

**Return Personal History Statement within Five Work Days or as Requested by Investigator**

**Return by:** \_\_\_\_\_

**ROANOKE COUNTY, VIRGINIA**

**SHERIFF'S OFFICE**

**PERSONAL HISTORY STATEMENT**



**Applicant Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Additional Contact Numbers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accepted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Roanoke County, Virginia

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

## PERSONAL

1. NAME \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**Any other names you are known by?** \_\_\_\_\_

**2. PRESENT MAILING ADDRESS** \_\_\_\_\_

**PERMANENT MAILING ADDRESS** \_\_\_\_\_

3. HEIGHT \_\_\_\_ inches      WEIGHT \_\_\_\_ lbs.      SEX  male  female      DATE OF BIRTH \_\_\_\_\_

**4. PLACE OF BIRTH** \_\_\_\_\_

5. COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

6. MARITAL STATUS  single  married  widowed  divorced  estranged

**7. DATE OF PRESENT MARRIAGE** \_\_\_\_\_

**8. SPOUSE'S FULL NAME (maiden name if applicable)** \_\_\_\_\_

**Spouse's Social Security Number** \_\_\_\_\_

Were you married before present marriage? Yes No If yes, list ex-wife's or ex-husband's present name, address

9. Were you married before present marriage?    Yes    No If yes, list ex-wife's or ex-husband's present name, address & telephone #.

12. If widowed - what was cause of wife or husband's death: \_\_\_\_\_

13. Do you have children? Yes No If yes, list full names and date of birth of each below and show address where they reside.

NAME OF CHILD	DATE OF BIRTH	ADDRESS

14. List below full names of all immediate relatives such as father, mother, sister, brothers, stepsisters, stepbrothers. If deceased give date of death in address space and mark deceased. Give mother's maiden name as her middle name.

NAME OF RELATIVE	RELATIONSHIP	DATE OF BIRTH	ADDRESS

15. SPECIAL SKILLS RELATED TO THE POSITION APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### REFERENCES

16. Give the names of five responsible persons, other than relatives or past employers, that have known you for at least 5 years, and could provide information about your character, ability, experience, personality, and other qualities. Please list complete mailing address, zip code and telephone number.

NAME	ADDRESS	TELEPHONE

**RESIDENCES****17. List addresses for past 20 years starting with present address at top:**

<u>FROM</u> MO. YR.	<u>TO</u> MO. YR.	ADDRESS OF RESIDENCE	CITY/STATE	LANDLORD

**EDUCATION****18. List all schools attended:**

Name of High School	Location City/State	Check if diploma received	Date Completed
Name of College/University	Location City/State	Degrees Received & Field of Study	Date Completed

**19. List any languages other than English which you can understand or speak.**

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**WORK HISTORY****20. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?**

Yes  No      If yes, give details below:

**21. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details:**

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**22. Do you object to wearing a uniform?       Yes       No****23. Do you object to working nights?       Yes       No****24. Do you object to working shifts/weekends?       Yes       No****25. List all jobs you have held in the last fifteen years. Put your present or most recent job first. If you need more space you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.**

A. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer		Address :  Phone #:
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

B. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer		Address :  Phone #:
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

C. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address : Phone #:	
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

D. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address : Phone #:	
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

E. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor	No. employees supervised by you
Date separated			Employer	Address : Phone #:
Full-time	Years	Months	Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

F. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor	No. employees supervised by you
Date separated			Employer	Address : Phone #:
Full-time	Years	Months	Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

G. Title of next to last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer		Address : Phone #:
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

**26. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THIS AGENCY?**

Yes       No      APPROXIMATE DATE:

**27. List the names of all social, fraternal and professional organizations of which you are or have been a member. Indicate offices held, if any.**

Name of Organization	Membership		
	From	To	Office Held

**MILITARY SERVICE**

**28. WERE YOU EVER IN THE US MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION?**

Yes       No

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_ Date of Enlistment \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Service No. \_\_\_\_\_ Highest Rank \_\_\_\_\_

29. Selective service status/Draft board number \_\_\_\_\_

Draft Board Address \_\_\_\_\_

Present draft status or classification \_\_\_\_\_ Date of classification \_\_\_\_\_

30. List medals and decorations: \_\_\_\_\_

31. Type of Discharge: \_\_\_\_\_

32. If you are presently a member of the National Guard or any military reserve give the unit, location, and describe your obligation: \_\_\_\_\_

33. What is your reserve obligation? \_\_\_\_\_

34. What special training did you receive in the armed services that would be relevant to this position? \_\_\_\_\_

35. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain below: \_\_\_\_\_

36. List any disciplinary action taken against you in the National Guard or other reserve unit:

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#### ACTIVITIES

37. Do you drink alcoholic beverages? \_\_\_\_ Yes \_\_\_\_ No If yes, how often? \_\_\_\_\_

38. Have you ever been placed on probation? \_\_\_\_ Yes \_\_\_\_ No If yes, give details below:

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39. Have you ever been required to pay a fine in excess of \$25.00? \_\_\_\_ Yes \_\_\_\_ No

If answer is yes, give details below: \_\_\_\_\_

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40. Have you ever used any illegal substances such as marijuana, crack cocaine, or any other drug not prescribed by a physician?

\_\_\_\_ Yes \_\_\_\_ No If yes, give details by listing each and how many times:

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41. Have you ever sold any amount of illegal drugs? \_\_\_\_ When? \_\_\_\_\_

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42. Do you presently use any form of illegal drugs? \_\_\_\_\_

43. Have you ever been arrested or detained for investigation by any law enforcement agency, either as a juvenile or adult? This includes any questioning by law enforcement officials for any investigative purpose. Yes No If yes, explain below.

Date	Charge	Enforcement Agency	City and State	Disposition

44. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the F.B.I. and other agencies:

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ PURPOSE \_\_\_\_\_

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ PURPOSE \_\_\_\_\_

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ PURPOSE \_\_\_\_\_

45. Have you ever been investigated for or engaged in any sexual activity such as, sexual harassment or sexual abuse? Yes No

#### DRIVING INFORMATION

46. Can you operate a motor vehicle? Yes No Number of years driving experience \_\_\_\_\_

47. Have you ever been the operator of a motor vehicle involved in an accident which resulted in injury or death to a passenger or pedestrian, or property damage of more than \$500 Yes No If yes, explain in detail and disposition of case \_\_\_\_\_

48. Do you possess a valid operator's license from the State of Virginia? Yes No

Operator's License Number \_\_\_\_\_

49. Do you possess an operator's license issued by any state other than Virginia?

Yes No If yes, give state and number \_\_\_\_\_

50. Was your license ever suspended or revoked? Yes No If yes, state which and give reasons?

\_\_\_\_\_

\_\_\_\_\_

51. Was your license ever restored? Yes No

52. Have you ever been refused an operator's license by any state? Yes No

53. Have your driving privileges ever been restricted? Yes No If yes, give details:

\_\_\_\_\_

\_\_\_\_\_

54. Has a motor vehicle being driven by you ever been involved in an accident?  Yes  No

If yes, give complete details for each accident whether collision or non-collision:

Date \_\_\_\_\_ Police Investigation?  Yes  No

Location \_\_\_\_\_ Cause of Accident \_\_\_\_\_

Date \_\_\_\_\_ Police Investigation?  Yes  No

Location \_\_\_\_\_ Cause of Accident \_\_\_\_\_

Date \_\_\_\_\_ Police Investigation?  Yes  No

Location \_\_\_\_\_ Cause of Accident \_\_\_\_\_

55. List all convictions for traffic violations: \*Note\* Failure to list convictions not presently on your driver's transcript may result in the disqualification of your application.

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

#### ATTITUDES

56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

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57. What are your feelings about drug/alcohol usage?

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#### CAREER OBJECTIVES

58. Explain briefly your reasons for applying for this position?

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59. Do you know of anything that would disqualify you for appointment as a Deputy Sheriff or would prevent you from fully discharging the duties of such a position?  Yes  No If yes, explain

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**CITIZENSHIP**

60. Are you a citizen of the United States, or do you have a valid appropriate permit to work in the United States issued by the U. S.

Department of Justice of U. S. Department of Labor?

Yes  No

(Upon employment, proof of citizen status or work authorization will be required.)

Applicants for law enforcement positions - Are you a U. S. Citizen?

Yes  No

**FINANCIAL STATUS**

61. Do you have any supplementary income other than your present salary?  Yes  No

If yes, give name of company, agency, or person \_\_\_\_\_  
\_\_\_\_\_

62. Do you own or are you buying your home?  Yes  No If yes, give the following information:

Name of Mortgage-holder: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

63. Do you rent?  Yes  No If yes, give Landlord and address \_\_\_\_\_  
\_\_\_\_\_

64. Do you own an automobile?  Yes  No If yes, complete the description below listing all vehicles.

Make and Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Financed by \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Make and Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Financed by \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

65. Do you own a trailer (camping or house)?  Yes  No

Make and Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Amount of Monthly Payment \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Financed by \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

66. Do you have life insurance on your life?  Yes  No If so, give name of company, address and amount of coverage. \_\_\_\_\_  
\_\_\_\_\_

67. Do you have a checking account?  Yes  No How many \_\_\_\_\_  
List name of bank(s), if yes.

Bank: \_\_\_\_\_ Address \_\_\_\_\_

Bank: \_\_\_\_\_ Address \_\_\_\_\_

68. How long have you had a checking account? \_\_\_\_\_

69. Do you have a savings account(s)? \_\_\_\_ Yes \_\_\_\_ No How many \_\_\_\_\_

Bank: \_\_\_\_\_ Address \_\_\_\_\_

Bank: \_\_\_\_\_ Address \_\_\_\_\_

70. Have you ever had an account placed in the hands of a collection agency? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

71. Have you or your wife/husband ever had your pay attached? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

72. Have you or your wife/husband ever been sued for any reason? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

73. Have you or your wife/husband ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

74. Have you or your wife/husband ever been a party in a civil action? \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

75. If married, does your spouse approve of you selecting a career as a Deputy Sheriff? Explain \_\_\_\_\_

\_\_\_\_\_

76. In the space below write in your own handwriting on the subject "Why I want to enter the field of law enforcement", and briefly explain your qualifications for this position. This will be evaluated primarily for legibility of writing, sentence structure, spelling and grammatical usage.

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

**Signature in Full** \_\_\_\_\_

**Date** \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please List Item Number	Continuation of Information