

Name: _____

Position applied for: _____

Due Date: _____

Henrico County Police Division

Personal History Statement



CONFIDENTIAL



An Internationally Accredited Law Enforcement Agency

Revised January 9, 2019

INSTRUCTIONS TO THE APPLICANT – PLEASE READ BEFORE COMPLETING THIS PACKET!

The information you provide in this Personal History Statement will be used in the investigation of your background to determine your suitability for the position for which you have applied. Fill out the questionnaire completely and accurately. Keep in mind that:

- All statements are subject to verification.
- Failure to follow instructions or to answer questions completely and accurately may remove you from further consideration for employment. Deliberate inaccuracies or omissions may also remove you from further consideration for employment.
- Information regarding previous arrest(s) or conviction(s) will not automatically disqualify you from consideration for employment. It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position for which you have applied.
- All time periods in your background must be accounted for.
- You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, change of telephone number, traffic summons received, etc.) Notification of such changes must be submitted in writing to the Police Personnel Unit within 72 hours of the change.

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 time to explain any section or part of the application that you do not fully understand.

If you were not given a specific date and time to return this application, contact the Police Personnel office at 804-501-4801 to make an appointment to return it.

When completing this packet:

- Please **legibly print** (in black ink) or type your responses to this questionnaire.
- If a question does not apply to you, write “N/A” (not applicable) in the space provided for your answer.
- If you need more space to respond to a question, use the reverse side of the page.
- You must place your initials at the bottom of **each page** in the space provided indicating that the information provided on that page is accurate and complete.

I have read and understand the above instructions. Sign here: _____

PERSONAL

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
| | | |

List any other names you have used, to include aliases, maiden name, nicknames, and former names that have been changed legally or otherwise.

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Current Physical Address

| Street | City | State | Zip |
|---|---|-------|-----|
| | | | |
| Rent or own? | Apartment Complex or Rental Agency Name (if applicable) | | |
| | | | |
| Current Mailing Address (if different from above) | | | |
| Street | City | State | Zip |
| | | | |

Phone Numbers & Email

| Cell | Home |
|-----------------|---------------|
| | |
| Work | Email Address |
| | |
| Alternate Email | |

Physical Descriptors

| Sex | Race | Height | Weight | Eye Color | Hair Color |
|-----|------|--------|--------|-----------|------------|
| | | | | | |

List all scars or other distinguishing marks and location on body.

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List the location of all tattoos on your body.

(Police Officer and Animal Protection Police Officer Applicant Only)

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RELATIONSHIPS

| Marital Status | | Date of Current Marriage | |
|---|---------|--------------------------|---------------|
| | | | |
| If married, divorced or separated, list all spouses, dates of marriage and dates of separation/divorce. | | | |
| Current Spouse | Address | Phone | Date of Birth |
| | | | |

| Ex-Spouse | Date of Marriage | Separated or Divorced | Date of Separation or Divorce |
|-----------|------------------|-----------------------|-------------------------------|
| | | | |
| Address | | Phone | DOB |
| | | | |

| Ex-Spouse | Date of Marriage | Separated or Divorced | Date of Separation or Divorce |
|-----------|------------------|-----------------------|-------------------------------|
| | | | |
| Address | | Phone | DOB |
| | | | |

| Has any spouse/fiancée/significant other or dating partner ever called the police on you for ANY reason? | | | |
|--|--------|--------|-------------|
| Yes or No | | | |
| If Yes, complete below: | | | |
| Date | Reason | Agency | Disposition |
| | | | |
| | | | |

| Going back three years, list ALL previous dating partners (boyfriends/girlfriends), along with their addresses and phone numbers. | | | |
|---|--|-------|-----------|
| *Dating partners include anyone that you have established a relationship over a period of over 30 days or with whom you have cohabitated. | | | |
| Name | | Phone | |
| | | | |
| Address | | City | State Zip |
| | | | |
| Name | | Phone | |
| | | | |
| Address | | City | State Zip |
| | | | |

| Provide the following information pertaining to ALL individuals currently residing in your household. | | | | |
|---|-----|------------|---------------------|--------------|
| Name | DOB | Occupation | Place of Employment | Relationship |
| | | | | |
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| List ALL your children and dependents if not listed above. | | |
|--|-----|---------------------------------------|
| Name | DOB | Present address of child or dependent |
| | | |
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| Provide the following information pertaining to any individuals with whom you have resided within the last three years (excluding relatives.) | | | |
|---|-----|----------------------|----------------------------------|
| Name | DOB | Address of Residence | Dates From: mo/yr – To: mo/yr |
| | | | |
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| | | | |
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| Provide the below information on two persons in your neighborhood that have not been listed elsewhere in this packet. | | | |
|---|------|------------|------------|
| Name | | Cell Phone | Home Phone |
| | | | |
| Address | City | State | Zip |
| | | | |

| Name | | Cell Phone | Home Phone |
|---------|------|------------|------------|
| | | | |
| Address | City | State | Zip |
| | | | |

EDUCATION

| Beginning with High School, list high school, all colleges and/or universities you have attended. | | | | |
|---|--------------|-----------------------------------|--|------------------------------|
| Name of School | City & State | Dates Attended From (mo/yr) To | | Degree or Course of Study |
| | | | | |
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| If you do not possess a college degree, have you earned any college credits? | | |
| If so, how many? | | |
| If you are currently enrolled in college, what is your anticipated graduation date? | | |

| Have you ever been suspended, expelled, or placed on academic probation from any school or educational facility? | | |
|--|------|---------------|
| Yes or No | | |
| If Yes, explain below: | | |
| School | Date | Circumstances |
| | | |
| | | |

| Have you ever been interviewed, cited, detained, arrested or had any other contact with any college police agency? | | |
|--|------|---------------|
| Yes or No | | |
| If Yes, explain below. | | |
| School | Date | Circumstances |
| | | |
| | | |

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|---|-----------|
| Do you possess any foreign language skills (including sign language?) | Yes or No |
| If Yes, specify language and skill level. | |

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| List ALL organizations, clubs, social groups, etc. of which you are now or have ever been a member of or associated with. |
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MILITARY

| Have you ever served in the Armed Forces, National Guard or Military Reserve? | | | | |
|--|----------------|--|--|--|
| Yes or No | | | | |
| If Yes, please provide the following information. If No, please proceed to Page 10. | | | | |
| Branch of Service | Service Number | Dates of Service From To | | Type of Discharge or Current Status |
| | | | | |
| | | | | |

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|--|--|
| Have you ever received any disciplinary actions (including Article 15 or court-martial) under the Uniform Code of Military Justice while serving in the Armed Forces? | |
| Yes or No | |
| If Yes, explain below: | |
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| Were you ever reduced or demoted in rank? | |
| Yes or No | |
| If Yes, describe in detail. | |
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| Have you ever been rejected from any Military Service? (exclude medical reasons) | |
| Yes or No | |
| If Yes, please explain. | |
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| List your rank, military occupation and specialty, and describe your duties. | |
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| List ALL duty stations, including basic training and other schools | | |
|--|--------------|------------|
| Military Installation | City & State | Assignment |
| | | |
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| List the contact information for your last two supervisors while in the military. | | |
|---|-------|---------------|
| Name & Rank | Phone | Email Address |
| | | |
| | | |

| List two individuals with whom you served in the military who know you well enough to provide accurate information about you. | | | | |
|---|---------|-------|-------------|----|
| Name | Address | Phone | Years Known | |
| | | | From | To |
| | | | | |
| | | | | |

| Have you ever had ANY contact with military police? |
|---|
| <i>This includes as a victim reporting a crime, a witness, or questioned by military police for any reason other than the incidents already listed in this section. Include traffic offenses or encounters.</i> |
| Yes or No |
| If Yes, provide details below. |
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FINANCIAL

| Complete the following financial statement. | | | |
|---|-----------|--|-----------|
| Current Monthly Income | | Current Monthly Expenditures | |
| Your salary | \$ | Real estate (mortgage) | \$ |
| Spouse's salary | \$ | Rent | \$ |
| Other monthly income (describe below) | | Other monthly payments (estimated cost of living, including utilities, food, gas, entertainment, etc.) and any other obligations such as court ordered child support and alimony | |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total Monthly Income | \$ | Total Monthly Expenditures | \$ |

| Current Assets | | Current Liabilities | |
|-------------------------------|-----------|------------------------------------|-----------|
| Savings | \$ | Real Estate Indebtedness | \$ |
| Checking | \$ | Long-term loans | \$ |
| Real Estate | \$ | Charge accounts | \$ |
| Stocks & Bonds | \$ | Other liabilities (describe below) | \$ |
| Autos | \$ | | \$ |
| Other assets (describe below) | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total Assets | \$ | Total Liabilities | \$ |

| Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? | |
|---|---------------|
| Yes or No | |
| Date | Circumstances |
| | |
| | |

| | |
|---|----------------------|
| Have any of your bills ever been turned over to a collection agency? | |
| Yes or No | |
| Date | Circumstances |
| | |
| | |

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|---|----------------------|
| Have you ever had purchased goods repossessed? | |
| Yes or No | |
| Date | Circumstances |
| | |
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|---|--|
| Have your wages ever been garnished? | |
| Yes or No | |
| If Yes, provide details including when, where and why. | |
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|---|--|
| Have you ever been delinquent on income or other tax payments? | |
| Yes or No | |
| If Yes, provide details including when, where and why. | |
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|---|--|
| Have you ever been delinquent on child support payments? | |
| Yes or No | |
| If Yes, provide details including when, where, amount and why. | |
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|--|--|
| Do you currently have any financial judgments against you? | |
| Yes or No | |
| If Yes, provide case number, court location, reason for case and disposition. | |
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CRIMINAL HISTORY

| | |
|--|-----------|
| Have you ever been arrested? | Yes or No |
| <i>This includes offenses as a juvenile. Do not omit any offenses regardless of how minor they may seem.</i> | |

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|--|-----------|
| Are you legally eligible to carry a firearm? *Police Officer and Animal Protection Police Officer Applicants only | Yes or No |
|--|-----------|

| | |
|--|-----------|
| Have you ever been issued a misdemeanor summons? | Yes or No |
| <i>Not including traffic citations</i> | |

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|---|-----------|
| Have you ever been released on your own signature or turned yourself in for any reason? | Yes or No |
| Are you currently under provisions of a protective order or any court orders? | Yes or No |

| If you answered Yes to any of the above, complete the following: | | | |
|--|------------------|--------|-------------|
| Date | Arresting Agency | Charge | Disposition |
| | | | |
| | | | |
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| Have you ever assaulted anyone (i.e. fights, domestic violence, etc.)? |
| Yes or No |
| If Yes, explain. |
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| Have you ever been a member of a gang or participated in gang activity? |
| Yes or No |
| If Yes, provide details including when, where and why. |
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| Have you ever committed any other illegal act or done anything that would have been considered unlawful if caught? |
| Yes or No |
| If Yes, provide details including when, where and why. |
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| Check <i>✓</i> either Yes or No to the following questions. | | | |
|---|---|------------|-----------|
| <i>Have you ever participated in, conspired to participate in, or been present during any of the following?:</i> | | Yes | No |
| 1 | Lied or committed perjury in court or other judicial proceeding? | | |
| 2 | Lied to anyone in authority or made a false police report? | | |
| 3 | Entered any building, business, dwelling or house without permission? | | |
| 4 | Intentionally injured anyone as the result of a fight? | | |
| 5 | Received or paid money for any sex act? | | |
| 6 | Left a restaurant or food establishment without paying? | | |
| 7 | Assisted in a larceny? | | |
| 8 | Knowingly received stolen property? | | |
| 9 | Falsified or lied on an employment application? | | |
| 10 | Provided a discount at your place of employment without permission? | | |
| 11 | Conspired with anyone to commit an illegal act or crime of any kind? | | |
| 12 | Given anything to anyone that was not yours to give away? | | |
| 13 | Been accused of or arrested for domestic violence/spousal/elder abuse? | | |
| 14 | Slapped, pushed or struck your current dating partner, former dating partner, girlfriend, boyfriend, spouse, ex-spouse or significant other? | | |
| 15 | Been questioned by the police as a suspect as part of a criminal investigation? | | |
| 16 | Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? | | |
| 17 | Used a weapon of any kind during a fight or altercation? | | |
| 18 | Used false, fraudulent, altered or borrowed identification of any kind? | | |
| 19 | Been placed on parole or probation for any reason? | | |
| 20 | Allowed your car to be used in the commission of a crime? | | |
| 21 | Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)? | | |
| 22 | Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? | | |
| 23 | Knowingly engaged in any acts or activities designed to overthrow the United States government by force? | | |
| 24 | Been involved in making, constructing, assembling, manufacturing, or detonation of any bomb, Molotov cocktail, explosive or other incendiary device? | | |
| 25 | Knowingly filed a false or fraudulent insurance claim with any insurance company regarding a traffic accident, theft or other monetary or property loss? | | |
| 26 | Been subjected to forfeiture of collateral in connection with an arrest? | | |
| 27 | Been involved in any college fraternity/sorority hazing incident? | | |
| 28 | Been pardoned for any crime? | | |
| 29 | Set a fire, been involved in an arson or reckless burning? | | |
| 30 | Purchased and/or provided alcohol to someone under 21 years of age? | | |
| 31 | Stolen anything from any of your employers? | | |
| 32 | Participated in "street racing" or racing on public highways? | | |
| 33 | Intentionally damaged someone else's property? | | |
| 34 | Viewed, produced, or participated in any child pornography or pedophilia? | | |

Indicate with an "X" in the box next to each crime you have ever committed, participated in or conspired to commit, or for which you have been convicted, arrested, charged or detained. For each crime marked with an "X", provide details regarding the offense, including the date and circumstances in the space provided below.

| | | | |
|-------------------------------------|--|--------------------------------|--|
| Alcohol Violations | | Hunting/Fishing Violations | |
| Arson/Fire Setting/Reckless Burning | | Illegal Gambling/Betting | |
| Assault – Verbal or Physical | | Impersonating a Police Officer | |
| Auto Theft | | Indecent Exposure | |
| Bestiality | | Pedophilia | |
| Bomb Threats | | Perjury | |
| Burglary/Breaking & Entering | | Prostitution | |
| Child Abuse/Molestation | | Rape/Sexual Assault | |
| Concealed Weapons | | Receive Stolen Property | |
| Domestic Violence | | Robbery | |
| Embezzlement | | Shoplifting | |
| Extortion | | Stalking | |
| Forgery | | Thefts/Larceny | |
| Fraud/Bad Checks | | Trespassing | |
| Harassment/Threats | | Vandalism | |

If you marked an X in any of the categories above, please explain in detail in the space below. Include the dates and circumstances for each situation.

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Have you ever had ANY contact with law enforcement?

This includes as a victim reporting a crime, a witness, or questioned by law enforcement officer for any reason other than the incidents already listed in this section. DO NOT include traffic offenses or encounters.

Yes or No

If Yes, provide details below.

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DRUG HISTORY / ILLEGAL DRUG OFFENSES

| Have you ever used, purchased, transported, and/or sold any of the following substances? Indicate by circling Yes or No to each drug listed below. If you circle yes, state the date of your last usage, or indicate "S" if you sold, "POS" for possessed, or "PUR" if you purchased the substance. Be specific. | | | | | |
|--|-----------|------------------|--|------|--|
| Marijuana/Hash | Yes or No | Date of Last Use | | Type | |
| Hash Oil/Wax | Yes or No | Date of Last Use | | Type | |
| Cocaine / Powder | Yes or No | Date of Last Use | | Type | |
| Cocaine / Crack | Yes or No | Date of Last Use | | Type | |
| Opium Derivative (heroin, morphine, etc.) | Yes or No | Date of Last Use | | Type | |
| Amphetamines / Speed | Yes or No | Date of Last Use | | Type | |
| Barbiturates / Downers | Yes or No | Date of Last Use | | Type | |
| Inhalants | Yes or No | Date of Last Use | | Type | |
| Anabolic Steroids | Yes or No | Date of Last Use | | Type | |
| Hallucinogenic (LSD, PCP, Ecstasy, etc.) | Yes or No | Date of Last Use | | Type | |
| Any other illegal drug not listed | Yes or No | Date of Last Use | | Type | |
| Any prescription drug not prescribed to you or used in a manner that it was not intended. (Including Adderall) | Yes or No | Date of Last Use | | Type | |

If you answered Yes to any of the questions above, please explain in detail in the space below. Indicate the type, duration of usage and circumstances.

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Are you currently using any drugs illegally?

Yes or No

If Yes, please explain.

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Have you ever been or are you currently associated with, related to, or have/had an ongoing friendship/personal relationship with anyone you suspected or knew was selling, distributing or using narcotics or controlled substances?

Yes or No

If Yes, please explain including the name of the individual(s), your relationship to them, and the criminal act/conduct they are responsible for.

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|---|--|
| Have you ever manufactured, transported or stored any illegal drugs? | |
| Yes or No | |
| If Yes, please explain. | |
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| | |

ALCOHOL RELATED OFFENSES

| | |
|--|--|
| Have you ever been charged or convicted of a DUI related offense? | |
| Yes or No | |
| If Yes, please details including when, where and why. | |
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| Have you ever been arrested or charged for committing any alcohol-related violations? | |
| Yes or No | |
| If Yes, please explain. | |
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|---|--|
| Have you ever purchased or provided alcohol to anyone under the age of 21? | |
| Yes or No | |
| If Yes, please explain including dates, where and age of the minor(s). | |
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|---|--|------------------|--|
| How many times have you driven an automobile while intoxicated in the past - | | | |
| 12 months? | | Lifetime? | |

MOTOR VEHICLE OPERATION

| Driver's License # | Name Under Which License was Granted | Expiration Date | State |
|--------------------|--------------------------------------|-----------------|-------|
| | | | |

List ALL other states where you have been licensed to operate a motor vehicle and the name under which the license was issued.

| Name | Operator's License # | State |
|------|----------------------|-------|
| | | |
| | | |
| | | |

Have you ever been refused a driver's license by any state?

Yes or No

If Yes, provide details including when, where and why.

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Has your license ever been suspended or revoked by Virginia or any other state?

Yes or No

If Yes, provide details including when, where and why.

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Have you ever received a traffic citation (ticket, summons)?

Yes or No

If Yes, complete the information below.

| Month/Year | City/State | Charge [if speeding, indicate the speed convicted of & posted speed limit (ex. 60/45 mph)] | Disposition |
|------------|------------|--|-------------|
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| Have you ever been involved as a driver in a motor vehicle accident (include private property)? | | | | |
|--|-------------------|--------------------------------|------------------------|---|
| Yes or No | | | | |
| If Yes, complete the information below. | | | | |
| Month & Year | City/State | Did the Police Respond? | Anyone Injured? | Were you Determined to be at Fault? (by police or court) |
| | | Yes or No | Yes or No | |
| | | Yes or No | Yes or No | |
| | | Yes or No | Yes or No | |
| | | Yes or No | Yes or No | |

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|--|
| Do you own an automobile? |
| Yes or No |
| If Yes, give make, model and year for each vehicle you own. |
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|---|
| Virginia law requires that operators and owners of motor vehicles be covered by automotive liability insurance or that the Uninsured Motorist Fee be paid. |
| List the current liability insurance information for each of your vehicles. |
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| Do you drive a vehicle of which you are not the registered owner? |
| Yes or No |
| If Yes, give make, model and year and name of vehicle's owner. |
| |

GENERAL INFORMATION

| | | | |
|---|-----------------------|-------------|-------------------------------|
| Have you ever applied for a permit to carry a concealed handgun? | | | |
| Yes or No | | | |
| If Yes, complete the information below: | | | |
| Permit Granted? | Type of Weapon | Date | Law Enforcement Agency |
| Yes or No | | | |
| Purpose of Concealed Handgun Permit: | | | |

| | | |
|---|-------------|---------------|
| Have you ever applied for employment with the Henrico Police Division? | | |
| Yes or No | | |
| If Yes, complete the information below: | | |
| Position | Date | Status |
| | | |
| | | |

| | | | | | |
|--|-----------------|-------------|---------------|--------------------------------|-----------------------------|
| Have you ever applied for employment with another law enforcement agency? | | | | | |
| Yes or No | | | | | |
| If Yes, complete the information below: | | | | | |
| Agency | Position | Date | Status | Background Investigator | Investigator's Phone |
| | | | | | |
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|---|-------------|----------------|
| Have you ever taken a polygraph exam as part of the hiring process for any law enforcement agency? | | |
| Yes or No | | |
| If Yes, provide the information below: | | |
| Agency | Date | Outcome |
| | | |
| | | |
| | | |

| Are you personally acquainted with any members of the Henrico Police Division? | | |
|---|---------------------|--|
| Yes or No | | |
| If yes, provide the information below: | | |
| Division Member's Name | Relationship | How Long Have You Known Each Other? |
| | | |
| | | |
| | | |
| | | |
| | | |

| Do you have experience as a sworn police officer or law enforcement officer? | | | |
|---|-----------------|--------------------------|--|
| Yes or No | | | |
| If Yes, complete the information below: | | | |
| Agency | Position | Length of Service | Reason for Separation of Employment |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Have you ever participated in an internship program with a law enforcement agency? | | |
|---|-------------------------------|--------------|
| Yes or No | | |
| If Yes, provide the information below: | | |
| College/University Affiliation | Law Enforcement Agency | Dates |
| | | |
| | | |
| | | |

EMPLOYMENT

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|--|
| Would any problems result if your present employer were contacted during your background investigation? |
| Yes or No |
| If Yes, explain why. |
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|---|
| When may we contact your current employer? |
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| If you have had no prior employment, explain why. |
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|--|
| Are you able, with or without reasonable accommodations, and willing to perform the essential job functions of the position for which you have applied? |
| Yes or No |
| If No, explain why. |
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|---|
| Are you willing to work the type of shift associated with the position for which you have applied? |
| Yes or No |
| If No, explain why. |
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|---|
| Have you ever received disciplinary action(s) including termination by a former or present employer? |
| Yes or No |
| If Yes, explain including when, where and the circumstances. |
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|---|
| Have you resigned (quit) from a job because you anticipated your employer terminating you? |
| Yes or No |
| If Yes, explain. |
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| Have you ever left a job without giving proper notice? |
| Yes or No |
| If Yes, explain. |
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| Have you ever stolen anything from any of your employers? |
| Yes or No |
| If Yes, explain including dates, items and value. |
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| Have you ever been under the influence of alcohol or illegal drugs while working on any job? |
| Yes or No |
| If Yes, explain including the type of drug, how it was used, dates, etc. |
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| If you are successful in gaining an appointment to this Division, do you expect to engage in any other gainful occupation (have a second job)? |
| Yes or No |
| If Yes, explain where you plan to work and the job duties. |
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List ALL jobs you have held below and on the following pages. *Do not leave out any employment regardless of how short it was or how long ago it was.* Include military, temporary and volunteer experience. Employment will be verified.

Omitting any employment could be cause for disqualification.

List in order of current employer and then most recent employment.

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| Name of Employer | | | | | | | | |
| Address | | | | City & State | | | Zip | |
| Phone Number | Dates of Employment From: mo/yr – To: mo/yr | | Job Title | | | Full Time, Part Time or Volunteer? | | |
| | | | | | | | | |
| Supervisor (at time of employment) | | Salary/Rate | Circumstances for Leaving | | Reason for Leaving? | | | |
| | | | <input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Business Closed | | | | | |
| Were you ever disciplined? | Yes or No | If Yes, state reason. | | | | | | |
| Your name (if different) | | | | | | | | |

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