

SMITHFIELD POLICE DEPARTMENT

1613 South Church Street

Smithfield, VA. 23430

(757) 357-3247 / Fax (757) 357-6551

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 13 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 changes legally or otherwise)

Present Address _____

City _____ State _____ Zip _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Date of Birth _____ Place of Birth _____

Drivers Lic. # _____ State _____ Expires _____

List all previous drivers licenses held (# and state) _____

Selective Service Number _____ Draft Status _____

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 _____

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 13.

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 Fire, Rescue or Law Enforcement agency or department? _____

If yes, give 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 _____

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 in this document is true and accurate to the best of my knowledge and belief.

(Signature of Applicant)

(Date)