



City of Richmond, Virginia
Police Department

BACKGROUND QUESTIONNAIRE (PART I)

Position Applied For: _____

Full Name: _____

Present Address: _____
Street Address

City and State Zip Code

Telephone: _____
Home Business Cellular

Email Address: _____

When you report for your interview, you will need the following documents:

- Birth Certificate or Naturalization Certificate
- Marriage and/or Divorce Certificate
- College Degree or Transcript showing Graduation
- High School Diploma or G.E.D. Certificate
- DD-214 (If Veteran)
- Virginia or Current State Driver's License
- Social Security Card



THIS QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY

PERSONAL HISTORY

Legal Name at Birth:

All other names you have used, including nicknames: _____

Social Security Number:

City or County of Residence: _____

Date of Birth: _____ Place of Birth: _____
Current Age: _____

U.S. Citizen? Yes No If Naturalized, date of Naturalization: _____

Naturalization Number: _____

If Divorced or Separated, list all previous Spouses and Dates of Separation or Divorce:

Spouse's Name	Date of Divorce/Separation
_____	_____
_____	_____
_____	_____
_____	_____

Bilingual? Yes No

If YES, list additional languages:



DRIVING HISTORY

Have you ever received ANY traffic citations (excluding parking tickets) YES_____ NO_____
If YES, list ALL citations (whether convicted or not) for the past ten (10) years:

Date	Violation	Location/City	Issuing Agency	Guilty/Not Guilty, Prepaid Fine	Convicted of:



DRIVING HISTORY (CONTINUED)

Have you ever been involved in an automobile accident in which you were the driver?

Yes No

If YES, please explain (include any and ALL accidents, whether the police responded or not.)

Date	Accident Location	Report Taken Y/N	Police Agency	Details
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



DRIVING HISTORY (CONTINUED)

Have you ever been charged with Driving Under the Influence?

Yes No

Has your license to drive **EVER** been suspended or revoked by **ANY** state?
If YES, please explain

Yes No

State	Dates	Reason

List ALL driving schools you have attended:

Year	City, State	Completed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Give the below listed information on ALL operator's licenses that you have held:

Type	State of Issue	License Number	Dates



DRIVING HISTORY (CONTINUED)

List all instances when you were stopped and detained by a law enforcement officer and DID NOT receive a citation (i.e. speeding, warning, field sobriety test, etc.)

Approximate Date	Location	Police Agency	Details/Reason

List all motor vehicles that you CURRENTLY own:

Year	Make	Model	License Number	State	Insured
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No



CRIMINAL HISTORY

Have you ever been the victim or complainant in any crime or incident? Yes No

If YES, please explain:

Have you ever been charged with ANY criminal offense (whether misdemeanor or felony)?

Yes No

If YES, please list ANY criminal charges either as a juvenile or adult (whether sealed or dismissed):

Date	Charge	Location/City	Issuing Agency	Conviction	Disposition
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	



CRIMINAL HISTORY (CONTINUED)

Have you ever been required to furnish bail or bond for an appearance in ANY court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been pardoned for any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused of a crime but not arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been placed on parole or probation for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to appear before a juvenile court judge for an act which would have been a crime if committed by an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any action pending against you at this time? (i.e. criminal, traffic, civil)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked YES to any of the above, please explain in detail in the space below or on the reverse side of this page.

Lined area for providing details of criminal history.



CRIMINAL HISTORY (CONTINUED)

Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked Yes or NO.

Knowingly Written a Bad Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowingly Misused a Credit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stolen Money From Someone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tampered with Another Individual's Food or Beverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intentionally Damaged someone Else's Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Altered/Switched Price Tags	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vandalism/Tagging/Graffiti	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pedophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unauthorized Use of a Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft/Larceny	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Downloaded Child Pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoplifted Merchandise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape/Date rape/Sexual Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you checked YES to any of the above, please explain in the space below or on the reverse side of this page.



DRUG USAGE

Each drug must be checked Yes or NO.

Have you ever tried, used or experimented with:		Date First Used	Date Of Last Use	Total Times Used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Synthetic drug (salvia, Spice, K2, bath salts,)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hallucinogens/Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inhalants (i.e. whippets, nitrous oxide, huffing, sniffing?)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever used any prescription drug that was not specifically prescribed to you? Yes No
 If so, please explain including dates of first and last use, and number of times used:

Have you ever used any illegal drug not listed above? Yes No
 If so, please explain including dates of first and last use, and number of times used:

Would you submit to a polygraph? Yes No



EMPLOYMENT HISTORY

Begin with your **PRESENT** employment and work back. Please include **ALL** employments and all periods of unemployment:

to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held _____
Reason for Leaving _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held _____
Reason for Leaving _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held _____
Reason for Leaving _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held _____
Reason for Leaving _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor _____		

If additional space is needed, please use additional sheet.

Official document of the Richmond Police Department, NOT to be changed, altered or reprinted, except in its original context



EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		



EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		Did you give adequate notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		Did you give adequate notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		Did you give adequate notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____		
to		
Employment Dates _____	Name of Employer _____	Telephone # _____
Complete Address Including Zip Code _____		Position Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		Did you give adequate notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____		

If additional space is needed, please use additional sheet.



EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving		<input type="checkbox"/> Yes <input type="checkbox"/> No Did you give adequate notice?
Supervisor		

If additional space is needed, please use additional sheet.



EMPLOYMENT HISTORY (CONTINUED)

If you checked NO to “Did you provide adequate notice” to any of the above, please explain in the space below or on the reverse side of this page.

Were you ever fired, laid off, or asked to resign from a job? Yes No

Have you ever resigned (quit) while anticipating that your employer intended to discharge (terminate) you for any reason? Yes No

Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct? Yes No

Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No

Have you ever walked off (left) a job without giving proper notice? Yes No

Have you ever been the subject of a citizen, client or co-worker complaint? Yes No

If you checked YES to any of the above, please explain in the space below or on the reverse side of this page.



EMPLOYMENT HISTORY (CONTINUED)

Have you ever been disciplined or warned (either verbally or in writing) while working in any position?

Yes No



MILITARY HISTORY

Have you ever been a member of the Armed Forces, U.S. or Foreign? Yes No

If yes, please list below:

Branch of Service:	_____
Dates of Service:	_____ to _____
Service Number:	_____ Rank at Discharge: _____
Type of Discharge:	_____
Reason for Discharge:	_____

Branch of Service:	_____
Dates of Service:	_____ to _____
Service Number:	_____ Rank at Discharge: _____
Type of Discharge:	_____
Reason for Discharge:	_____

Branch of Service:	_____
Dates of Service:	_____ to _____
Service Number:	_____ Rank at Discharge: _____
Type of Discharge:	_____
Reason for Discharge:	_____

Have you ever received a discharge which was less than Honorable? Yes No

If so please explain:



MILITARY HISTORY (CONTINUED)

List all **DATES** and **DUTY STATIONS**, including the City or County of the Duty Station

Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State

If you are a member of the National Guard or any Military reserve Unit, List the following;

UNIT	ADDRESS	DESCRIBE OBLIGATION
UNIT	ADDRESS	DESCRIBE OBLIGATION
UNIT	ADDRESS	DESCRIBE OBLIGATION



MISCELLANEOUS INFORMATION

Have you ever applied to another law enforcement agency? Yes No

If yes, list the approximate date, agency and disposition below:

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

Dates Agency Disposition

List any additional on the reverse side of this page.



MISCELLANEOUS INFORMATION (CONTINUED)

Have you ever attended a criminal justice academy? Yes No

If yes, explain below:

Have you ever applied for employment with the City of Richmond? Yes No

If yes, list date, department and disposition below:

Dates	Department	Disposition
-------	------------	-------------

Dates	Department	Disposition
-------	------------	-------------

FINANCIAL INFORMATION

List your current indebtedness, including obligations for which you have co-signed:

NAME	COMPLETE ADDRESS	ACCOUNT #	AMOUNT



RESIDENTIAL HISTORY

Beginning with your PRESENT address, list all previous places of residence. Include dates, address and City/County and State:

FROM (MO/YR)	TO (MO/YR)	ADDRESS, CITY & STATE



EDUCATIONAL HISTORY

List all high schools and colleges/universities that you have attended:

DATES (Start/End)	NAME OF SCHOOL	COMPLETE ADDRESS	DEGREE Or DIPLOMA

List any additional skills, certifications, trainings below:



FAMILY AND HOUSEHOLD

	NAME	RACE	ADDRESS (INCLUDING ZIP CODE)	DATE OF BIRTH	DATE OF DEATH
Father					
Mother					
Spouse/ Fiancé					
Brothers /Sisters					

List all persons currently living with you not listed above.

NAME	RACE	SEX	DATE OF BIRTH

Police Applicants ONLY:

<i>Spouse Employer:</i> _____	<i>Telephone:</i> _____
<i>Address:</i> _____	



PERSONAL REFERENCES

List five (5) personal references. Do not include relatives or employers:

Name:
Address:
City State Zip Code
Telephone #:
Email:

Name:
Address:
City State Zip Code
Telephone #:
Email:

Name:
Address:
City State Zip Code
Telephone #:
Email:

Name:
Address:
City State Zip Code
Telephone #:
Email:

Name:
Address:
City State Zip Code
Telephone #:
Email:



AFFIDAVIT

I hereby certify that all statements contained in this questionnaire are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein.

I authorize the Richmond Police Department and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness and qualifications for the position(s) I am seeking.

I also understand that my omission or misstatement of material facts may be grounds for rejection of my application or for dismissal from City employment.

Date

Applicant's Signature

NOTORIZATION

Commonwealth/State of _____

City/County of _____

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

Notary Public

My commission expires _____, 20 _____



CITY OF RICHMOND
 POLICE DEPARTMENT
 PERSONNEL & RECRUITMENT UNIT
 200 W. GRACE STREET
 RICHMOND, VIRGINIA 23220
 (804) 646-6733

CONSUMER REPORT AUTHORIZATION

“This shall authorize the procurement of a consumer report by the Richmond Police Department as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Richmond Police Department to procure consumer reports at any time during my employment period.”

_____ Date

_____ Applicant’s Signature

_____ Date

_____ Witness

NOTARIZATION

COUNTY/CITY OF _____
 COMMONWEALTH/STATE OF _____
 CERTIFIED THIS _____ DAY OF _____,

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



CITY OF RICHMOND
 POLICE DEPARTMENT
 PERSONNEL & RECRUITMENT UNIT
 200 W. GRACE STREET
 RICHMOND, VIRGINIA 23220
 (804) 646-6733

AUTHORITY FOR RELEASE OF INFORMATION

Applicant's Name:	
Position:	

I respectfully request and authorize you to furnish the City of Richmond Police Department, ANY and ALL information that you have concerning my employment record, educational record, military record, reputation, character, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and Photostats or copies of same. This information is to be used to assist the Richmond Police Department in determining my qualification and fitness for the position I am seeking. A reproduction of this release form will be valid as an original hereof and shall expire twelve (12) months from the date of this acknowledgement.

I hereby release you, your organization or others from any and all liability or damage, which may result from furnishing the information requested. I further understand that the sources of information, as well as the information itself cannot be revealed to me.

Applicant's Signature	Date
Address	Date of Birth
City, State, Zip Code	Social Security #

Witnessed By

Investigator Richmond Police Department Personnel & Recruitment Division (804) 646-6733	County/City of <u>Richmond</u> Commonwealth/State of <u>Virginia</u> Certified this ____ day of _____, ____ Notary Public _____ My commission expires: Notary Registration:
--	--