



ACCREDITED LAW ENFORCEMENT AGENCY

**COUNTY OF ALBEMARLE
POLICE DEPARTMENT**



PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Read carefully before proceeding

These instructions will assist you in properly completing your Person History Statement. It is essential that the information provided be accurate in all respects, as it will be used as a basis for a background investigation to determine your eligibility for employment.

1. This form must be executed in the *Applicant's Own Handwriting and Printed in Black Ink*.
2. If a question is not applicable to you, enter N/A in the space provided.
3. **AVOID ERRORS** by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
4. You are responsible for obtaining the correct addresses. If you are not sure of an address, check it by personal verification.
5. If additional space is needed for any items in this form please use a separate sheet of 8 ½ x 11 white paper. Each entry should be numbered to the corresponding Section and Question on this form.
6. An accurate and complete form will help expedite the background investigation.

A. APPLICANT INFORMATION: Information provided in this section is used for identification purposes only.

Name: Last, First, Middle

Height:(in inches)

Weight (in pounds):

Eye Color:

Hair Color:

Telephone Number:

Home:()

Work:()

Cellular: ()

Social Security Number:

Change of Name: (Court Order, Date, Place)

Reason:

Present Address: (Number, Street, City, Zip Code) (Physical location, No P. O. Boxes)

Date of Birth:

(Month, Day, Year)

Place of Birth:

(City, County, State, Country)

Place in which you grew up: (City, County,

State, Country)

B. NEXT OF KIN:

1. Name of nearest next of kin not living with you:

Relationship:

Address: (Number, Street, City, Zip Code - Physical location)

Telephone Number:

()

2. List members of your immediate family or other relatives residing in any foreign country, giving names, addresses, relationship, and occupation of each. (Do not include members serving in the Armed Forces).

Full Name	Complete Address	Relationship	Occupation

3. List the names of your brothers and sisters; giving the age and complete address of each. Include any step-brothers or step-sisters.

Name	Age	Address: (Number, Street, City, Zip Code - Physical location)	Occupation

4. What is your present marital status? Single Married Divorced Separated

Full name of spouse or former spouse. (Maiden name, if appropriate)

Complete Address (if not living together)

If divorced or separated, give the following details:

Name of Court, County, City, State

Were you the Plaintiff Defendant

Date of divorce or separation (Day, Month, Year)

If minor children or alimony involved, give judgment of Court in this respect.

5. Names and relationship of dependents:

Child's Name, Age, and Relationship	Child's mother's name	Does child live with you?

C. Education:

Name of Grade School (location)

Name of High School (complete address)

Highest Grade Completed

Did you Graduate? Yes No

Date of Graduation (If you did not graduate give reason(s) why.)

G.E.D.
 Yes No

Date Obtained:

State of Issuance:

Where you ever disciplined or commended? (If yes, give details.)

Yes No

List any athletic, scholastic, or other awards you received.

What extracurricular activities did you participate in?

Honors

Name of College or other schools attended (Complete Address)		
Major and Minor Courses of Study	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate or Degree:
If you did not graduate, give reason(s) and number of years to complete.		
Were you ever disciplined or commended? (If yes, give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any athletic, scholastic, or other awards you received.	What extracurricular activities did you participate in?	Honors

D. Special Qualifications and Skills:

1. List any special licenses you hold (such as pilots, radio operator, scuba, etc.) indicate license authority, original date of issue, and expiration.

2. List any special skills you may possess (foreign language, computer programming/skills, etc.)

E. WORK HISTORY: Below, give a statement in chronological order of all your experience, beginning with your first employment. Any periods of unemployment, military service, and part-time work should be included. (If additional space is required add an additional page)

1. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving:		
2. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving:		

3. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving		
4. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving		
5. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving		
6. From	To	Employer:
Address:		
Telephone Number ()	Job Title:	
Duties:		
Supervisor	Name of Co-worker	
Reason for Leaving		

7. Were you ever discharged or forced to resign from any job or position other than for medical reasons. (If yes, explain)

Yes No

F. Military Record:

Have you ever served in the U. S. Armed Forces?

Yes No

Date of Service		Branch of Service	Unit Designation
From	To	Current / Highest Rank Held	Type of Discharge (If other than honorable, explain.)

Were you ever disciplined while in the Military Service? (Include court-martial, captain's mast, company punishment, etc.) (If yes explain)

Yes No

G. Traffic Record

1. Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	State	Expiration Date
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2. Has your permit or privilege to drive ever been suspended or revoked? (If yes, give date, place, and reason.)
 Yes No

3. List all states where you have been issued a Drivers License (Include Drivers License Number)

4. List all driving citations you have received, excluding parking tickets.

Date	Charges	Police Agency, City, & State	Disposition of Case

5. List motor vehicle(s), crafts, trailers, etc. currently registered or titled in your name (Your name listed on the title / lien)

Make	Model	Year	License / Title Number	State	Year of Expiration

6. Are you presently on probation for any traffic offense? (If yes, explain)

Yes No

7. Have you ever been arrested for, convicted of, or pled guilty to any alcohol related traffic offense, or charges reduced in relation to any alcohol related traffic offense? (If yes, explain)

Yes No

8. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

H. Criminal History

1. Have you ever been arrested for, convicted of, or pled guilty to a felony? (If yes, list each arrest giving your age, date, time, alleged crime, police agency, city & state, court, and disposition)

Yes No

2. Have you ever been arrested for, convicted of, or pled guilty to a misdemeanor? (If yes, list each arrest giving your age, date, time, alleged crime, police agency, city & state, court, and disposition)

Yes No

3. Have you ever been arrested for, convicted of, or pled guilty, to domestic violence?

Yes No

4. Are you presently on probation for any criminal offense?

Yes No

5. Have you ever used, sold, or furnished any habit-forming or illegal drug in any form or any prescription drugs which were not your own? (If yes, explain)

Yes No

6. Do you use alcoholic beverages? (If yes to what extent)

Yes No

I. Financial:

1. Check and Savings Accounts (Enter "C" for checking or "S" for savings)

C / S	Name of Financial Institution	City and State	Account Number

2. Loans (Include those paid in full or defaulted on) (For Type enter Personal, Mortgage, Auto, Educational, Etc.)

Type	Name of Lender/Institution	City and State	Account Number	Original Balance	Monthly Payment	Present Balance

3. Credit Cards (Include Major Credit Cards, Department Stores, Gas Companies, Etc.)

Type	Name of Credit Company	City and State	Account Number	Original Balance	Monthly Payment	Present Balance

4. Have you ever been refused credit, including Credit Cards? (If yes, explain)
 Yes No

5. Are you now being or have you ever been sued? (If yes, give detail, date, place, court, amount of each judgment, and final disposition.)
 Yes No

6. Have you ever sued anyone? (If yes, give detail, date, place, court, amount of each judgment, and final disposition.)
 Yes No

7. Have you ever been adjudicated, bankrupt, or made assignment for benefit of creditor? (If so, give date, name, and location of court). <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge in Bankruptcy
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J. Residences: List your residences for the past ten years, including your present address. Provide the names and present address of two of your nearest neighbors in each case, or names of roommates, fellow lodgers, landlords, or realty companies.

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address:	Telephone Number ()
1.			
2.			()

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address	Telephone Number ()
1.			
2.			()

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address	Telephone Number ()
1.			
2.			()

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address	Telephone Number ()
1.			
2.			()

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address	Telephone Number ()
1.			
2.			()

From	To	Address: Number, Street, City, State, and Zip Code (If P.O. Box, also provide physical location)	
Neighbors Full Name		Address	Telephone Number ()
1.			
2.			()

K. References: List five persons that have known you at least three or more years. Do not include relatives, former employers, or others previously mentioned by you. (Give full names, addresses, and phone numbers).

1. Name	Street Address, City, State, and Zip Code			
Relationship	Home Phone	Business Phone	Business Address	Years Known
2. Name	Street Address, City, State, and Zip Code			
Relationship	Home Phone	Business Phone	Business Address	Years Known
3. Name	Street Address, City, State, and Zip Code			
Relationship	Home Phone	Business Phone	Business Address	Years Known
4. Name	Street Address, City, State, and Zip Code			
Relationship	Home Phone	Business Phone	Business Address	Years Known
5. Name	Street Address, City, State, and Zip Code			
Relationship	Home Phone	Business Phone	Business Address	Years Known

L. Citizenship:

1. If you are foreign born, give the following information.

Place of Naturalization (City, County, State)		Date of Naturalization (Month, Day, Year)
Court of Naturalization	Naturalization Certificate Number	
Name under which Naturalized (First, Middle, Last)		

2. Give the following information regarding the person through citizenship was derived.

Name and Relationship	Place of Naturalization (City, County, State)
Court of Naturalization	Date of Naturalization (Month, Day, Year)
Name under which Naturalized (First, Middle, Last)	Naturalization Certificate Number

M. Personal Declarations:

1. Are you a member of, or have you ever been a member of, or do you have any association with any organization, movement, or political party which advocates or lends support to the overthrow of our Constitutional form of Government in the United States of America? (If yes, name the organization and explain in detail).

Yes No

2. Are you a member or associated or ever been a member or associated with any group, gang, or organization that commits crimes to further their cause? (If yes, name the organization and explain in detail).

Yes No

3. Have you made application for employment with any other Law Enforcement or related agency?

Yes No

Name of Department / Agency	Date Applied	Accepted	Give reason for rejection or declining the appointment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. State in your own handwriting why you want to be employed by the Albemarle County Police Department and why hiring you would be an asset to this agency. This is to be written in the space provided between 25 and 100 words maximum. Please Print.

By affixing my signature to this document, I certify that the information provided is truthful and complete to the best of my knowledge. Falsification or purposefully excluding required information can be cause to terminate further processing.

SIGNATURE

DATE

