

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 _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

PERMANENT MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

3. HEIGHT ____ inches WEIGHT ____ lbs. SEX ____ male ____ female DATE OF BIRTH _____

4. PLACE OF BIRTH _____
CITY OR TOWN COUNTY STATE

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 _____ Date of Birth _____

9. Were you married before present marriage? ____Yes ____No If yes, list ex-wife's or ex-husband's present name, address & telephone #.

All ex-wife's or ex-husbands must be listed. _____

10. If estranged or divorced, list present address and phone number of spouse/ex-spouses. _____

11. If divorced, name court _____, city of _____

State of _____ where divorce was obtained.

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
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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
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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:

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		Office Held
	From	To	

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:

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:

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

If answer is yes, give details below: _____

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:

41. Have you ever sold any amount of illegal drugs? ____ When? _____

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?

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

CAREER OBJECTIVES

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

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 _____

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_____

[illegible]

Signature in Full _____

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ADDITIONAL INFORMATION

[illegible]