

Name: _____

Last,

First

Middle Name



**Pittsylvania County Sheriff's Office
Personal History Questionnaire
And
Appointment Application**



INSTRUCTIONS TO APPLICANT:

The information you provide in this Personal History Questionnaire and Appointment Application 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 forms completely and accurately. Keep in mind:

All statements are subject to verification.

Applications received unsigned or incomplete will not be considered.

All time periods in your background must be accounted for.

You are responsible for updating this Personal History Questionnaire and Appointment Application in the event changes occur during the process (e.g. change of address and/or telephone number, traffic violations, citations, arrest, change in employment status, etc.) Notification of such changes must be submitted in writing to the Sheriff's Professional Standards and Internal Affairs Captain.

If you have any questions regarding any section or part of this form, do not hesitate to contact this office for clarification (434) 432-7800. Additionally, any questions regarding the application process should be directed to the Professional Standards and Internal Affairs Captain at (434) 432-7795.

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 its 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 assessment will then be made of the relevance of these facts to the requirements of the job.

PLEASE PRINT IN INK OR TYPE your responses to this form. 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, attach your information on a separate sheet. Be sure to refer to the question by number. ***The following documents must be submitted with your application (copies accepted): college transcripts (student copies accepted), birth certificate, social security card, DD-214 and last (3) three military evaluations (if applicable), DCJS certificate for Virginia State Certified Deputy / Law Enforcement Officer and last (3) evaluations (if applicable), drivers license, high school diploma or GED and any related training certifications. In addition, a full credit report (not a summary report) is required to be submitted with application. If you mail in your application copies of the above documents must be included or you may bring in your application with copies of these above documents. The above documents must accompany this completed application in order to be considered for an appointment.***

AS AN ELECTED CONSTITUTIONAL OFFICER, EMPLOYEES WORK AT THE WILL OF THE SHERIFF. WORKING AT THE WILL OF THE SHERIFF AND EMPLOYMENT WITH THE PITTSYLVANIA COUNTY SHERIFF'S OFFICE DOES NOT CREATE A BINDING OR CONTRACTUAL CLAIM. AS AN APPOINTEE OF THE SHERIFF YOU WILL FOLLOW THE SHERIFF'S OFFICE PERSONNEL PLAN.

APPLICANT SIGNATURE: _____ DATE: _____

The Pittsylvania County Sheriff's Office Provides Equal Opportunity

#1 GENERAL INFORMATION

Full Legal Name: _____
Last, First and middle name

Address _____
Street Apt. # City State Zip Code

Home Phone (____) _____ Work Phone (____) _____
 Cell Phone (____) _____ E Mail Address: _____

Position Applied For: Deputy Sheriff – Law Enforcement Are you 21 or older Yes ____ No ____
 (Circle One) Deputy Sheriff- Corrections
 Civilian Support Staff (_____)

#2 DRIVING RECORD INFORMATION

| State(s) Where Licensed to Drive | License Number | Expiration Date | Restrictions (if any) |
|----------------------------------|----------------|-----------------|-----------------------|
| | | | |
| | | | |

#3 How many traffic summons, citations, or tickets have you received since you have been driving (even if not convicted)? _____.

Give a chronological listing starting with the most recent offense and indicate the following: (Use continuation sheet if you need additional space.)

| Date | City & State | Charge(s) | Disposition |
|------|--------------|-----------|-------------|
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How many traffic accidents, where you were the driver, have you been involved in since you have been driving? _____. Has your license or privilege to drive ever been suspended or revoked? Yes ___ No ___ If " Yes", give the following information city & state, license number, expiration date, and reason for suspension.

| City & State | License Number | Expiration of Suspension | Reason for Suspension |
|--------------|----------------|--------------------------|-----------------------|
| | | | |
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Have you ever volunteered to attend a driver improvement course? Yes ___ No ___
 If yes, were any points removed from your driving record upon completion of the course? Yes ___ No ___

If yes, how many? _____ Date of Course: _____ City/State: _____

Has your automobile insurance ever been canceled? Yes ___ No ___

#4 ARREST RECORD INFORMATION

If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor citation, (exclude traffic citations), or convicted of any crime, please give the following information. This includes any summons or related paperwork to appear in court, issued by any law enforcement officer or court. If you have ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves, please complete the following information.

| Date | City & State | Charge(s) | Disposition | Branch of Service (If Applicable) |
|------|--------------|-----------|-------------|--------------------------------------|
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Use this area if additional space is required to explain the above information:

As an adult, have you ever been placed on probation by any court? Yes ___ No ___ If "Yes," please give details to include when, where and why.

Please list any other crimes you have committed, **REGARDLESS** of whether you were stopped, arrested, and/or convicted. Include nature of the crime, when, where, how and why.

Are you now or have you ever been involved as a defendant in any civil court action? Yes ___ No ___ If "Yes," please give details to include when, where, name of court and circumstances.

#5 MISCELLANEOUS BACKGROUND INFORMATION

If appointed, can you provide proof of authorization to work in the United States? Yes ___ No ___
 (Deputy Sheriff applicants must be a U.S. Citizen at time of appointment; other employees must have a legal right to work in the U.S.)

Have you ever applied, successfully or unsuccessfully, for employment with any law enforcement entity to include federal, state, or local public safety employers? Yes ___ No ___

If yes, List date, Agency, and check off the processes which you completed and whether you were disqualified or hired.

| Date | Agency | Written Test | Physical Agility | Oral Interview | Background | Polygraph | Psych. | Physical | Hired | Disqualified |
|------|--------|--------------|------------------|----------------|------------|-----------|--------|----------|-------|--------------|
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Have you ever been fired or asked to resign from any place of employment? Yes ___ No ___ If "Yes," please give details to include when, name of employer and why.

Have you ever possessed, experimented, or in any way introduced into your body by any means:

| Drug Type | No | Yes | Date First Used | Frequency | Date Last Used | Explanation |
|---------------------------------------------|----|-----|-----------------|-----------|----------------|-------------|
| Marijuana | | | | | | |
| Hashish, Hashish Oil | | | | | | |
| Cocaine | | | | | | |
| Crack, Rock, Ice | | | | | | |
| Barbiturates, Hypnotics, or "Downers" | | | | | | |
| Amphetamines | | | | | | |
| Methamphetamine (speed, crank) | | | | | | |
| LSD or other Hallucinogens | | | | | | |
| PCP (Angel Dust, Sherm) | | | | | | |
| Heroin or other Opiates | | | | | | |
| Steroids | | | | | | |
| Pharmaceutical drugs not prescribed for you | | | | | | |

No Yes

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? | | |
| Have you introduced into your body a substance, which you thought, was an illegal drug and then found out that it was not? | | |
| Have you ever injected an illegal drug into your body? | | |
| Have you ever sold any illegal drug? | | |
| Have you ever purchased any drug, narcotic or controlled substance other than a doctor's prescription? | | |
| Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance? | | |
| Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance? | | |
| Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction? | | |
| Have you ever told anyone where to purchase illegal drugs? | | |
| Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance? | | |
| Have you ever had illegal drugs in your possession while at work? | | |
| Have you ever bought or sold any illegal drug at work? | | |
| Are any illegal drugs presently in your home or car? | | |

MISCELLANEOUS BACKGROUND INFORMATION (CONTINUED)

Financial

All applicants must submit a current (within 30 days) full Credit Report. Do not submit a summary report. Visit the following Federal Government Web site for more information regarding credit reports if needed.

<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre34.shtm>

Have you ever filed for or declared bankruptcy? If "Yes," please give details to include when, where, and why.

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?

Yes ___ No ___ If "Yes," please give details to include when, firms involved and circumstances.

Within the last seven (7) years, have you ever had purchased goods repossessed? Yes ___ No ___ If "Yes," please give details to include when, where and why.

Have you ever been delinquent on child support, income tax, or other tax payments? Yes ___ No ___ If "Yes," please give details to include when, where, and why.

General Information

Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States by unconstitutional means? Yes ___ No ___ If "Yes," identify the organization and explain fully.

Have you ever applied for a permit to carry a concealed firearm or other weapon? Yes ___ No ___

Was the permit granted? _____ Date issued _____

Name of Court and Locality _____

Purpose of permit

Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned? Yes ___
No ___

If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? Yes ___ No ___ Not Applicable (Civilian Support Staff) ___

Do you have anything in your background that may disqualify you from becoming a Deputy Sheriff in the State of Virginia? Yes ___ No ___ If "Yes," please explain. Not Applicable (Civilian Support Staff) ___

#6 PERSONAL INFORMATION-RELATIVES, REFERENCES, ACQUAINTANCES

| | | | |
|-------------------------------------------------------------------------------|------|-------------|------------------------|
| Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ | | | No. of Dependents: ___ |
| Full Name of your: | Age: | Occupation: | Phone Number: |
| Father: | | | |
| Complete Address: | | | |
| Mother: | | | |
| Complete Address: | | | |
| Father-in-law: | | | |
| Complete Address: | | | |
| Mother-in-law: | | | |
| Complete Address: | | | |
| Spouse: | | | |
| Complete Address: | | | |
| Former Spouse(s): | | | |
| Complete Address: | | | |
| Brother(s): | | | |
| Complete Address: | | | |
| Sister(s): | | | |
| Complete Address: | | | |
| Children: | | | |
| Complete Address: | | | |

If additional space is needed use separate sheet of paper.

List any friends or relatives working for the Pittsylvania County Sheriff's Office:

List 4-5 individuals who have knowledge of you and your qualifications. Do not list family members or employers.

| Name /Relationship | Complete Address | Phone Number |
|--------------------|------------------|--------------|
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#7 List your addresses for the past 5 years and length of time at each address (Include landlord and landlord phone number if applicable -give installation for military address).

| Street Address | City | State | Zip Code | Reason For Leaving | Landlord Name/Phone |
|----------------|------|-------|----------|--------------------|---------------------|
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List individuals with whom you have resided within the past 5 years. Do not list information prior to your 16th birthday. **Exclude family members.**

| Name | Address | Telephone Number |
|------|---------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

#8 EDUCATION

Reminder: Copies of college transcripts are required at time of application (Student Copies Accepted)

| Circle Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 | | | | | | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------|----|-----------|-----|---------------|-------------|
| Name of University, College, or Technical School | Location (Include Street, City, State & Zip Code) | Attended | | Hrs Taken | | Degree Earned | Major/Minor |
| | | From | To | Smstr | Qtr | | |
| | | | | | | | |
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#9 WORK HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include self-employment, military service, volunteer work, summer work, internships (indicate whether or not college credit was given), and periods of unemployment. Use additional continuation sheets if necessary. Be sure to indicate whether employment was full-time or part-time. **DO NOT INDICATE, "SEE ATTACHED RESUME."** Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes____ No____ If no, explain

| | | |
|-----------------------------------------|------------------|-----------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for Leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

| | | |
|-----------------------------------------|------------------|-----------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

| | | |
|-----------------------------------------|------------------|-----------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

| | | |
|-----------------------------------------|------------------|--------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for Leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

| | | |
|-----------------------------------------|------------------|--------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

| | | |
|-----------------------------------------|------------------|--------------|
| Job Title: | Supervisor: | Phone #: () |
| Employer: | Address: | |
| Dates Employed (MO/YR) Begin: End: | Salary Begin: | End: |
| Reason for leaving: | | |
| Job Duties (Be Specific): | | |
| Name of co-workers: (1) | Phone #: () | |
| (2) | Phone #: () | |
| (3) | Phone #: () | |

