

Smithfield Police Department
913 South Church St.
Smithfield, Va. 23430
757-357-3247

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-in-Law's Name _____ DOB _____

Address _____

Occupation _____

Mother-in-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 if 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. _____

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)