

County of Henrico, Virginia



Henrico Sheriff's Office
Personal History Statement



APPLICANT RELEASE FORMS AND DOCUMENTS

INSTRUCTIONS FOR THE FOLLOWING FORMS AND DOCUMENTS:

(Please separate this instruction sheet and the following forms from the Personal History Booklet)

FORMS:

- I. The *Authorization to Obtain Information* form must be completed, notarized, and returned with the *Personal History Booklet*.
- II. The *Authorization to Obtain Credit Report Information* form must be completed and returned with the *Person History Booklet*.
- III. The Military Records Release form must be typed, notarized, and returned with the *Personal History Booklet*.

DOCUMENTS:

The following items are required by the stipulated return date in order to completely process your application for appointment:

1. High School Transcripts or copy of GED
2. College Transcripts
3. Copy of Valid Operator's License
4. Documentation of Military Obligation or Discharge
5. Certified Copy of Birth Certificate
6. All Certificates of Training which pertain to the position for which you are applying.
7. Three Reference Letters

COUNTY OF HENRICO
OFFICE OF THE SHERIFF

PERSONAL HISTORY STATEMENT

INSTRUCTIONS TO THE APPLICANT

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. Please fill out the questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions may bar or remove you from further consideration for employment.**
- (3) **Failure to follow instructions, or answer questions completely and accurately may bar or remove you from further consideration for employment.**
- (4) All time periods in your background must be accounted for beginning with your 18th birthday.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, telephone number changes). Notification of such changes must be submitted in writing to the Henrico County Sheriff's Office, Human Resources Unit, PO Box 90775, Henrico, VA 23273.
- (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 time to explain any section or part of the application that you do not fully understand.
- (7) If you were not given a specific date and time to return this application, contact the Sheriff's Office Human Resource Unit at 501-5495 to make an appointment to return it.

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. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please TYPE or clearly **PRINT** (in black ink) 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.

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service.

Signature

Date

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

Authorization to Obtain Information

I authorize the **County of Henrico, Sheriff's Office** to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, arrest and conviction records, Division of Motor Vehicle records, personal references, professional references, previous employers, present employers, polygraph results and any other appropriate sources the Sheriff's Office deems necessary.

I authorize the release of any information that the County of Henrico, Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the County of Henrico, Sheriff's Office in connection with this applicant and background investigation is confidential and shall not be disclosed to me.

Applicant's Name (Print)

Applicant's Signature

Date of Birth

Date

Social Security Number

State of Virginia, County of Henrico.

On this ____ day of _____, 20____

Applicant's Name

Whose name is signed to the foregoing instrument, 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.

My commission expires: _____

Notary Public



OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

Authorization to Obtain Credit Report Information

By signing this document, I **authorize the County of Henrico, Sheriff's Office** to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by the Sheriff's Office in making a decision regarding my employment.

Print Name

Signature

Date

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

STATEMENT OF UNDERSTANDING

I, _____, understand that in accepting a position with the Henrico County Sheriff's Office that I serve at the pleasure of the Sheriff, subject to the following conditions:

1. All assignments with the Sheriff's Office are considered temporary in nature. Consequently, while I am subject to being assigned to the Jail Operations Division, I may be assigned or reassigned to any other division and/or shift (at any time) as instructed by the Sheriff or his designee.
2. I must successfully complete all training as mandated by the Department of Criminal Justice Services, and whatever additional training as may be mandated by the Sheriff.
3. I may be removed from my position with the Henrico County Sheriff's Office at any time pursuant to the provisions of Section 15.2-1603 of the Code of Virginia.
4. I understand that the salary for the position for which I am applying is contingent upon funding from the State Compensation Board and/or the County of Henrico. Knowing this, I understand that if I am employed and, subsequently, funding is not made available, that the position for which I was hired will be abolished.

PREA HIRING AND PROMOTION PROHIBITIONS: The Henrico County Sheriff's Office must adhere to the United States Department of Justice Final Rule on the "National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards" at 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-AB34. The Henrico County Sheriff's Office may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answers "Yes" to any of the following questions:

1. Have you ever engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility or other institution? Yes No
2. Have you ever convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
3. Have you been civilly or administratively adjudicated to have engaged in the activities described? Yes No

I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify Internal Affairs within twenty-four hours of my involvement in any of the above. I understand that this agency has the authority to conduct random criminal history background checks to ensure compliance with these federal standards in relation to the agency's employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification.

Signature

Date

AFFIDAVIT
COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____ 20____

My commission expires _____

Notary's Signature

APPLICANT RESPONSIBILITIES FOR BACKGROUND INVESTIGATIONS



Applicant is required to submit the following items:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Driver's License | <input type="checkbox"/> Copy of Social Security Card |
| <input type="checkbox"/> Copy of Birth Certificate (certified) | <input type="checkbox"/> Copy of Military Separation Papers (DD-214) |
| <input type="checkbox"/> Copy of Resume | <input type="checkbox"/> Copy of Naturalization Record, if applicable |
| <input type="checkbox"/> Three completed Personal Reference Questionnaires (Personal Reference Questionnaires MUST be completed by the person providing the reference. No family members. The Questionnaire must be placed in an envelope, sealed, signed across the seal and returned to the applicant.) | |

****CERTIFIED COPY IS ONLY ISSUED BY THE ORIGINAL ISSUING AGENCY****

The certificates listed below can be submitted with the above documents or may be sent directly by the school to the Henrico County Sheriff's Office Personnel Section.

ATTN: HUMAN RESOURCES/RECRUITMENT
P.O. BOX 90775
HENRICO, VA 23273

- | | |
|---|---|
| <input type="checkbox"/> Copy of High School Transcript (certified) | <input type="checkbox"/> Copy of College Transcript (certified) |
| <input type="checkbox"/> Copy of High School Diploma or GED | <input type="checkbox"/> Copy of College Diploma |

If transcripts are not included with the above documents, please provide written verification that these transcripts have been requested.

DOCUMENTS WILL NOT BE RETURNED TO APPLICANTS—NO EXCEPTIONS

If you have any questions, call the Sheriff's Office Personnel at (804) 501-5495 or (804) 501-5558.

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

PHYSICAL EXAMINATION COST AGREEMENT

A final step in the selection process for Correctional Deputy is a physical examination. This examination is completed in two parts:

1. Testing and collection of medical data and

2. Evaluation of the medical data and examination of the applicant by a physical selected by the County.

The County of Henrico will pay the cost and will provide a copy of the medical data to the applicant's private physician provided the applicant provides the County with a request from the physician, in writing, stating his desire to obtain it. The request for information must also be signed by the applicant.

Because the cost of the physician examination is \$131.50, if employment is offered to the applicant after completion of the physical examination and employment is not accepted by the applicant, then the applicant agrees to pay for the total cost of the physician examination. If the applicant completes the physical examination and is not offered employment, the County of Henrico will pay the total cost of the physical examination.

Signature of Applicant

Date

State of Virginia, County of Henrico

On this _____ day _____, 20_____

_____ whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires _____

Notary Public

GENERAL SERVICES ADMINISTRATION
National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132

RE:

Dear Sir:

The above individual is an applicant for Deputy Sheriff with the Henrico County Sheriff's Office. His appointment is subject to the completion of a background investigation being conducted.

The applicant provided the following information about his military service:

Branch of Service:

Service Number:

Date Entered:

Date Discharged:

Type of Discharge:

Disciplinary Actions:

Please verify or refute the above information and send copies of any disciplinary actions physical or psychological evaluations.

Very truly yours,

Lt. Col. Alisa Gregory

Chief Deputy

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Henrico County Sheriff's Office, information or photocopies from my military personnel records and related evaluations, disciplinary records, and criminal convictions. This will include a photocopy of my DD form 214, Certificate of Release or Discharge from Active Duty, and the type and reason for release or discharge.

(APPLICANT'S SIGNATURE)

(DATE)

(ADDRESS)

.....

NOTARY PUBLIC: _____

DATE: _____

My Commission expires: _____

PERSONAL HISTORY STATEMENT

PERSONAL						
NAME		LAST		FIRST	MIDDLE	
Other names (including nicknames) you have used or been known by					Social Security Number	
Address at which you can be contacted						
Street						
City		State		Zip Code		
Phone Numbers						
Home:		Hours:		Work:	Hours:	Other:
Height	Weight	Eye Color	Hair Color	List any scars, tattoo's or other distinguishing marks		
Marital Status		Place of birth		Date of Birth		
<input type="checkbox"/> Single		<input type="checkbox"/> Married				
If married, please indicate current address, date of marriage, and phone number of spouse						
Current Name		Date of Marriage	Current Address		Daytime Phone	
If divorced or separated, list all spouses and dates of separation or divorce						
Current Name		Current Marital Status	Date of Marriage	Date of Separation or Divorce		

REFERENCES				
Provide the appropriate information pertaining to any individuals residing in your household				
Name	DOB	Occupation	Place of employment	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives).			
Name	DOB	Address of Residence	Dates (mm/yy)

PERSONAL HISTORY STATEMENT

REFERENCES

In the space below, please list references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives. Please provide at least two phone numbers for each.

Name	Address where person can be contacted (included City, State, Zip Code)	Telephone at which person can be contacted
		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:

Please list 3-5 individuals who are social acquaintances (i.e., persons with whom you are close to or socialize with regularly) and have knowledge of you and your qualifications. Exclude relatives and former employers.

		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:
		Home: Work: Other:

EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post – Secondary schools include colleges or universities, graduate schools, business and vocational schools-any formal education beyond high school level.)

YES NO

If “YES”, please explain (include school, date, and circumstances).

PERSONAL HISTORY STATEMENT

EDUCATION

Please indicate below all the schools you have attended beginning with middle school.

Name of School	Location of School (City & State)	Date Attended		Degree/Course of Study
		From	To	

If you do not possess a college degree, how many college semester credits have you successfully completed/earned?

FOREIGN LANGUAGES

Do you possess any foreign language skills (including sign language)?

YES

NO

If "YES", specify language and skill level.

RESIDENCE

Please list all your residences since leaving high school, including those while in college and the Armed Forces. Begin with your most current residence.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

PERSONAL HISTORY STATEMENT

MILITARY			
Have you ever served in the Armed Forces, National Guard, or Military Reserves? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "Yes", please supply the following information:			
Branch of Service	Service Number	Dates of Service	Type of Discharge of Current Status
		____/____/____ to ____/____/____ ____/____/____ to ____/____/____	
		____/____/____ to ____/____/____ ____/____/____ to ____/____/____	
Are you currently participating in any military reserve or National Guard program? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been rejected from military service? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "Yes", please explain.			
Did you receive any disciplinary actions while in the Military? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "Yes", please explain.			
List your rank, Military Occupation and Specialty and describe your duties:			
List all duty stations, including Basic Training and other schools:			
Military Installation	City/State	Assignment	
Please list those individuals in the military who know you well enough to provide accurate information about you.			
Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

PERSONAL HISTORY STATEMENT

FINANCIAL

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? YES NO
If, "Yes", please give details (include when, where, why).

Have any of your bills ever been turned over to a collection agency? YES NO
If, "Yes", please give details (include when, firms involved, circumstances).

Have you ever had purchased goods repossessed? YES NO
If, "Yes", please give details (include when, firms involved, circumstances).

PERSONAL HISTORY STATEMENT

FINANCIAL

Have your wages ever been garnished?

If, "Yes", please give details (include when, where, why).

YES

NO

Have you ever been delinquent on income or other tax payments?

If, "Yes", please give details (include when, where, why).

YES

NO

Have you ever been delinquent on child support payments?

If, "Yes", please give details (include when, where, why).

YES

NO

PERSONAL HISTORY STATEMENT

FINANCIAL

Complete the following financial statement:

Currently Monthly Income

Your salary \$ _____

Spouse's salary \$ _____

Other monthly income—describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY
INCOME----- \$ _____

Current Monthly Expenditures

Real estate (mortgage) payments \$ _____

Rent \$ _____

Other monthly payments—describe:

Estimated monthly cost of living (including utilities, food, gasoline, home and car maintenance, entertainment, etc.) And any other obligations such as court ordered child support and alimony.

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY
EXPENDITURES----- \$ _____

CURRENT ASSETS

Savings \$ _____

Checking \$ _____

Real Estate \$ _____

Stocks and Bonds \$ _____

Autos \$ _____

OTHER ASSETS—DESCRIBE:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ASSETS \$ _____

CURRENT LIABILITIES

Real Estate indebtedness \$ _____

Long-term loans \$ _____

Charge accounts \$ _____

Other Liabilities—describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____

Signify with an "X" in the box next to every offense 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 on the next page in details regarding the offense, including the date and circumstances.

- | | | | |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|
| Alcohol Violations | <input type="checkbox"/> | Harassment/Threats | <input type="checkbox"/> |
| Arson/Fire Setting/Reckless Burning | <input type="checkbox"/> | Hunting/Fishing Violation | <input type="checkbox"/> |
| Assault/Verbal or Physical | <input type="checkbox"/> | Impersonating a Police Officer | <input type="checkbox"/> |
| Auto Theft | <input type="checkbox"/> | Indecent Exposure | <input type="checkbox"/> |
| Bomb Threats | <input type="checkbox"/> | Pedophilia | <input type="checkbox"/> |
| Burglary/Breaking and Entering | <input type="checkbox"/> | Perjury | <input type="checkbox"/> |
| Child Abuse/Molestation | <input type="checkbox"/> | Prescription Drugs (illegal use) | <input type="checkbox"/> |
| Concealed Weapons | <input type="checkbox"/> | Prostitution | <input type="checkbox"/> |
| Domestic Violence | <input type="checkbox"/> | Rape | <input type="checkbox"/> |
| Drugs: | | Robbery | <input type="checkbox"/> |
| Use | <input type="checkbox"/> | Stalking | <input type="checkbox"/> |
| Possession | <input type="checkbox"/> | Thefts/Larceny | <input type="checkbox"/> |
| Sale | <input type="checkbox"/> | Receive Stolen Property | <input type="checkbox"/> |
| Embezzlement | <input type="checkbox"/> | Shoplifting | <input type="checkbox"/> |
| Extortion | <input type="checkbox"/> | Vandalism/Tagging | <input type="checkbox"/> |
| Forgery | <input type="checkbox"/> | Illegal Gambling/Betting | <input type="checkbox"/> |
| Fraud/Bad Checks | <input type="checkbox"/> | | |

If you checked any of the above boxes explain in detail on the next page. Include dates and circumstances for all explanations.

Have you ever assaulted anyone (fights, domestic violence, etc.)? YES NO if yes, Explain.

Have you ever committed any other illegal act or done anything that would have been considered unlawful if caught? YES NO if "YES", give details (include when, where and why).

PERSONAL HISTORY STATEMENT

LEGAL

Have you ever been charged with a violation of law or arrested (excluding traffic citations)? YES NO
If "Yes", please give details (include when, where, why).

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	Dismissed <input type="checkbox"/> Not Guilty <input type="checkbox"/> Convicted <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Expunged <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	Dismissed <input type="checkbox"/> Not Guilty <input type="checkbox"/> Convicted <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Expunged <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	Dismissed <input type="checkbox"/> Not Guilty <input type="checkbox"/> Convicted <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Expunged <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	Dismissed <input type="checkbox"/> Not Guilty <input type="checkbox"/> Convicted <input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Expunged <input type="checkbox"/>

Explanation:

Have you ever committed an illegal act or done anything that would have been considered unlawful if caught?
 YES NO **If "Yes", please give details (include when, where, why).**

PERSONAL HISTORY STATEMENT

LEGAL

Have you ever been charged or convicted of a domestic assault type of offense?
If, "Yes", please give details (include when, where, why).

YES NO

Have you ever been involved as a plaintiff or dependent in any civil or court action?
If, "Yes", please give details (include when, where, why).

YES NO

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION					
Driver's license no.	Name under which license was granted	Exp. Date	State		
Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State		
Have you ever been refused a driver's license by any state? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", please give details (include when, where, why).					
Virginia law requires that operator and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for each of your vehicles:					
Make	Year	Insurance Company	Address	Policy Number	Exp. Date
Please list all traffic citations (exclude parking citations) you have received.					
Nature of Violation	Location (City/State)	Date	Disposition		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/> Nolle Prossed <input type="checkbox"/>		

PERSONAL HISTORY STATEMENT

MOTOR VEHICLE OPERATION				
Have you ever been involved as a driver in a motor vehicle accident? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES," please give details for each accident.				
Date	Location	Police Agency	Name of Police Agency	TYPE Injury Non-injury
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Has your license ever been suspended or revoked by Virginia or any other state? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES," please give details (include what, when, where, & why)				
Have you ever been charged or convicted of a DUI related offense? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES," please give details (include when, where, & why)				
How many times have you driven an automobile while intoxicated in the past:				
12 months _____ 24 months _____ Lifetime _____				

MOTOR VEHICLE OPERATION	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are successful in gaining an appointment to this office, do you expect to engage in any other gainful Occupation? If "Yes", explain. YES <input type="checkbox"/> NO <input type="checkbox"/>	

PERSONAL HISTORY STATEMENT

PERSONAL

Are you currently using any illegal drugs? If "Yes", explain. YES NO

Have you ever used any illegal drugs? If "Yes", explain. YES NO

Have you ever purchased, transported, and/or sold any illegal drugs? If "Yes", explain. YES NO

Have you ever manufactured or stored any illegal drugs? If "Yes", explain. YES NO

How many times have you been intoxicated in public in the past:

12 months _____
24 months _____
Lifetime _____

PERSONAL HISTORY STATEMENT

EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions you have held since age 18. (For the purpose of this employment history report, voluntary work should be included as employment). Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Name and Address of Employer	Telephone Number
<p><u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary</p>	<p>_____ _____ _____ <p style="text-align: center;">Title or Duties</p> _____ _____ _____</p>	<p>() _____ <p style="text-align: center;">Supervisor's Name</p> _____ <p style="text-align: center;">Names of Co-Workers</p> _____ _____ _____</p>

Your Name (If different)	Salary
	Starting: _____ Ending: _____

Termination Status

Voluntary Resignation
 Resigned in lieu of Termination
 Terminated
 Position Eliminated

Explain: _____

<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<p style="text-align: center;"><u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____</p>
---	---

Dates of Employment	Name and Address of Employer	Telephone Number
<p><u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary</p>	<p>_____ _____ _____ <p style="text-align: center;">Title or Duties</p> _____ _____ _____</p>	<p>() _____ <p style="text-align: center;">Supervisor's Name</p> _____ <p style="text-align: center;">Names of Co-Workers</p> _____ _____ _____</p>

Your Name (If different)	Salary
	Starting: _____ Ending: _____

Termination Status

Voluntary Resignation
 Resigned in lieu of Termination
 Terminated
 Position Eliminated

Explain: _____

<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<p style="text-align: center;"><u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____</p>
---	---

PERSONAL HISTORY STATEMENT

EMPLOYMENT			
Dates of Employment <u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;"> Name and Address of Employer _____ _____ _____ Title or Duties _____ _____ </td> <td style="width: 30%; text-align: center;"> Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____ </td> </tr> </table>	Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____
Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____		
Your Name (If different)	Salary		
	Starting: _____ Ending: _____		
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated			
Explain: _____			
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed	<table style="width: 100%;"> <tr> <td style="text-align: center;"> <u>From</u> Mo. Yr. ____/____ </td> <td style="text-align: center;"> <u>To</u> Mo. Yr. ____/____ </td> </tr> </table>	<u>From</u> Mo. Yr. ____/____	<u>To</u> Mo. Yr. ____/____
<u>From</u> Mo. Yr. ____/____	<u>To</u> Mo. Yr. ____/____		
Dates of Employment <u>From</u> <u>To</u> Mo. Yr. Mo. Yr. ____/____ ____/____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: center;"> Name and Address of Employer _____ _____ _____ Title or Duties _____ _____ </td> <td style="width: 30%; text-align: center;"> Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____ </td> </tr> </table>	Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____
Name and Address of Employer _____ _____ _____ Title or Duties _____ _____	Telephone Number () _____ Supervisor's Name _____ Names of Co-Workers _____ _____		
Your Name (If different)	Salary		
	Starting: _____ Ending: _____		
Termination Status			
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated			
Explain: _____			
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<u>From</u> Mo. Yr. ____/____	<u>To</u> Mo. Yr. ____/____		

PERSONAL HISTORY STATEMENT

EMPLOYMENT				
Dates of Employment		Name and Address of Employer		Telephone Number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Title or Duties</p> <p>_____</p> <p>_____</p>		<p>() _____</p> <p>Supervisor's Name</p> <p>_____</p> <p>Names of Co-Workers</p> <p>_____</p> <p>_____</p>	
Your Name (If different)		Salary		
		Starting: _____ Ending: _____		
Termination Status				
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of Termination <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated				
Explain: _____				
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed		<p style="text-align: center;"><u>From</u></p> <p style="text-align: center;">Mo. Yr.</p> <p style="text-align: center;">____/____</p>	<p style="text-align: center;"><u>To</u></p> <p style="text-align: center;">Mo. Yr.</p> <p style="text-align: center;">____/____</p>	
Dates of Employment		Name and Address of Employer		Telephone Number
<p><u>From</u> <u>To</u></p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Title or Duties</p> <p>_____</p> <p>_____</p>		<p>() _____</p> <p>Supervisor's Name</p> <p>_____</p> <p>Names of Co-Workers</p> <p>_____</p> <p>_____</p>	
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PERSONAL HISTORY STATEMENT

EMPLOYMENT					
Dates of Employment		Name and Address of Employer		Telephone Number	
<p style="margin: 0;"><u>From</u> <u>To</u></p> <p style="margin: 0;">Mo. Yr. Mo. Yr.</p> <p style="margin: 0;">____/____ ____/____</p> <p style="margin: 0;"><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p style="margin: 0;"><input type="checkbox"/> Voluntary</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center; padding: 5px;">Title or Duties</p> <p>_____</p> <p>_____</p>		<p style="margin: 0;">() _____</p> <p style="text-align: center; padding: 5px;">Supervisor's Name</p> <p>_____</p> <p style="text-align: center; padding: 5px;">Names of Co-Workers</p> <p>_____</p> <p>_____</p>	
Your Name (If different)			Salary		
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PERSONAL HISTORY STATEMENT

EMPLOYMENT

Would any problems result if your present employer was contacted during the course of the background investigation? YES NO If "Yes", explain why.

When should such contact be made?

If you have had no prior employment, please explain.

Are you able, with or without reasonable accommodations, and willing to perform the essential job functions of the position for which you have applied? If "No", explain why. YES NO

Are you willing to work the type of shift associated with the position for which you have applied? If "No", explain why. YES NO

Have you ever been terminated (fired) from a job? If "Yes", please give details (include when, where, & circumstances). YES NO

