County of Henrico, Virginia

Henrico County Sheriff's Office

Personal History Statement

Office of the Sheriff
COUNTY OF HENRICO
COMMONWEALTH OF VIRGINIA

Alisa A. Gregory
SHERIFF

Tyrone. Montague II
UNDERSHERIFF

Dear Applicant:

Thank you for your interest in becoming a deputy with Henrico County Sheriff's Office. The Deputy Sheriff position has a two-part application. The online application is part 1 of 2. In receiving your online application, we have included part 2, the Personal History Statement. Now that you are in receipt of the Personal History Statement, you will have 10 business days to complete and return to our Office, located at 4317 East Parham Road Henrico, VA 23228. Upon returning your Personal History Statement, the hiring process will begin. The hiring process consists of the following:

1. Pre-Background Check
2. Background Check
3. Polygraph/Finger Printing

Once steps 1-3 are successful; County HR will extend a conditional offer.

4. Physical Scheduled
5. MMPI/Psychological Test
6. Panel Interview
7. Uniform Fitting
8. Meet the Sheriff

If you have any questions, please contact Sheriff's Office Human Resources (804)501-5495 or (804)501-5558.

Thank you,

Human Resources

COUNTY OF HENRICO
OFFICE OF THE SHERIFF

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 501-5558 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

REQUIRED DOCUMENTATION

Along with this document, completed in full, the following documents, (if they apply to you,) are required to be turned into The Henrico County Sheriff's Office Human Resources:

- ¨ Official high school transcripts & copy of diploma
- ¨ Official college transcripts & copy of diploma
- ¨ Copy of any G.E.D. transcripts & certificate
- ¨ Copy of Valid Operator's License
- ¨ Documentation of Military Obligation or Discharge
- ¨ Certified Copy of Birth Certificate
- ¨ Copy of Social Security card
- ¨ Copy of United States Naturalization Records
- ¨ All Certificates of Training which pertain to becoming a Sheriff Deputy
- ¨ Three reference questionnaires, using provided forms

ATTENTION:

DO NOT TURN THIS DOCUMENT IN UNTIL YOU HAVE OFFICIALLY APPLIED FOR THE DEPUTY SHERIFF POSITION ONLINE AT:

HENRICOJOBS.COM

IF YOU HAVE ANY QUESTIONS WHILE COMPLETING THIS DOCUMENT CALL:
(804) 501-5558

Henrico County Sheriff's Office

PREA ACKNOWLEDGMENT

For persons who may have direct contact with supervised individuals and have not been provided Department Prison Rape Elimination Act (PREA) training, whether in Jails, Work Release, or in Previous Law Enforcement capacity.

Henrico County Sheriff's Office has zero tolerance for all forms of sexual misconduct. Henrico County Sheriff's Office will impose disciplinary sanctions for such conduct, up to and including dismissal of the employee(s). Incidents of sexual misconduct will be referred for criminal prosecution when appropriate**. The HCSO PREA Policy is 4D-22.**

I understand my reporting requirements as identified below:

- I must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a HCSO facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

- Information obtained about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident will be confidentially delivered **directly and immediately** to the:
  - In Jails, Any Supervisor, Any Staff Member
  - In Work Release, Work Release Administrator or Duty Officer
  - For all others, Appointing Authority or Duty Officer

- I will maintain confidentiality and follow the directions of the Appointing Authority/ designee (e.g., question individuals, identify potential witnesses, secure statements), unless the incident is an emergency.

I have been provided a copy of the PREA informational brochure.

I acknowledge I can contact the PREA managers at Jail West or Jail East or the PREA Coordinator.

Name: _____

Signature: _____ Date: _____

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

AFFIRMATION OF QUALIFICATIONS

(initial appropriate box for each question)

Question	YES	NO
Are you a United States Citizen, or will be by the hire date?		
Will you be over the age of **21** by the hire date if applying for **Sheriff Deputy**? Will you be over the age of **18** by the hire date if applying for **Jailor**? Will you be over the age of **18** by the hire date if applying for a **civilian position**?		
Are you a high school graduate, or will have graduated or have a G.E.D. by the hire date?		
If you are former military, were you discharged under honorable conditions?		
Do you possess a valid Virginia driver's license? If not, will you be able to obtain one by the hire date?		
I have received less than six penalty points in traffic violations within the last 12 months?		
Have you committed a criminal act which is of serious nature, reflects moral turpitude, or indicates a tendency to disregard the law (Ex. theft, perjury, fraud).		
Have you ever been convicted of domestic assault?		
Have you been convicted, plead guilty or no contest to a felony or any offense that would be a felony if committed in the Commonwealth of Virginia?		
Have you been convicted, plead guilty or no contest to any misdemeanor sex offense in the Commonwealth of Virginia, another state, or the United States, including but not limited to sexual battery under Section 18.2-67.4 of the Code of Virginia or consensual intercourse with a minor 15 or older under clause (iii) of Section 18.2-371 of the Code of Virginia?		
Have you ever been convicted of any crime that requires registration in the Virginia Sex Offender Registry?		
Have you ever sold any drug or narcotic illegally?		
Have you ever used any Schedule I, II, or II drug illegally (hash, cocaine, crack, heroin, opioids, LSD, PCP, mushrooms, barbiturates, ecstasy, steroids, amphetamines, etc.?)		

If you have answered "no" to any question above the shaded line or "yes" to any question below the shaded line, you are automatically disqualified from the application process. If an answer disqualifies you, please contact Henrico Sheriff's Office Human Resources at 804-501-5558 for further instructions.

Printed Name: _____ _____

_____ _____
Signature Date

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.

Applicant Printed Name: _____

_____ _____
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 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 Information

I authorize the **County of Henrico, Sheriff's Office** to perform a background investigation in such as my credit history report, school/education records, arrest and conviction records, Division of Motor Vehicle records, contacting personal and professional references, previous employers, present employers, polygraph results, and any other appropriate sources that 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

STATEMENT OF UNDERSTANDING
SHERIFF OFFICE NOTICES
(Page 1 of 2)

SHERIFF'S PREROGATIVE NOTICE:
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.

LOCATION & SHIFTWORK NOTICE:
Among the responsibilities of a Deputy Sheriff, The Henrico County Sheriff's Office is responsible for the security of two jail facilities.

- The Jail West facility is located at 4301 East Parham Road, Henrico, VA 23273, located at the corner of Parham Road and Hungary Spring Roads in western Henrico County.

- The Jail East facility address is 17320 New Kent Hwy, Barhamsville, VA 23011, located near the corner of Route 33 and New Kent Highway in north eastern New Kent County.

Every new Deputy Sheriff employed with this office will be assigned to one of the two facilities.

You will also be assigned to one of two shifts. Shifts are 7:00am to 7:30pm or 7:00pm to 7:30am.

Also, any applicant that possess an out-of-state driver's license, you will have two weeks from your date of hire to obtain a valid Virginia driver's license.

PREA HIRING AND PROMOTION PROHIBITIONS NOTICE & FORM:
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:

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

STATEMENT OF UNDERSTANDING
SHERIFF OFFICE NOTICES
(Page 2 of 2)

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.

_____ 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

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.

Tyrone L. Montague II
UNDERSHERIFF

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: _____

Rev. (11/2015) MILITARY RECORDS RELEASE

	Office of the Sheriff, County of Henrico		
	Section **Human Resources**	**Subject** **Personal Grooming – 2 Pgs.**	
	Supersedes **March 2018**	**Effective Date** **October 2021**	**Review** **2nd Quarter**

PERSONAL GROOMING

The Sheriff's Office shall provide a consistent standard of attire for all sworn personnel. It is the policy of the Sheriff's Office that all employees shall be professional dressed and maintain appearance standards that appropriately represents their position and the public they serve.

PROCEDURE

A. Hair Styles

1. Hair shall be neatly trimmed, clean and combed or brushed in such a manner that does not interfere with the wearing of any approved headgear or the donning of personal protection equipment in a timely manner. Hair on the crown and sides of the head shall be neatly groomed and trimmed so as not to cover any portion of the ear. Hair on the back of the head shall not touch the collar of the uniform shirt.

2. Hair coloring, if used, must appear natural.

3. Hair shall not have lines, numbers, graphics, or other designs cut.

4. Long hair, cornrows, braids, or dreadlocks shall be neatly and inconspicuously fastened, pinned, or secured to the head presenting a safe and conservative hairstyle that shall not dangle free at any point nor extend beyond the collar.

5. Hairpieces or wigs shall conform to the same standards as those for natural hair.

B. Facial Hair

1. Sideburns shall be neatly trimmed and shall not extend below the middle of the ear. Sideburns shall be of even width and end in a clean-shaven horizontal line.

2. Personnel may wear facial hair. Facial hair may not be more than to 1/4inch in length and kept neatly trimmed. There must be no shapes or designs cut into the facial hair. The appearance of all facial hair must be shaped and trimmed above the neckline. Certain commonly accepted beard styles such as goatees, van dyke, and mutton chop beards are acceptable if they present an appropriate professional appearance and do not exceed 1/4 inch in maximum length.

3. The Sheriff will be responsible for the final decision on whether a particular facial hair style is appropriate.

4. All facial hair must appear natural in color.

C. Jewelry

Sworn members shall limit their wear of jewelry to the following:

- One ring per hand or three rings on the ring finger.
- Female deputies may wear one pair of stud or ball designed earrings in the ear lobe having a diameter of no large than 10mm. Earring worn in the nose, tongue, chin, or other places visible to the public is prohibited while in uniform. Males are prohibited from wearing an earring while on duty.
- Wristwatch
- Medical alert bracelet

D. Fingernails

Fingernails shall be clean and neatly trimmed and shall not protrude more than 1/4th inch past the fingertip. Fingernail ornamentation is prohibited. Artificial nails may be worn; but they shall not protrude more than 1/8th inch past the fingertip.

.

E. Tattoos

1. A tattoo is any design, letter, scroll, figure, symbol, or any other mark made under the skin or upon any person with ink or any other substances, resulting in a permanent or temporary discoloration of the skin.

2. Tattoos on the face (the front part of a person's head from the forehead to the chin) or tongue are prohibited.

F. Exceptions

Sworn members whose current assignment requires deviation from standards imposed by this policy may make a written request to the Sheriff for an exception. Any approval for an exception will automatically expire upon change of assignment.

By Order Of:

Alisa A. Gregory

Alisa A. Gregory
Sheriff

NOTICE OF UNDERSTANDING
PERSONAL GROOMING REGULATIONS

I have been supplied a copy of The Henrico Sheriff's Office Policy 8A-Personnel Rules and Regulations.

I understand that it discusses the standards for attire and appearance regulations and I agree to maintain those standards and understand the policy.

_____
Printed Name

_____
Signature

_____
Date

OFFICE OF THE SHERIFF
COUNTY OF HENRICO, VIRGINIA

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
☐ Single ☐ 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)

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**

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).

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

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

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", specif**y 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

MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserves? **YES** ☐ **NO** ☐
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** ☐ **NO** ☐

Have you ever been rejected from military service? **YES** ☐ **NO** ☐
If "Yes", please explain.

Did you receive any disciplinary actions while in the Military? **YES** ☐ **NO** ☐
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	

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).

Have your wages ever been garnished? **YES** ☐ **NO** ☐
If, "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments? YES ☐ NO ☐ **If, "Yes", please give details (include when, where, why).**
Have you ever been delinquent on child support payments? YES ☐ NO ☐ **If, "Yes", please give details (include when, where, why).**

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

Indicate which offense you are explaining and provide as many details as possible.

_____
_____
_____
_____
_____
_____
_____
_____
_____

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).

_____
_____
_____
_____

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 ☐ **Misdemeanor** ☐	Dismissed ☐ Not Guilty ☐ Convicted ☐ Nolle Prossed ☐ Expunged ☐

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony ☐ **Misdemeanor** ☐	Dismissed ☐ Not Guilty ☐ Convicted ☐ Nolle Prossed ☐ Expunged ☐

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony ☐ **Misdemeanor** ☐	Dismissed ☐ Not Guilty ☐ Convicted ☐ Nolle Prossed ☐ Expunged ☐

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony ☐ **Misdemeanor** ☐	Dismissed ☐ Not Guilty ☐ Convicted ☐ Nolle Prossed ☐ Expunged ☐

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).**

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** ☐ **NO** ☐
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 by 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 ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐
			Guilty ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐
			Guilty ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐
			Guilty ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐
			Guilty ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐
			Guilty ☐ Not Guilty ☐ Driving School ☐ Nolle Prossed ☐

MOTOR VEHICLE OPERATION

Have you ever been involved as a driver in a motor vehicle accident? **YES** ☐ **NO** ☐
If "YES," please give details for each accident.

Date	Location	Police Agency	Name of Police Agency	TYPE	
				Injury	Non-injury
		Yes ☐ No ☐		☐	☐
		Yes ☐ No ☐		☐	☐
		Yes ☐ No ☐		☐	☐
		Yes ☐ No ☐		☐	☐

Has your license ever been suspended or revoked by Virginia or any other state? **YES** ☐ **NO** ☐
If "YES," please give details (include what, when, where, & why)

Have you ever been charged or convicted of a DUI related offense? **YES** ☐ **NO** ☐
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 _____

Are you a citizen of the United States? **Yes** ☐ **No** ☐

Are you legally eligible to work in the United States? **Yes** ☐ **No** ☐

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** ☐ **NO** ☐

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 _____

GENERAL INFORMATION

Have you ever applied for employment with another law enforcement agency? **YES** ☐ **NO** ☐
If "Yes", please provide the following information.

Agency Name	Position	Date	Disposition

Have you ever applied for employment with this Office? **YES** ☐ **NO** ☐
If "YES," please provide the following information.

Position	Date	Disposition

Are you acquainted with any members of this Office? If "Yes", please list. **YES** ☐ **NO** ☐

_____ _____

_____ _____

_____ _____

Have you ever participated in an internship program with a Law Enforcement Agency? If "Yes", explain. **YES** ☐ **NO** ☐

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Have you ever been refused insurance for any reason other than failure to pay premium? **YES** ☐ **NO** ☐
If "YES," please explain (include company name and address, date and reason).

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
From (M/Y)	To (M/Y)		
Full Time ☐	Part Time ☐	Title and/or Duties	Supervisor Name
			Co-Workers Names

Termination Status (Check one)			
Voluntary Resignation ☐	Resigned in Lieu of Termination ☐	Terminated ☐	Position Eliminated ☐
Explain:			
Military Service ☐	Not Applicable ☐	From (M/Y)	To (M/Y)

Dates of Employment		Name and Address of Employer	Telephone Number
From (M/Y)	To (M/Y)		
Full Time	Part Time	Title and/or Duties	Supervisor Name
			Co-Workers Names

Termination Status (Check one)			
Voluntary Resignation ☐	Resigned in Lieu of Termination ☐	Terminated ☐	Position Eliminated ☐
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Full Time ☐	Part Time ☐	Title and/or Duties	Supervisor Name
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Termination Status (Check one)			
Voluntary Resignation ☐	Resigned in Lieu of Termination ☐	Terminated ☐	Position Eliminated ☐
Explain:			

Military Service ☐	Not Applicable ☐	From (M/Y)		To (M/Y)	

Dates of Employment		Name and Address of Employer	Telephone Number
From (M/Y)	To (M/Y)		
Full Time	Part Time	Title and/or Duties	Supervisor Name
			Co-Workers Names

Termination Status (Check one)			
Voluntary Resignation ☐	Resigned in Lieu of Termination ☐	Terminated ☐	Position Eliminated ☐
Explain:			

Military Service ☐	Not Applicable ☐	From (M/Y)		To (M/Y)	

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 ☐

In your own words, please state why you should be considered for employment with the Henrico County Sheriff's Office.