

Town of Grottoes, Virginia

POLICE DEPARTMENT

APPLICATION

AND

PERSONAL HISTORY STATEMENT

READ THESE INSTRUCTIONS FIRST!

READ CAREFULLY AND FULLY UNDERSTAND THE CONTENTS OF THIS APPLICATION BEFORE COMPLETION. THE QUESTIONS WHICH ARE ASKED IN THIS APPLICATION ARE NECESSARY FOR COMPLETION OF A REQUIRED BACKGROUND INVESTIGATION. BY THE NATURE OF THE POSITION WITHIN THE TOWN OF GROTTUES POLICE DEPARTMENT, A SECURITY CLEARANCE IS VITAL.

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 response, or any WILLFUL MISSTATEMENT or MATERIAL OMISSION to any question will be considered sufficient cause to disqualify you for employment.

You are directly responsible for updating the application if and when any changes occur. Notification of such changes must be made in writing to this office.

You MUST furnish copies of the following documents upon submission of your Supplemental Application:

1. Birth Certificate or other proof of United States citizenship
2. High School Diploma or equivalent certification
3. Social Security Card
4. Driver's License

If applicable, furnish copies of:

1. Military discharge (DD214)
2. Marriage Certificate
3. Divorce decree(s) or Legal Separation paper(s)
4. Certified copies of college or university transcripts

SPECIAL INSTRUCTIONS

1. FILL IN COMPLETELY AND ANSWER ALL QUESTIONS FULLY
2. USE INK, IN YOUR OWN HANDWRITING
3. QUESTIONS THAT REQUIRE A "YES" OR "NO" RESPONSE SHALL BE CHECKED OR ANSWERED IN THE SPACE PROVIDED
4. IF A CATEGORY OR QUESTION DOES NOT APPLY, PLACE N/A (NOT APPLICABLE) IN THE DESIGNATED AREA
5. IF ADDITIONAL SPACE IS NEEDED FOR ANY CATEGORY OR QUESTION, THE ANSWER SHOULD BE CONTINUED ON THE "ADDITIONAL INFORMATION" SECTION

EACH ANSWER SHOULD BE NUMBERED TO CORRESPOND WITH THE APPROPRIATE QUESTION

6. IF YOU HAVE ANY QUESTIONS REGARDING ANY SECTION OR PART OF THIS APPLICATION, DO NOT HESITATE TO CONTACT THIS OFFICE FOR CLARIFICATION. OUR PERSONNEL WILL WILLINGLY TAKE WHAT TIME IS NECESSARY TO EXPLAIN ANY SECTION OR PART OF THE APPLICATION WHICH YOU DO NOT FULLY UNDERSTAND
7. APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS FROM DATE OF NOTARIZATION. IT WILL BE DESTROYED AFTER SIX MONTHS. IF THERE IS ANOTHER HIRING PROCESS WITHIN THAT SIX MONTHS AND YOU ARE STILL INTERESTED IN EMPLOYMENT, IT IS **YOUR** RESPONSIBILITY TO CONTACT THIS DEPARTMENT AND HAVE YOUR APPLICATION REACTIVATED

**TOWN OF GROTTOS, VIRGINIA
POLICE - PERSONAL HISTORY STATEMENT**

PERSONAL DATA			
1. Name (Print): First, Middle, Last		Maiden Name	
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what was/were your former name(s)?			
Court Jurisdiction: _____		Date: _____	
3. Present Address: (Number, Street, Apt. Number, City, State, Zip Code)		Telephone Number(s)	
		Home: ()	
		Work: ()	
		Cell: ()	
4. Social Security Number:	Date of Birth:	Hair Color:	Eye Color:
Place of Birth (City, State, Country)		Where did you grow up? (City, State)	
5. Place of Naturalization: (if applicable)			
City and State:			
Date of Naturalization:			
Naturalization Certificate Number:			
6. Father's Name:		7. Mother's Name:	
8. If you were raised by someone other than your natural parents, provide the following information:			
Name:		Relationship:	
Address:		Telephone Number(s):	
9. If either parent is remarried, advise the name and address of stepparents:			
A.			
B.			
10. List the Name, Age, Occupation and where employed of all persons who reside in your household:			
Name	Age	Occupation	Where Employed

<i>Applicant's Signature:</i>	<i>Date:</i>
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EDUCATION

Name of High School last attended: _____ Year Graduated: _____

Address: _____

If you did not graduate, highest grade completed: _____

If GED, give date and State of Issuance: _____

Colleges/other schools attended	Address	Major/Minor	Year and Degree Awarded
1.			
2.			
3.			

Have you ever attended a police or public safety academy? NO Yes, If yes Provide:

Name of Academy, address	Course of Instruction	Dates Attended
1.		
2.		
3.		

FINANCIAL DATA

List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of account	Monthly Payments	Present Balance	To whom owed: Name and Full Address
1.			
2.			
3.			
4.			
5.			

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

Location _____ Court of Jurisdiction _____

Amount of indebtedness _____ Give details: _____

Have you ever been sued? () No () Yes If Yes give details, such as date, place, court, amount of each judgment and final disposition:

Do you pay/owe alimony or child support? () No () Yes

Do you receive alimony or child support payments? () No () Yes

If yes to either question, list to or from whom: _____

In the amount of \$ _____ per month, total per year \$ _____

Details: _____

Applicant's Signature

Date

TOWN OF GROTTUES, VIRGINIA
ARMED FORCES INFORMATION

ARE YOU CURRENTLY A MEMBER OF THE ARMED FORCES (ACTIVE DUTY)? YES NO

IF NO, HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? _____

IF NO, HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE? _____

IF YES, EXPLAIN: _____

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A RESERVE COMPONENT? YES NO

IF YES, NAME THE ORGANIZATION, YOUR CURRENT STATUS, INCLUDING OBLIGATED DRILL TIME, DRILL STATUS, AND ACTIVE DUTY STATUS

COMPLETE THE FOLLOWING IF YOU HAVE EVER SERVED ON ACTIVE DUTY OR WITH A RESERVE COMPONENT:

DATE OF ENTRY: _____ BRANCH OF SERVICE: _____

LIST ALL DUTY STATIONS, INCLUDING BASIC TRAINING, AND OTHER SCHOOLS: _____

PRIMARY DUTIES (EXPLAIN): _____

HIGHEST GRADE ATTAINED: _____ DATE ATTAINED: _____

EXPLAIN ALL DISCIPLINARY ACTIONS (IF ANY) : _____

MEDALS OR AWARDS RECEIVED: _____

TYPE OF DISCHARGE: _____ DATE OF DISCHARGE: _____

Applicant's Signature

Date

TOWN OF GROTTUES, VIRGINIA
POLICE- MEDICAL INFORMATION

DESCRIBE YOUR CURRENT HEALTH STATUS: _____

DATE OF LAST PHYSICAL EXAMINATION: _____

REASON FOR EXAMINATION: _____

NAME AND ADDRESS IF EXAMINING PHYSICIAN: _____

NAME AND ADDRESS OF YOUR PRIVATE PHYSICIAN: _____

HAVE YOU EVER BEEN HOSPITALIZED? [] YES [] NO

IF YES, PROVIDE THE DATES, REASON, AND THE PROGNOSIS: _____

HAVE YOU EVER RECEIVED TREATMENTS FOR ANY TYPE OF NERVOUS CONDITION, OR EVER BEEN HOSPITALIZED FOR, OR RECEIVED TREATMENT AT ANY MENTAL INSTITUTION [] YES [] NO

IF YES, EXPLAIN BY PROVIDING THE NAME OF THE PHYSICIAN, DATES INVOLVED, AND THE NAME OF THE FACILITY WHERE THE TREATMENT WAS RENDERED:

DO YOU HAVE ANY PHYSICAL DEFORMITIES? [] YES [] NO

IF YES, EXPLAIN: _____

DO YOU NOW HAVE, OR HAVE YOU EVER HAD ANY MEDICAL CONDITION THAT COULD ADVERSELY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A POLICE OFFICER? [] YES [] NO

IF YES, EXPLAIN: _____

DO YOU AUTHORIZE AN INVESTIGATOR TO EXAMINE ANY AND ALL MEDICAL RECORDS WHICH PERTAIN TO YOUR MEDICAL HISTORY?

[] YES [] NO

Applicant's Signature

Date

TOWN OF GROTTUES, VIRGINIA

POLICE RECORD

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE? [] YES [] NO

IF YES, LIST THE CHARGE(S), JURISDICTION, AND DATE(S):

IF YES, WERE YOU CONVICTED OF THE CHARGE, WAS IT REDUCED, DID YOU PLEAD TO A LESSER CHARGE, OR WAS IT DISMISSED? EXPLAIN IN DETAIL:

OPERATOR'S LICENSE NUMBER _____ STATE OF ISSUE _____

NUMBER OF YEARS DRIVING EXPERIENCE: _____

HAS YOUR LICENSE TO OPERATE A VEHICLE EVER BEEN SUSPENDED LOCALLY OR BY ANOTHER STATE? [] YES [] NO

IF YES, STATE WHEN AND WHERE, THE REASON AND THE DURATION: _____

LIST ALL TRAFFIC CHARGES:

CHARGE	CONVICTED (Y/N)	DATE	JURISDICTION	REMARKS
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IF YOU HAVE EVER BEEN IN A TRAFFIC CRASH, EXPLAIN WHAT OCCURRED, THE DATE(S), AND LOCATION(S) _____

Applicant's Signature

Date

TOWN OF GROTTOS, VIRGINIA

POLICE- MISCELLANEOUS INFORMATION

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS DEPARTMENT IN THE PAST?

IF YES, WHEN AND WHAT IS THE DISPOSITION OF YOUR APPLICATION? _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY OTHER POLICE AGENCY?

IF YES, WHERE, WHEN, AND WHAT IS THE DISPOSITION OF YOUR APPLICATION?

DO YOU, OR HAVE YOU EVER USED OR EXPERIMENTED WITH MARIJUANA OR ANY OTHER FORM OF NARCOTIC OR ILLICIT DRUG? [] YES [] NO

IF YES, EXPLAIN IN DETAIL

DO YOU DRINK INTOXICATING BEVERAGES? [] YES [] NO

IF YES, DESCRIBE THE TYPE(S) OF BEVERAGES, HOW OFTEN USED, AND TO WHAT DEGREE.

ARE YOU A CITIZEN OF THE UNITED STATES? _____ IF NOT, STATE THE VISA NUMBER AND ITS PERMANENCE _____

ARE YOU ACQUAINTED WITH ANY MEMBERS OF THE GROTTOS POLICE DEPARTMENT? _____ IF SO, WHO? _____

IF YOU ARE SUCCESSFUL IN GAINING AN APPOINTMENT TO THIS DEPARTMENT, DO YOU EXPECT TO ENGAGE IN ANY OTHER GAINFUL OCCUPATION? _____

IF YES, EXPLAIN _____

USING THE BACK OF THIS PAGE, LIST ANY INFORMATION CONCERNING ADDITIONAL ACTIVITIES OR FACTS WHICH MAY AFFECT YOUR QUALIFICATIONS OR YOUR ABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

Applicant's Signature

Date

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

TOWN OF GROTTUES
POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby, authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Town of Grottoes Police Department whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including back ground reports and polygraph examination results, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records wherever filed; records of complaint, arrests, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability of employment by the Town of Grottoes Police Department.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses (including reasonable attorney fees), arising out of or by reason of complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, _____.

Signature

COMMONWEALTH OF VIRGINIA
COUNTY OF ROCKINGHAM

On _____, 20____, _____ personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

Notary Public

My Commission expires: _____

TOWN OF GROTTOS, VIRGINIA

POLICE- AFFIRMATION

I understand that all of the information contained within is **CONFIDENTIAL** and will only be used to verify my personal history. I hereby acknowledge that any **FALSE, MISLEADING, INACCURATE, OR INCOMPLETE** answers will disqualify me from 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.

Date: _____

Signature of Applicant

Commonwealth of Virginia
Town of Grottoes

Subscribed and sworn to before me this _____ day of _____ 20_____

by _____

Notary Public

My commission expires: _____