



City of Richmond, Virginia Police Department

BACKGROUND QUESTIONNAIRE (PART I)

Position Applied For	r:		
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 QUESTIONAIRE MUST BE FILLED OUT COMPLETELY

PERSONAL HISTORY

Legal Name at	Birth:	
All other name	s you have used, including nick	names:
Social Security	Number:	
City or County	of Residence:	
Date of Birth: Current Age:		Place of Birth:
U.S. Citizen?	Yes No If Na	aturalized, date of Naturalization:
Naturalization 1	Number:	
If Divorced or	Separated, list all previous Spou	ses and Dates of Separation or Divorce:
	Spouse's Name	Date of Divorce/Separation
	Spouse's Name	Date of Divorce/Separation
	Spouse's Name	Date of Divorce/Separation
	Spouse's Name	Date of Divorce/Separation
Bilingual?	Yes No	
If YES, list add	itional 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
		Yes 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? Yes No **If YES, please explain**

Dates	Reason
	Dates

List ALL driving schools you have attended:

Year	City, State	Completed
		🗌 Yes 🗌 No
		Yes No
		Yes No

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

Туре	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
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No





CRIMINAL HISTORY

H	Have you ever been the victim or complainant in any crime or incident? Yes No If YES, please explain:							
- 	ve you ever been charged v		l offense (w)					
11a	ve you ever been charged v	Yes [lettler mist	lemeanor or reiony):			
	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			
				☐ Yes ☐ No				

		Yes No	
		Yes No	
		☐ Yes ☐ No	





Have you ever been required to furnish bail or bond for an appearance in			
ANY court of law?	Yes No		
Have you ever been pardoned for any crime?	Yes No		
Have you ever been accused of a crime but not arrested?	Yes No		
Have you ever been placed on parole or probation for any reason?	Yes 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?	Yes No		
Is there any action pending against you at this time? (i.e. criminal, traffic, civil)	Yes 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.







Have the police ever responded to investigate an incident in which you've been involved? Yes No If YES, please explain:

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.

Elder/Adult Abuse	Yes No
False Alarm/Fire/Bomb Threats	Yes No
Harassment or Threats (In person, via public airways, verbal, or in writing)	Yes No
Stalking	Yes No
Hunting or Fishing Violations	Yes No
Indecent Exposure/Mooning	Yes No
Peeping Tom/Voyeurism	Yes No
Robbery	Yes No
Impersonating a Police Officer	Yes No
Auto Theft	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.





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



A CONTRACT OF CONTRACT.

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.

Have you ever placed a wager/bet by telephone, internet or made a hand-to-hand	
transaction with a book maker (bookie or numbers man) on the results of a	
professional or collegiate sports event, other than a legitimate lottery, or other	
legalized gambling event?	Yes No
Do you currently have any outstanding gambling debts?	Yes No
Have you ever borrowed money to gamble?	Yes No
Have you ever used an employer's money to gamble?	Yes No
Have you ever stolen money with which to gamble?	Yes No
Stolen anything from your employer?	Yes No
Have you ever been involved in any college, fraternity hazing/initiation	
incident/ritual/program?	Yes No
Have you ever been involved in arson, a reckless burning/fire	
or similar conduct?	Yes No
Have you ever been bonded or refused bond upon application?	Yes No
Have you ever knowingly filed a false/fraudulent insurance claim with any	
insurance company regarding a traffic accident, theft, or other monetary loss?	Yes No
Have you ever participated in "street racing", "quick start racing", or racing	
another vehicle on a public highway?	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.



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.

Have you ever, for any reason, eluded a law enforcement official?	Yes No
Have you ever purchased alcohol for someone less than 21 years of age?	🗌 Yes 🗌 No
Have you ever participated in underage drinking?	🗌 Yes 🗌 No
Have you ever consumed alcohol at work?	🗌 Yes 🗌 No
Have you ever been under the influence of alcohol at work?	🗌 Yes 🗌 No
Have you ever been disciplined as a result of consuming alcohol?	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.

Do you or any member of your family belong to any organization with an anti-government agenda?	🗌 Yes 🗌 No
Have you ever been an officer or member or made a contribution to an organization dedicated to the violent overthrow of the United States Government?	Yes No
Have you ever been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)?	Yes No
Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)?	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.







Have you ever been denied a concealed weapon permit? Have you ever been involved in any physical confrontations? Have you ever intentionally injured anyone as a result of a fight? Have you ever used a weapon of any kind during a fight or altercation?

Yes	No
Yes	No
Yes	No
Yes	No

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.

Lied or committed perjury in court or other proceeding?	Yes No
Lied to anyone in authority or made a false police report?	Yes No
Entered any building, business, dwelling, or house without permission?	Yes No
Ever received or paid money for any sex act?	Yes No
Left a restaurant or food establishment without paying for services?	Yes No
Helped anyone steal anything?	Yes No
Knowingly received stolen property (regardless of values)?	Yes No
Falsified or lied on an employment application?	Yes No
Provided a discount at your place of employment without permission?	Yes No
Used false, fraudulent, or borrowed identification of any kind for any purpose?	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.





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.

Given anything to anyone that was not yours to give away?	Yes No
Been accused or arrested for domestic violence or spousal abuse?	Yes No
Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?	Yes No
Allowed your vehicle to be used in the commission of a crime?	Yes No
Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)?	Yes No
Been present at, witness to, or involved in any kind of murder, killing, manslaughter or other unnatural death of a human being?	Yes No
Have you ever committed an undetected illegal act(s) (even as a juvenile) not previously listed?	Yes No
Have you ever been questioned by the police as a suspect or witness as part of a criminal investigation or traffic investigation not previously listed?	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.





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	Yes	🗌 No			
Cocaine	Yes	No			
Crack	Yes	No			
Hashish	Yes	No			
LSD	Yes	No			
Heroin	Yes	No			
PCP	Yes	No			
Ecstasy	Yes	No			
Steroids	Yes	No			
Synthetic drug (salvia, Spice, K2, bath salts,)	Yes	No			
Hallucinogens/Mushrooms	Yes	No			
Methamphetamines	Yes	No			
Tranquilizers	Yes	No			
Amphetamines	Yes	No			
Inhalants (i.e. whippets, nitrous oxide, huffing, sniffing?	Yes	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? 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 #
Employment Dates	Tunic	or Employer	relephone #
			<u> </u>
Complete	Address Including Zip Code		Position Held
			Yes No
	Reason for Leaving		Did you give adequate notice?
	Supervisor		
	×		
to			
Employment Dates	Name	of Employer	Telephone #
Complete	Address Including Zip Code		Position Held
			🗌 Yes 🗌 No
	Reason for Leaving		Did you give adequate notice?
	Reason for Leaving		Did you give adequate nonce?
	Supervisor		
to			
Employment Dates	Name	of Employer	Telephone #
Employment Dates	Tunic	or Employer	relephone #
Complete	Address Including Zip Code		Position Held
			Yes No
	Reason for Leaving		Did you give adequate notice?
	-		
	Supportione		
	Supervisor		
to			
Employment Dates	Name	of Employer	Telephone #
Complete	Address Including Zip Code		Position Held
Complete	radiess menung Esp code		r osition riciu
			Yes No
	Reason for Leaving		Did you give adequate notice?
	Supervisor		
	1		

If additional space is needed, please use additional sheet.





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

to		
Employment Dates	Name of Emp	ployer Telephone #
Complete Addus	a haluding <i>'lin C</i> ada	Desition Hold
Complete Addres	ss Including Zip Code	Position Held
		🗌 Yes 🗌 No
	Reason for Leaving	Did you give adequate notice?
	C	
	Supervisor	
to		
Employment Dates	Name of Emp	ployer Telephone #
	-	
Complete Addres	ss Including Zip Code	Position Held
		Yes No
	Reason for Leaving	Test
) 8 1
	Supervisor	
to		
Employment Dates	Name of Emp	ployer Telephone #
Employment Dates	Name of Emp	
Complete Addres	ss Including Zip Code	Position Held
		Yes No
	Reason for Leaving	Did you give adequate notice?
	Supervisor	
to		
Employment Dates	Name of Emp	ployer Telephone #
Complete Addres	ss Including Zip Code	Position Held
		Yes No
	Reason for Leaving	Did you give adequate notice?
	Cuparting	
	Supervisor	





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

to		
	Name of Employer	Talanhona #
Employment Dates	Name of Employer	Telephone #
Complete Address	Including Zip Code	Position Held
	including hip code	
		🗌 Yes 🗌 No
ŀ	Reason for Leaving	Did you give adequate notice?
	-	
	Supervisor	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address	Including Zip Code	Position Held
		Yes No
I	Reason for Leaving	Did you give adequate notice?
	Supervisor	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address	Including Zip Code	Position Held
		Yes No
I	Reason for Leaving	Did you give adequate notice?
	Supervisor	
to		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address	Including Zip Code	Position Held
		🗌 Yes 🗌 No
	Person for Leaving	
	Reason for Leaving	Did you give adequate notice?
	Supervisor	
	Supervisor	

If additional space is needed, please use additional sheet.





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

to to		
to	N 1	11-1
Employment Dates	Name of Employer	Telephone #
Complete A	ddress Including Zip Code	Position Held
		Yes No
	Deserve Factore and the second s	
	Reason for Leaving	Did you give adequate notice?
	for a serie of the	
	Supervisor	
to		
Employment Dates	Name of Employer	Telephone #
Complete A	ddress Including Zip Code	Position Held
		Yes No
	Reason for Leaving	Did you give adequate notice?
	Supervisor	
4.0		
to		
Employment Dates	Name of Employer	Telephone #
Complete A	ddress Including Zip Code	Position Held
		Yes No
	Reason for Leaving	Did you give adequate notice?
	Reason for Leaving	
	Reason for Leaving Supervisor	
to	Supervisor	Did you give adequate notice?
to Employment Dates		
	Supervisor	Did you give adequate notice?
Employment Dates	Supervisor Name of Employer	Did you give adequate notice?
Employment Dates	Supervisor	Did you give adequate notice?
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held Yes No
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held Yes No
Employment Dates	Supervisor Name of Employer	Did you give adequate notice? Telephone # Position Held Yes No

If additional space is needed, please use additional sheet.

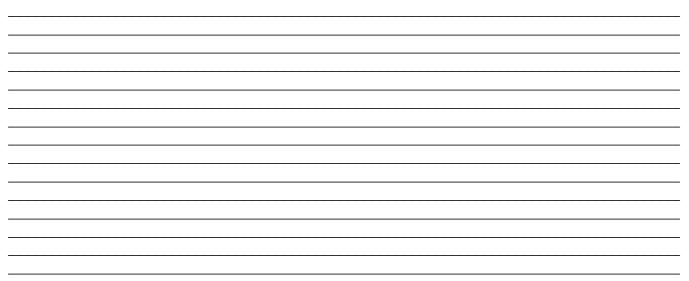




If you checked NO to "Did you provide adequate notice" to any of the above, please explain in the space below or on the reverse side of this page.

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.







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?			
If yes, please list below	v:		
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?			





MILITARY HISTORY (CONTINUED)

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

Datas	Duty Station	City/County, State
Dates	Duty Station	City/County, state
Dates	Duty Station	City/County, State
	2	
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Deter	Desta Ota Care	City/Original State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
If you are a m	ombor of the National Cuard or a	w Military resorve Unit. List the following.
II you are a m	ember of the National Guard of al	ny Military reserve Unit, List the following;
UNIT	ADDRESS	DESCRIBE OBLIGATION
UNIT	ADDRESS	DESCRIBE OBLIGATION
0.011		DESCRIPT OPPORTION
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	
		L.	
Dates	Agency	Disposition	
Dates	Agency	Disposition	
Deter	A	Dianasitian	
Dates	Agency	Disposition	
Dates	Agency	Disposition	
Dates	Agency	Disposition	
Dates	Agency	Disposition	
Dates	Agency	Disposition	
2		2.000000	
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 crim	ninal justice academy? 🗌 Yes 🗌 N	lo	
If yes, explain below:			
Have you ever applied for em	ployment with the City of Richmond?	Yes No	
If yes, list date, department and disposition below:			
	-	- B	
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:

Spouse Employer:	
Address:	Telephone:





PERSONAL REFERENCES

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

Name:		
Address:		
City	State	Zip Code
Telephone #:		
Email:		
N.		
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		
2		
Investigator	County/City of Richmond	
Richmond Police Department	Commonwealth/State of Virginia	
Personnel & Recruitment Division	Certified thisday of,	
(804) 646-6733	Notary Public	
	My commission expires:	
	Notary Registration:	