

# Roanoke County Police Department

## Roanoke, Virginia

**R. M. Poindexter**  
**CHIEF OF POLICE**



### Personal History Statement Police 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
<b>Original or Certified Copies</b>				
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"/>	
<b>Copies of the following documents</b>				
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 attended a police or public safety academy? ( )NO ( )YES If YES, provide:

Name of Academy, Address	Course of Instruction	Dates Attended

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:				

<b>7. From:</b>				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
<b>8. From:</b>				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
<b>9. From:</b>				
To:				
Duties/Responsibilities:				
Special Skills learned or used:				
<b>10. From:</b>				
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.

<b>Drug Name</b>	<b>Location</b>	<b>Date(s)</b>	<b>Drug Name</b>	<b>Location</b>	<b>Date(s)</b>
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

Have you ever filed for or been adjudicated bankrupt? ( )NO ( )YES If YES, give date of discharge in bankruptcy

<b>Date of Discharge</b>	<b>Location</b>	<b>Court of Jurisdiction</b>

Amount of indebtedness: Give details:

Have you ever been sued? ( )NO ( )YES If YES, give details:

<b>Date</b>	<b>Place</b>	<b>Court</b>	<b>Judgment Amount</b>	<b>Disposition</b>

<b>To</b>	<b>From</b>	<b>Payment Type</b>	<b>Paid To/Received From</b>	<b>Monthly Amount</b>
<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.

<b>Amount</b>	<b>Per Month/Year</b>	<b>Source</b>

## G. DRIVING HISTORY

Date of Original Driver's License:	Years Driving Experience:																																		
List <b>all</b> 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><b>Section I:</b> 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., <b>exclude parking tickets</b>). 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><b>Section II:</b> 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><b>Section III:</b> Has your automobile insurance been canceled: ( ) NO ( ) YES If YES, explain:</p> <p> </p> <p> </p>																																			
<p><b>Section IV:</b> 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?

***In your own writing***, please answer the following two questions:

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

How would you perceive yourself as a police officer (mission, responsibilities, essential duties, enforcement philosophy, etc):

## K. ESSENTIAL JOB FUNCTIONS

These are the essential job functions. Please initial each function that you feel you can perform:

<b>Initial</b>	<b>Essential Function</b>
	Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons to effect physical control or utilize in self-defense.
	Prepare investigative and other descriptive reports, including sketches, using appropriate spelling, sentence structure, grammar, symbols and mathematical computations.
	Exercise independent judgment in determining when there is reasonable suspicion to detain, and when probable cause exists to search and arrest. Determine when force may be used and to what degree.
	Operation of assigned vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
	Communicate effectively and coherently over Department radio channels while initiating and responding to radio communications.
	Gather and record information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants.
	Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting Department vehicles; lifting, carrying and dragging heavy objects or persons; climbing over and pulling oneself up over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balance on uneven or narrow surfaces; and use body force to gain entrance through barriers.
	Must be able to legally possess a firearm and to load, unload, aim and fire issued firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed by the Department of Criminal Justice Services firearms certification standards.
	Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects by using body senses, walking for long periods of time, detaining people, and stopping suspicious vehicles and persons.
	Conduct visual and audio surveillance for extended periods of time.
	Engage in Department functions that include such demands as working rotating or fixed shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
	Effectively communicate with all people by listening, giving information, providing directions, mediating disputes and advising of rights and processes.
	Demonstrate communication skills in court and other formal settings. Must be able to accurately convey facts and details and appropriately handle security and confrontation.
	Detect, preserve and collect evidence and substances by suspects, victims, witnesses or other people.
	Endure verbal and mental abuse when confronted by suspects, victims, witnesses or other people.
	Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical assistance, lifting, dragging and carrying people away from dangerous situations; securing and evacuating people from dangerous areas.
	Transport prisoners and mentally ill persons using handcuffs and other appropriate physical restraints.
	Extinguish small fires by using a fire extinguisher and other appropriate means.
	Read, write and comprehend legal and non-legal documents, including the preparation and processing of criminal and traffic citations, affidavits and search warrants.
	Be subject to hazardous and life threatening situations which may result in significant bodily harm or death.
	Must be able to work as a team member and maintain good relationships with co-workers.
	Must be on time for all appointments, including but not limited to line-up and court, or any appointment or meeting established by Department policy, rules and regulations and procedures.

## L. ADDITIONAL INFORMATION

14 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 \_\_\_\_\_