OCCURRED | | | ACTION TAKEn | | | | | | |
| Month: | | Year: | Not Guilty  Fined/Guilty  Traffic School  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: | | | | | | | | | | |
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| SECTION 10: OTHER TOPICS | | | | | | | | | | |
| **80.** Have you ever been refused a permit to carry a concealed weapon?  Yes  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?  Yes  No | | | | | | | | | | |
| **82.** Have you ever hit or physically overpowered a spouse or romantic partner?  Yes  No | | | | | | | | | | |
| **83. H**ave you ever been involved in an anger-provoked physical fight, confrontation or other violent act?  Yes  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?  Yes  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.** | | | | | | | | | | |

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| 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. |

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| NARRATIVE |
| • In 100 words or less state why you would like to be employed by the City of Harrisonburg (Harrisonburg Police Department or the Harrisonburg-Rockingham Emergency Communications Center) |

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| SECTION 11: CERTIFICATION | |
| **85.** I hereby certify that I have personally completed 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: |