

Roanoke County Police Department

Roanoke, Virginia

R. M. Poindexter
CHIEF OF POLICE



Personal History Statement Civilian Applicant

Applicant Name: _____

READ THESE INSTRUCTIONS FIRST!

The form must be completed in your own handwriting and in black ink only. You must return this original form to the Roanoke County Police Department by the stated deadline.

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is CONFIDENTIAL. This document will be used to verify your personal background. Any FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL responses to any questions will disqualify you from the process.

Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 15. Each answer should be numbered to correspond with the appropriate question.

You are required to sign and date all pages. Read page 16 carefully prior to signing that page.

Please provide the original or certified/notarized copies of the following documents:

	Attached	Copy Requested	N/A	Explanation
Original or Certified Copies				
Certified Copy of all educational Transcripts mailed from Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Military Record (DD214)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
 Copies of the following documents				
Divorce Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any training certificates or awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please check the appropriate box above for **all** documents that we require. It is **your** responsibility to make sure that the items listed are furnished to the Department. If a document does not apply to you, check the N/A box. Failure to provide the requested documents in a timely manner will prevent your application from being processed.

Transcripts: It is your responsibility to have the educational institution possessing your high school and college transcripts send certified copies directly to the Department at the address below:

Professional Standards Unit
Roanoke County Police Department
5925 Cove Rd
Roanoke, VA 24019

PERSONAL HISTORY STATEMENT

Roanoke County Police Department

A. PERSONAL DATA					
Name (Print): First, Middle, Last				Maiden Name	
List any other names(s) you have used if different from above: (include all nicknames)					
Have you ever legally changed your name? () No () Yes If Yes, what was/were your former name (s)?					
From	To	Court Jurisdiction		Date	
Present Address: (Number, Street, Apt. Number, City, State, Zip Code)				Telephone numbers (include area code)	
				Home:	
				Work:	
				Cell:	
				Pager:	
				Email:	
Previous Address(es) Past 10 Years					
House Number	Bldg and/or Apt Number	Street	City	State	Date: To/From
Social Security #:		Date of Birth:	Place of Birth (City, State)	U. S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Naturalization: (if applicable) City and State: Date: Certificate #:
/ /					
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Estranged <input type="checkbox"/>					
If Divorced:					
Name of ex-spouse		Address		Date of Divorce	Jurisdiction
If Widowed:					
Name of spouse		Date of Death		Place of Death	

3 Applicant's Signature _____ Date _____

If Estranged, list current address for Spouse:

If Married: Spouse Information (Include maiden name, if applicable)

Name: _____ Date of Birth _____ SSN: _____ / _____ / _____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

What does your spouse, fiancée, or significant other think of your interest in working at Roanoke County Police Department?

Please complete the following information regarding current boyfriend /girlfriend or significant other

Name	Address	Phone Number	Alt Phone Number

Do you have any children? () NO () YES IF YES, provide: (include step-children and current/past Foster Children)

Name	Date of Birth	Address if other than yours	Relationship

Do you have any other dependents than those listed above? () NO () YES IF YES, provide:

Name	Date of Birth	Address if other than yours	Relationship

List the names, age, address, phone number, relationship of **ALL IMMEDIATE RELEATIVES** (parents, siblings, step-parents, step or half-siblings, aunts, uncles).

Name	Address if other than yours	Phone	Age	Relationship

Are you willing to abide by a contract with a provision of no tobacco use on and off duty, including cigarettes, cigars, pipe, chewing tobacco or snuff? _____

The Roanoke County Police Department requires that all newly hired police officers refrain from tobacco product use. If hired, you will be required to sign an employment contract to that effect. Breach of this contract is grounds for termination..

Are you a member, or have you ever been a member, or had any affiliation with any communist or subversive organization; or any political party or organization which advocates the overthrow of a Local, State or Federal Government?

() NO () YES If YES, explain

4 Applicant's Signature _____ Date _____

Are you now, or have you ever been a member, or supported the basic beliefs of any group, associations or organization which advocates aggression or violence toward any person or group of persons because of race, religion, gender, sexual orientation or ethnic origin? ()NO ()YES If YES, explain:

Have you ever applied for employment with any law enforcement agency; including Federal, State, Local or other Public Safety employer? ()NO ()YES If YES, list:

Date	Agency	Position	Status

Have you ever been requested to take a polygraph examination? ()NO ()YES If YES, reasons and where administered :

Have you ever been denied employment with any law enforcement or public safety agency?

()NO ()YES If YES, explain:

B. EDUCATION

High School (last attended)	Address	Year Graduated

If you did not graduate, highest grade completed: If GED, give date and State of Issuance:

Colleges, Universities, other school attended or currently attending	Address	Major/Minor	Year and Degree Awarded

Have you ever been charged with any school honor code violations, violation of rules or regulations: ()NO ()YES If YES, provide:

Charge	School	Date	Disposition

C. MILITARY DATA

Have you ever been a member of any branch of the Armed Forces? ()NO ()YES

If YES, give the branch name: _____ Service Number: _____

Date entered _____ Date discharged/ pending discharge _____ Highest Rank _____

Primary Duties

Type of Discharge: () Honorable () General () Dishonorable

Are you a member of any military reserve unit or National Guard? ()NO ()YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

Have you ever been a member of any military service other than the United States? ()NO ()YES

If YES, what country: _____ Identification number: _____

Length of service: _____

During your military service as outlined above

A. Were you ever disciplined, or did you ever receive a summary or deck court Martial, Article 15? ()NO ()YES

B. Did you ever appear before any command personnel for disciplinary reasons? ()NO ()YES

If YES, give reasons:

Date	Charges	Disposition

Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? ()NO ()YES If YES, list:

Date	Charges	Disposition

Have you ever been turned down, denied entry or rejected by any branch of the Armed Services for any reason?

()NO ()YES If YES, explain:

Date	Branch	Reason
1.		
2.		
3.		

D. EMPLOYMENT HISTORY

Start with your **current** employer and in reverse chronological order; list your entire work history. Use additional pages as necessary. **Resigned is not a reason for leaving please be specific when describing reason for leaving.**

Date of employment	Full Name, Phone Number, Address and ZIP Code of Employer	Position & Salary	Supervisor	Reason for leaving
1. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
2. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
3. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
4. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
5. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
6. From:				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				

7. From:					
To:					
Duties/Responsibilities:					
Special Skills learned or used:					
8. From:					
To:					
Duties/Responsibilities:					
Special Skills learned or used:					
9. From:					
To:					
Duties/Responsibilities:					
Special Skills learned or used:					
10. From:					
To:					
Duties/Responsibilities:					
Special Skills learned or used:					
Give full facts as to each discharge or each forced resignation from any position:					
Job #	Explanation				
What work did you like best and why?					
Have your employers treated you fairly? () YES () NO If no, explain:					
List any special skills you have:					
What positions have you held which required supervisory responsibilities, the exercise of authority or the ability to lead people?					

8 Applicant's Signature _____ Date _____

E. ARREST RECORD / CRIMINAL HISTORY

Have you ever possessed or sold any illegal drug or illegally used prescription medication? ()NO () YES

Possession is defined as coming into any physical contact with an illegal substance or, to exercise control over an area when it is known that an illegal substance exists within that area.

Drug Name	Location	Date(s)	Drug Name	Location	Date(s)
1.Marijuana			12.Barbituates		
2.Hashis			13.Morphine		
3.Cocaine			14.Methamphetamine		
4.Crack			15.Muscaline		
5.LSD			16.Codine		
6.PCP			17.Ice		
7.Acid			18.Designer Drugs		
8.Mushrooms			19.Steroids		
9.Peyote			20.Inhalants		
10.Opium			21.Other		
11.Heroin					

Have you ever been denied the right to own or purchase a firearm? ()NO () YES, if yes explain:

Have you ever been served with a protective order or restraining order? ()NO () YES, if yes list date and jurisdiction:

F. FINANCIAL DATA

Have you ever had an account placed in the hands of a collections agency? ()NO ()YES If YES, explain

Date of Discharge	Location	Court of Jurisdiction

Amount of indebtedness: Give details:

Date	Place	Court	Judgment Amount	Disposition
To	From	Payment Type	Paid To/Received From	Monthly Amount
<input type="checkbox"/>	<input type="checkbox"/>	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support <input type="checkbox"/> Alimony <input type="checkbox"/>		

Indicate spouse's income, if any, and any other income source other than child support/alimony. List the Net Income.

Amount	Per Month/Year	Source

G. DRIVING HISTORY

Date of Original Driver's License:	Years Driving Experience:																																		
List all Driver License(s) held in Virginia and any other state:																																			
Name (as listed on License)	State	Operator's License Number	Expiration (Month/Year)																																
Are there any restrictions or special conditions attached to any of your operator's license? () NO () YES If YES, explain:																																			
<p>Section I: List all tickets, summons citations that you have received regardless of the disposition (if found not guilty, dismissed, nolle prosequi or no contest plea etc., exclude parking tickets). Give a chronological listing, starting with the most recent offense and indicate the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date</th> <th style="text-align: center;">Jurisdiction</th> <th style="text-align: center;">Charges (s)</th> <th style="text-align: center;">Disposition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Jurisdiction	Charges (s)	Disposition																												
Date	Jurisdiction	Charges (s)	Disposition																																
Has your privilege to drive ever been suspended or revoked? () NO () YES		If YES, give date, place and reason:																																	
<p>Section II: Have you ever been required to attend a driving improvement course? () NO () YES, If YES, provide information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date</th> <th style="text-align: center;">Location</th> <th style="text-align: center;">Reason</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Location	Reason																													
Date	Location	Reason																																	
<p>Have you ever volunteered to attend a driver improvement course? () NO () YES Were any points removed from your driving record upon completion of the course? () NO () YES If yes how many? _____ Date _____ Jurisdiction _____</p>																																			
<p>Section III: Has your automobile insurance been canceled: () NO () YES If YES, explain:</p> <p> </p> <p> </p>																																			
<p>Section IV: As a driver of a vehicle, have you ever been involved in a motor vehicle collision: () NO () YES If yes, give details regarding the circumstances and dispositions. List any and all charges.</p> <p> </p> <p> </p> <p> </p>																																			

H. REFERENCES

List four (4) persons you have known for at least five years who are not related to you by blood or marriage and who are not already listed under employment history.

1. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

2. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

3. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

4. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

List four (4) additional persons who you **currently know well** and who can speak to your character.

1. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

2. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

3. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

4. Name _____ Telephone: Home (____) _____ Work (____) _____

Address: _____

Email: _____ Occupation: _____

I. EXTRA CURRICULAR ACTIVITIES/ORGANIZATIONS

List activities in which you participate(d) in to include athletic teams, academic honors, fraternities, or sororities, and any awards received:

High School:

College:

Amateur/Professional:

Community Service:

Other Organizations and Positions held:

J. MISCELLANEOUS

Do you know the pay range? ()NO () YES If YES, indicate:

Do you understand the hours of duty and general working conditions? ()NO () YES

Do you object to working nights, weekends, and/or holidays? ()NO () YES If YES, explain:

Do you know of anything, excluding medical conditions, that you feel might disqualify you for employment?
()NO () YES If YES, explain:

Are you acquainted with any County of Roanoke employees? ()NO () YES If YES, whom?

K. ADDITIONAL INFORMATION

13 Applicant's Signature _____ Date _____

I understand that I will be required to submit to a polygraph examination as part of the application process. I agree to voluntarily submit to such examination, and understand that I may be questioned on any subject matter covered on this application form as well as other related subject areas. Failure to completely, accurately and truthfully answer all questions in this application is grounds for disqualification from the application process. Drug testing is required prior to employment and random testing may be required at the discretion of the Chief at any time during employment.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement is accurate and true to the best of my knowledge. I acknowledge that all documentation submitted during this application process are true and correct and all documents submitted may be verified. Any documents found to be fraudulent will be grounds for immediate disqualification from the employment process and or disciplinary actions in the future.

Date: _____

Signature of Applicant

Police Department Personnel Signature:_____

or

Commonwealth/State of _____

County of _____

On this _____ day of _____, 20_____, before me,

Personally appeared _____, who being duly sworn

says that he/she signed the above application, and that the statements there are true.

COMMISSION STAMP

Notary Public

My commission expires _____

Notary ID Number _____