

The City of Buena Vista



Police Department

Applicant Personal History Statement

**Buena Vista Police Department
306 Park Avenue
Buena Vista, Virginia 24416
(540) 261-6174**

CITY OF BUENA VISTA POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

For Applicant:

NAME:	Last	First	Middle

**Applicant must complete all attached documents:
(I) Application, (II) Physical Fitness Waiver & (III) Authorization for Release of
Information**

I. APPLICATION

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement 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 questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions will remove you from further consideration for employment.**
- (3) **Failure to follow instructions or answer questions completely and accurately may remove you from further consideration for employment.**
- (4) **All** time periods in your background **must** be accounted for.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number change). Notification of such changes must be submitted in writing to the Buena Vista Police Department to the Attention of the Assistant Chief.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office at (540) 261-6174 for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

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

Please **TYPE** or clearly **PRINT** (in black or blue ink) your responses to this questionnaire. 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 a separate sheet of paper and refer to the section heading or number. **We strongly recommend** that you preview this form before writing on it. Some sections/pages may need to be photocopied prior to completion to ensure that you have enough space.

The Buena Vista Police Department reserves the right to conduct additional advertising attempts in order to attract prospects in the event a prospect is not chosen from the initial posting.

PERSONAL HISTORY STATEMENT

1) PERSONAL

NAME:		Last	First	Middle	
Other names (including nicknames) you have used or been known by			Social Security Number		
Address at which you can be contacted – DO NOT USE PO BOX					
Street					
City		State		Zip Code	
Phone Numbers:					
Home:		Hours:	Work:	Hours:	Cell #:
Height	Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)	
Marital Status – List marriage date if applicable			Place of birth		Date of birth
If divorced or separated, list all previous spouses and dates of separation or divorce					
Current Name		Current Address		Phone Number	Date of Separation or Divorce

2) SPOUSE, CHILDREN, AND DEPENDENTS

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name		Address	Age	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives).

Name	Phone #	Address of Residence	Dates (mm/yy)

3) REFERENCES AND FAMILY LISTINGS

In the spaces below, please list at least 3 people as references who have knowledge of you and your qualifications. **Exclude relatives in this section.** Please provide at least two phone numbers for each reference.

Name	Relation to You	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

In the spaces below, list the requested information on your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters, and step-siblings. Include their relationship to you and at least 2 phone numbers.

Name / Relationship	Address	Home / Work Phone #
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

4) EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post - Secondary schools include colleges and universities, graduate schools, and business and vocational schools or any formal education beyond high school level.)

Yes No

If "YES," please explain (include school, date, and circumstances).

4) EDUCATION

Please indicate below all the schools you have attended beginning with high school.

Name of School	Location of School (City & State)	Date Attended		Did you Graduate? Please List any Degree Obtained
		From	To	

If you do not possess a college degree, how many college semester credits have you successfully completed / earned ?

5) RESIDENCE

Please list all your residences since 16 years of age, include those while in college and the Armed Forces. Begin with your most current residence. **DO NOT USE PO BOXES.**

Address of Residence	City, State, & Zip Code	Dates	
		From	To

List any organizations, clubs, fraternities, sororities, civic groups, and social groups of which you are now, or have ever been a member of or associated with. Indicate any office or position held.

6) MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserves? YES NO

If "Yes", please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge or Current Status
		____/____ to ____/____	
		____/____ to ____/____	

Are you currently participating in any military reserve or National Guard program? YES NO

Did you receive any disciplinary actions while in the military? YES NO

If "Yes" please explain.

List your rank, Military Occupation and Specialty (MOS), and describe your duties:

List all duty stations, including Basic Training and other schools:

Military Installation	City / State	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan ? YES NO
 If "Yes", please give details (include when, where, why). Include a copy of all court related papers.

Have any of your bills ever been turned over to a collection agency ? YES NO
 If "Yes", please give details (include when , firms involved, circumstances).

Have you ever had purchased goods repossessed (taken back)? YES NO
 If " Yes", please give details (include when, firms involved, circumstances).

Have you ever been delinquent on child support payments? YES NO
 If "Yes", please give details (include when, where, why).

8) LEGAL

Have you ever been charged with a violation of law, arrested, or issued a defendants summons for any offense (excluding traffic citations)? Yes No If "Yes", please list the following information below. (Include charges that were dismissed, dropped, or not prosecuted.)

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

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			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Have you ever committed an illegal act or done anything that would have been considered unlawful if caught? YES NO If "Yes", please give details (include when, where, and why).

Have you ever been charged or convicted of a domestic assault type offense? YES NO

Are you now or have you ever been a member of any organization, group of individuals, movement, or association that:

- advocates denying other individuals their equal civil rights or liberties? NO YES
- advocates the overthrow of our constitutional form of government by force or violence? NO YES
- has conducted or been involved in any illegal activity? NO YES

If yes, please list the organization and details below.

9) MOTOR VEHICLE OPERATION

Drivers license no.	Name under which license was granted	Exp. Date	State
Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Have you ever been refused a driver's license by any state? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please give details (include when, where, why).			

Has your license ever been suspended or revoked by Virginia or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please give details (include what, when, where, why).
Have you ever been charged or convicted of a DUI related offense? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", please give details (include when, where, why).

10) GENERAL INFORMATION

Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are successful in gaining an appointment to this Department, do you expect to engage in any other gainful occupation? If "Yes", explain. Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently using any illegal drugs? If "Yes", explain. Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever used, purchased, transported, sold, manufactured or stored any illegal drugs? If Yes Explain
 Yes No

Do you have any social media accounts? If "Yes", provide screen name and Password. Yes No

Have you ever applied for a permit to carry a concealed weapon? Yes No

If "Yes", please provide the following information:

Permit granted?	Type Weapon	Date	Law Enforcement Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Purpose:

Have you ever applied for employment with another law enforcement agency? Yes No

If "Yes", please provide the following information:

Agency Name (City & State)	Position	Date	Disposition / Status

Have you ever applied for employment with this Department? Yes No If "Yes", list below:

Position	Date	Disposition

Are you acquainted with any members of this Department? Yes No If "Yes", please list.

Have you ever participated in an internship program with a Law Enforcement Agency? Yes No

College/University Affiliation	Law Enforcement Agency	Dates of Participation

11) EMPLOYMENT

Beginning with your most current employment, please list in descending order all jobs (including part-time, temporary, and voluntary positions) you have held. (For the purposes of this employment history report, voluntary work should be included as employment.) Please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment	Name and address of employer	Telephone number
<p>From To</p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

Dates of Employment	Name and address of employer	Telephone number
<p>From To</p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

11) EMPLOYMENT

Dates of Employment	Name and address of employer	Telephone number
From To Mo. Yr. Mo. Yr. _____ / _____ _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

Dates of Employment	Name and address of employer	Telephone number
From To Mo. Yr. Mo. Yr. _____ / _____ _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

11) EMPLOYMENT

Dates of Employment	Name and address of employer	Telephone number
<p>From To</p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

Dates of Employment	Name and address of employer	Telephone number
<p>From To</p> <p>Mo. Yr. Mo. Yr.</p> <p>____/____ ____/____</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><u>Title or duties</u></p> <p>_____</p> <p>_____</p>	<p>_____</p> <p><u>Name of supervisor:</u></p> <p>_____</p> <p><u>Names of co-workers:</u></p> <p>_____</p> <p>_____</p>
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.
	/ /

Please list all employment. If additional pages are needed, duplicate this page and attach in chronological order.

11) EMPLOYMENT

Would any problems result if your present employer were contacted during the course of the background investigation? Yes No If "Yes", explain why.

When should such contact be made? _____

If you have had no prior employment, please explain.

Have you ever been disciplined, suspended, or otherwise received punitive actions at a current or former place of employment? If yes, please explain. Yes No

Have you ever been fired, asked to resign, or resigned because you believed you would be fired from a job? If yes, please give details (include when, where, why & circumstances). Yes No

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the City of Buena Vista Police Department. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the City of Buena Vista Police Department and will not be returned regardless if I am offered employment. I understand that any offer of employment is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility, if necessary, for employment.

I authorize the release of any and all employment related information that the City of Buena Vista may request or any records pertaining to past or present employment which may now exist or exist in the future.

Signature

Date Completed

II. BUENA VISTA POLICE DEPARTMENT
Physical Fitness Test Waiver

(Note: The American Disabilities Act prevents the City of Buena Vista from inquiring as to your physical or medical conditions prior to the administering the physical agility and strength test. It is strongly recommended by the City of Buena Vista that applicants review the test requirements and check with their personal physicians prior to taking the test.)

I hereby release the City of Buena Vista of any liability while I am engaged in the physical agility and strength test. I further understand that I am participating in this test of my own accord.

Signature of applicant: _____ **Date:** _____

Applicant's name (printed): _____

Address: _____

Subscribed and sworn to before me this _____ day of _____, _____
(Date) (Month) (Year)

_____. My commission expires on _____, _____.
(Month & Date) (Year)

Notary Public

OR

Witnessed by: _____ *Please Print* _____ *Please Sign* _____ */ /*
Date

Contact information for witness: _____

Primary Phone

Secondary Phone

Email Address

III. BUENA VISTA POLICE DEPARTMENT

Authorization for Release of Information in connection with employment application and other "employment" purposes including reference checks and verification

To assist in evaluation of employment and/or for "employment purposes" I authorized the Buena Vista Police Department (BVPD)/City of Buena Vista to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government sub-divisions, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to authorization for the BVPD/City of Buena Vista to check and verify any information contained in my employment application. I hereby authorize any and all of the aforesaid enumerated parties to furnish the BVPD/City of Buena Vista any and all information concerning me.

I further release all parties referred to herein and the BVPD/City of Buena Vista and/or its employees from any and all liability and responsibility arising from the release of any information concerning me.

Please print and complete all information below:

Name (last, first, middle): _____

Maiden Name (if applicable): _____

Date of Birth: _____ (shall only be used for record confirmation)

Social Security Number: _____

Please list all other names that information may be listed under:

Signed: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, _____
(Date) (Month) (Year)

_____. My commission expires on _____, _____.
(Month & Date) (Year)

Notary Public

OR

Witnessed by: _____ /_____/_____
Please Print Please Sign Date

Contact information for witness: _____

Primary Phone Secondary Phone Email Address

Submit application to:
Buena Vista Police Department
306 Park Avenue
Buena Vista, Virginia 24416
(540) 261-6174