SMITHFIELD POLICE DEPARTMENT

310 INSTITUTE STREET, P.O. BOX 246 • SMITHFIELD, VA 23431
(757) 357-3247 • FAX (757) 357-6551

Mark A. Marshall
Chief of Police

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BACKGROUND INVESTIGATION FORM

This application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, use page 14 of this application and refer to the questions answered.

Position Desired_____Date_____

PERSONAL INFORMATION

Name_____Phone#_____
(First) (Middle) (Last)

Other names used (nicknames, aliases, maiden name, former names changed legally or otherwise)_____

Present address_____

City_____State_____Zip_____

Race_____ Sex_____ Height_____ Weight_____ Hair_____ Eyes_____

Date of Birth_____Place of Birth_____

Social Security#_____

Drivers Lic. #_____ State_____Expires_____

List all previous licenses held (# and state)_____

_____

Selective Service Number_____Draft Status_____

MILITARY SERVICE

Have you ever been a member of the armed forces, US or foreign?_____

Branch of Service_____Service #_____

Date of Entry_____Date of Discharge_____

Type of Discharge_____Place of Discharge_____

Rank upon Entry_____Rank upon Discharge_____

Reserve Obligation: Active_____ Inactive_____ Until_____

Military Citations and Awards Received_____

_____

List any Disciplinary Actions or Military Courts Received:

Date	Command	Location	Nature of Charge	Disposition

FAMILY DATA

Present Marital Status: Single___Married___Widowed___Separated___Divorced___

If Married, Widowed or Divorced-List Present or Former Spouse Information:

Name_____Soc. Sec. #_____
(First) (Middle) (Last)

Address_____

City_____State_____Zip_____

Date of Birth_____Place of Birth_____

Date of Marriage_____Place of Marriage_____

Place of Employment_____

Business Address_____

Occupation_____Business Phone_____

If divorced, give date, name and location of court granting the decree:

Date_____Name of Court_____

Location of Court_____

List the names, ages and relationship of all persons living with you:

Name	Age	Relationship

Father's Name_____DOB_____

Address_____

Occupation_____

Mother's Name_____DOB_____

Address_____

Occupation_____

Father-n-Law's Name_____DOB_____

Address_____

Occupation_____

Mother-n-Law's Name_____DOB_____

Address_____

Occupation_____

List the names, ages, addresses and occupations of all brothers and sisters.

Name_____Age_____

Address_____

Occupation_____

Name_____Age_____

Address_____

Occupation_____

Name_____Age_____

Address_____

Occupation_____

Name_____Age_____

Address_____

Occupation_____

List your addresses for the past 15 years. If you have served in the Armed Forces, list your duty stations while in the military. Start with your present address and work back.

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

From/To_____Address_____

City_____State_____Zip_____

EMPLOYMENT

Start with your current employer and work back for the past ten years, include periods of unemployment.

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

From/To_____Name of Employer_____

Address_____

City_____State_____Zip_____

Supervisor_____Position Held_____Salary_____

Reason for Leaving_____

Have you ever received any disciplinary actions against you on any job?_____

If yes, explain in detail._____

_____

_____

_____

_____

If additional space is needed, use page 14.

LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense?_____

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act?_____

Have you ever been required to furnish bail or bond for appearance in any court of law?

_____

Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor?_____If yes, explain. Include date, jurisdiction and disposition._____

_____

_____

_____

_____

Have you ever tried, used or experimented with any of the following illegal drugs or substances:

Marijuana_____ Heroin_____ Speed_____

LSD_____ Cocaine/Crack_____ Hashish_____

Other_____

_____

_____

_____

_____

_____

_____

NOTE: The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. This depends upon the type and extent of the use of these substances. However, willful concealment of drug use will be grounds for rejection of your application or for dismissal from the Town of Smithfield of you have been employed.

FINANCIAL STATEMENT

Are you currently meeting your financial obligations?_____

Have you ever been contacted by a collection agency regarding any outstanding unpaid debt?_____

Have you ever been contacted for the collection of any debt contracted by you?_____

Have you ever been declared officially bankrupt?_____

Have you ever had any judgments against you or pending at this time?_____

If yes, give date, name of court and location. _____

_____

_____

_____

List your current indebtedness.

Amount Owed	Monthly Payment	To Whom Owed (Company)	For What (Items Purchased)

MISCELLANEOUS INFORMATION

Have you previously served as a law enforcement officer?_____

If yes, state in what capacity, where, when and why you left?_____

_____

_____

_____

Have you ever applied for employment with any Fire, Rescue or Law Enforcement agency or department?_____

If yes, give date, agency, location and status of application.

Date	Agency	Location	Status of Application

Do you have any relatives, friends or acquaintances employed by any Law Enforcement, Fire or Rescue agency or department?_____

If so, give their name, agency location and position.

Name	Agency	Location	Position

EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, name of institution, location and course of instruction. If you graduated, type of degree or diploma.

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

Do you have any special training or hold any special license or permit?_____

If yes, please list_____

_____

_____

REFERENCES

List the name, address and phone number of three (3) personal references not related to you and who have known you for at least four years.

Name_____Phone #_____

Address_____

City_____State_____Zip_____

Name_____Phone #_____

Address_____

City_____State_____Zip_____

Name_____Phone #_____

Address_____

City_____State_____Zip_____

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past._____

_____

_____

_____

_____

_____

ADDITIONAL INFORMATION SHEET IF NEEDED

Please note the question you are adding additional information for.

BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS IT RELATES TO THE QUESTIONS ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.

_____ _____

(Signature of Applicant) (Date)

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

_____ _____

(Witnessed By) (Date)