

WEST POINT POLICE DEPARTMENT



PERSONAL HISTORY STATEMENT

CONFIDENTIAL

DUE DATE: _____

West Point Police Department – Chief R. W. Mawyer
433 12th Street – P.O. Box 152
West Point, Va 23181
A VLEPSC Accredited Law Enforcement Agency

OUR MISSION

Our mission is to provide quality service to our citizens and community through honor, professionalism, commitment, compassion, and accountability.

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. Fill out the questionnaire completely and accurately. Keep in mind that:

- All statements are subject to verifications.
- **Failure to follow instructions, or answer questions completely and accurately may remove you from further consideration for employment. Deliberate inaccuracies or omissions may also remove you from further consideration for employment. Information regarding previous arrest(s) or convictions(s) will not automatically disqualify you from consideration for employment.**
- All time periods in your background must be accounted for.
- You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, telephone number changes.) **Notification of such changes must be submitted in writing to the Police Department within 72 hours of the change.**
- If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take time to explain any section or part of the application that you do not fully understand.
- If you were not given a specific date and time to return this application, contact the Police Department at 804-843-2800 to make an appointment to return it.

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.

TYPE or clearly PRINT (in black ink) your responses to the 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, use the reverse side of the page.

POSITION APPLIED FOR: _____

PERSONAL

NAME: LAST: FIRST: MIDDLE:

Other Names: aliases, maiden name, former names changed, legally or otherwise (including nicknames.)

Current address: (Rent or own, if rent provide the name of the Apartment Complex or Rental Agency.)

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Hours: _____ Work: _____ Hours: _____ Other: _____

Sex Race Height Weight Eye Color Hair Color List all scars or other distinguishing marks:

[] [] [] [] [] [] [] _____

List all tattoos, to include location. If needed, use the back of this page.

Social Security # _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Place of Birth: _____

Are you a citizen of the United States? Yes [] No []

Are you legally eligible to work in the United States? Yes [] No []

If you are successful in gaining an appointment to this Division, do you expect to engage in any other gainful occupation? If "YES," explain. Yes [] No [] _____

Marital Status: _____ Date of Marriage: ____ / ____ / ____

If married, divorced or separated, list all spouses, dates of marriage and separation or divorce:

Present Spouse: _____ Date of marriage: ____ / ____ / ____

Address: _____ Phone: _____

Ex-Spouse: _____ Date of marriage: ___/___/___
Date of separation: [] or divorce: [] ___/___/___
Address: _____ Phone: _____

Ex-Spouse: _____ Date of marriage: ___/___/___
Date of separation: [] or divorce: [] ___/___/___
Address: _____ Phone: _____

Has your spouse/fiancée/significant other or current-dating partner ever called the police on you for ANY reason?
Yes [] No [] If yes, provide dates, reasons, agency and disposition. _____

Going back three years list previous dating partners (girlfriends, boyfriends), along with their addresses and phone numbers.

Name: _____ Phone # _____
Address: _____ Apt. # _____
City _____ State: _____ Zip Code: _____

Name: _____ Phone # _____
Address: _____ Apt. # _____
City _____ State: _____ Zip Code: _____

Name: _____ Phone # _____
Address: _____ Apt. # _____
City _____ State: _____ Zip Code: _____

Provide information on three persons in your neighborhood that have not been listed elsewhere in this packet.

Name:	Address where person can be contacted (Include City, State, Zip Code)	Telephone at which person can be contacted
_____	_____	Home: _____ Work: _____ Other: _____
_____	_____	Home: _____ Work: _____ Other: _____
_____	_____	Home: _____ Work: _____ Other: _____

Provide the appropriate information pertaining to **ALL** individuals currently residing in your household:

Name:	DOB:	Occupation:	Place of Employment:	Relationship:
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

List **ALL** of your children and dependents if not listed above:

Name:	DOB:	Present address of child or dependent:
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

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

Name:	DOB:	Address of Residence:	Dates (mm/yy):
_____	____/____/____	_____	____/____
_____	____/____/____	_____	____/____
_____	____/____/____	_____	____/____
_____	____/____/____	_____	____/____
_____	____/____/____	_____	____/____

EDUCATION

Indicate below **ALL** the schools you have attended beginning with middle school.

_____	_____	_____	_____
Name of School	Location of School City, State	Date Attended From To	Degree/Course of Study
_____	_____	_____	_____
Name of School	Location of School City, State	Date Attended From To	Degree/Course of Study
_____	_____	_____	_____
Name of School	Location of School City, State	Date Attended From To	Degree/Course of Study
_____	_____	_____	_____
Name of School	Location of School City, State	Date Attended From To	Degree/Course of Study
_____	_____	_____	_____
Name of School	Location of School City, State	Date Attended	Degree/Course of Study

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

Have you ever been suspended, expelled, or placed on academic probation from any school or educational facility? Yes [] No [] If yes, explain (include school, date, and circumstances.)

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes [] No [] If yes, explain

Do you possess any Foreign Language Skills (including Sign Language?) Yes [] No [] If yes, specify language and skill level.

List **ALL** organizations, clubs, social groups of which you are now or ever having been a member of or associated with.

MILITARY

Have you ever served in the Armed Forces, National Guard, or Military Reserve? Yes [] No [] If yes, please provide the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge or current status
[]	[]	[]/ [] to []/ []	[]
[]	[]	[]/ [] to []/ []	[]

Have you ever received any disciplinary actions (including Art. 15's) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes [] No [] If yes, please explain.

Were you ever reduced or demoted in rank? Yes [] No [] If yes, describe in detail.

Have you ever been rejected from any Military Service? (Exclude medical reasons) Yes [] No [] If yes, please explain.

List your rank, Military Occupation and Specialty, and describe your duties. _____

List ALL duty stations, including Basic Training and other schools.

Military Installation	City & State	Assignment
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

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 []

FINANCIAL

Complete the following financial statement.

Current Monthly Income

Your salary-----\$ _____

Spouse's salary-----\$ _____

Other monthly income – Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY INCOME----- \$ _____

Current Monthly Expenditures

Real estate (mortgage) payments--\$ _____

Rent-----\$ _____

Other monthly payments – Describe:

Estimated monthly cost of living (including utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations such as **court ordered child support and alimony.**

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENDITURES----- \$ _____

Current Assets

Savings----- \$ _____

Checking----- \$ _____

Real Estate----- \$ _____

Stocks and Bonds----- \$ _____

Autos----- \$ _____

Other Assets – Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ASSETS----- \$ _____

Current Liabilities

Real Estate Indebtedness----- \$ _____

Long-term loans----- \$ _____

Charge accounts----- \$ _____

Other Liabilities – Describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES----- \$ _____

List ALL detailed information about your charge accounts, contracts, or other financial obligations.

Name of Firm	Address	Account Number
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]
[]	[]	[]

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? Yes [] No [] If yes, give details (including when, where and why.) _____

Have any of your bills ever been turned over to a collection agency? Yes [] No [] If yes, give details (include when, firms involved and circumstances.) _____

Have you ever had purchased goods repossessed? Yes [] No [] If yes, give details (include when, firms involved and circumstances.) _____

Have your wages ever been garnisheed? Yes [] No [] If yes, give details (include when, where and why.) _____

Have you ever been delinquent on income or other tax payments? Yes [] No [] If yes, give details (include when, where and why.) _____

Have you ever been delinquent on child support payments? Yes [] No [] If yes, give details (include when, where, amount and why.)

Do you currently have any financial judgments against you? Yes [] No [] If yes, provide case number, court location, reason for case and disposition.

CRIMINAL HISTORY

Have you ever been **charged** with a violation of law or arrested (excluding traffic citations?)
 Yes [] No [] If "Yes," provide the following information:

DATE	POLICE AGENCY	CHARGE	TYPE	DISPOSITION
_____	_____	_____	FELONY [] MISDEMEANOR []	DISMISSED [] CONVICTED [] EXPUNGED [] NOL PROSSED []

DATE	POLICE AGENCY	CHARGE	TYPE	DISPOSITION
_____	_____	_____	FELONY [] MISDEMEANOR []	DISMISSED [] CONVICTED [] EXPUNGED [] NOL PROSSED []

DATE	POLICE AGENCY	CHARGE	TYPE	DISPOSITION
_____	_____	_____	FELONY [] MISDEMEANOR []	DISMISSED [] CONVICTED [] EXPUNGED [] NOL PROSSED []

DATE	POLICE AGENCY	CHARGE	TYPE	DISPOSITION
_____	_____	_____	FELONY [] MISDEMEANOR []	DISMISSED [] CONVICTED [] EXPUNGED [] NOL PROSSED []

DATE	POLICE AGENCY	CHARGE	TYPE	DISPOSITION
_____	_____	_____	FELONY [] MISDEMEANOR []	DISMISSED [] CONVICTED [] EXPUNGED [] NOL PROSSED []

Indicate with an "X" in the box next to each crime you have ever committed, participated in or conspired to commit, or for which you have been convicted, arrested, charged, or detained. For each crime marked with an "X", provide on page 13 details regarding the offense, including the date and circumstances.

Alcohol Violations	[]	Harassment/Threats	[]
Arson/Fire Setting/Reckless Burning	[]	Hunting/Fishing Violations	[]
Assault/Verbal or Physical	[]	Impersonating a Police Officer	[]
Auto Theft	[]	Indecent Exposure	[]
Bomb Threats	[]	Pedophilia	[]
Burglary/ Breaking and Entering	[]	Perjury	[]
Child Abuse/ Molestation	[]	Prescription Drugs (Illegal Use)	[]
Concealed Weapons	[]	Prostitution	[]
Domestic Violence	[]	Perjury	[]
Drugs:		Rape	[]
Use	[]	Robbery	[]
Possession	[]	Stalking	[]
Sale	[]	Thefts/Larceny	[]
Embezzlement	[]	Receive Stolen Property	[]
Extortion	[]	Shoplifting	[]
Forgery	[]	Vandalism/Tagging	[]
Fraud/ Bad Checks	[]	Illegal Gambling/Betting	[]

If you checked any of the above boxes explain in detail on the next page. Include dates and circumstances for all explanations.

Have you ever assaulted anyone (i.e. fights, domestic violence, etc.)? Yes [] No [] If yes, explain.

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

Check ✓ either Yes or No to the questions below:

Have you ever participated in or conspired to participate in any of the following:	Yes	No
1. Lied or committed perjury in court or other judicial proceedings?		
2. Lied to anyone in authority or made a false police report?		
3. Entered any building, business, dwelling, or house without permission?		
4. Intentionally injured anyone as a result of a fight?		
5. Received or paid money for any sex act?		
6. Left a restaurant or food establishment without paying?		
7. Assisted in a larceny?		
8. Knowingly received stolen property?		
9. Falsified or lied on an employment application?		
10. Provided a discount at your place of employment without permission?		
11. Conspired with anyone to commit an illegal act or crime of any kind?		
12. Given anything to anyone that was not yours to give away?		
13. Been accused of or arrested for domestic violence/spousal/elder abuse?		
14. Slapped, pushed, or struck your current dating partner, ex-spouse, girlfriend, boyfriend or significant other?		
15. Been questioned by the police as a suspect as part of a criminal investigation?		
16. Been a lookout driver for someone else while they committed a crime or criminal act of any kind?		
17. Used a weapon of any kind during a fight or altercation?		
18. Used false, fraudulent, altered or borrowed identification of any kind?		
19. Been placed on parole or probation for any reason?		
20. Allowed your car to be used in the commission of a crime?		
21. Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)?		
22. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?		
23. Knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		
24. Been involved in making, constructing, assembling, manufacturing, or detonation of any bomb, Molotov cocktail, explosive or other incendiary device?		
25. Knowingly filed a false or fraudulent insurance claim with any insurance company regarding a traffic accident, theft or other monetary or property loss?		
26. Been subjected to forfeiture of collateral in connection with an arrest?		
27. Been involved in any college fraternity hazing initiation incident?		
28. Been pardoned for any crime?		
29. Set a fire, been involved in an arson or reckless burning?		
30. Purchased/provided alcohol to someone under 21 years of age?		
31. Stolen anything from any of your employers?		
32. Participated in "street racing" or racing on public highways?		
33. Intentionally damaged someone else's property?		

ALCOHOL RELATED OFFENSES

Have you ever been arrested or charged for committing any alcohol related violations? Yes [] No []
If yes, explain. _____

Have you ever purchased alcohol for a minor? Yes [] No [] If yes, explain. Include dates, where
and age of the minor(s). _____

ILLEGAL DRUG OFFENSES

Are you currently using any illegal drugs? Yes [] No [] If yes, explain. _____

Have you ever used any illegal drugs? Yes [] No [] If yes, explain by including the type of drug and
circumstances. _____

Have you ever associated with, are related to, or had/have an ongoing friendship/personal relationship
with anyone you suspected or knew was selling, distributing or using narcotics or controlled substances?
Yes [] No [] If yes, explain.

Have you ever manufactured or stored any illegal drugs? Yes [] No [] If yes, explain.

Have you ever used, purchased, transported, and/or sold any of the following substances? Indicate by circling "yes" or "no" to each drug listed below. If you circle "yes" state the date of your last usage, **OR** indicate "S" if you sold, "POS" for possessed or "PUR" if you purchased the substance. Be specific.

Marijuana/Hashish	Yes	No	Date of Last Use: _____	Type: _____
Cocaine/Powder	Yes	No	Date of Last Use: _____	Type: _____
Cocaine/Crack	Yes	No	Date of Last Use: _____	Type: _____
Opium Derivative (Heroin, morphine, etc.)	Yes	No	Date of Last Use: _____	Type: _____
Amphetamines/ Speed	Yes	No	Date of Last Use: _____	Type: _____
Barbiturates/ Downers	Yes	No	Date of Last Use: _____	Type: _____
Inhalants	Yes	No	Date of Last Use: _____	Type: _____
Anabolic Steroids	Yes	No	Date of Last Use: _____	Type: _____
Hallucinogenic (LSD, PCP, Ecstasy, etc.)	Yes	No	Date of Last Use: _____	Type: _____
Valium, Darvocet, Percocet	Yes	No	Date of Last Use: _____	Type: _____
Any other drug not listed	Yes	No	Date of Last Use: _____	Type: _____

GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed weapon? Yes [] No [] If yes, provide the following information:

Permit granted?	Type of Weapon	Date	Law Enforcement Agency
Yes [] No []	[_____]	[_____]	[_____]

Purpose of concealed weapon permit: _____

Have you ever applied for employment with another Law Enforcement Agency? Yes [] No [] If yes, provide the following information:

Agency Name	Position	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied for employment with this Division? Yes [] No [] If yes, provide the following information:

Position	Date	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved as a driver in a motor vehicle accident (to include private property?)
 YES [] NO [] If yes, give details for each accident.

DATE	LOCATION	POLICE INVESTIGATION	POLICE AGENCY	TYPE	
				INJURY	NON-INJURY
_____	_____	Yes [] No []	_____	[]	[]
_____	_____	Yes [] No []	_____	[]	[]
_____	_____	Yes [] No []	_____	[]	[]
_____	_____	Yes [] No []	_____	[]	[]
_____	_____	Yes [] No []	_____	[]	[]

Has your license ever been suspended or revoked by Virginia or any other State? Yes [] No [] If yes, give details (include what, when, where and why.)

Have you ever been charged or convicted of a DUI related offense? Yes [] No [] If yes, give details (include what, when, where and why.)

How many times have you driven an automobile while intoxicated in the past: 12 months _____
 24 months _____
 Lifetime _____

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 may we contact your current employer?

If you have had no prior employment, explain.

Are you able, with or without reasonable accommodations, and willing to perform the essential job functions of the position for which you have applied? If no, explain why. Yes [] No []

Are you willing to work the type of shift associated with the position for which you have applied? If no, explain why. Yes [] No []

Have you ever been given disciplinary actions to include termination/fired from a former or present employer. If yes, explain. Include when, where and the circumstances. Yes [] No []

Have you resigned (quit) from a job because you were anticipating your employer was going to terminate you? Yes [] No [] If yes, explain.

Have you ever left a job without giving proper notice? Yes [] No [] If yes, explain. _____

Have you ever stolen anything from any of your employers? Yes No If yes, explain. Include dates, items and value. _____

Have you ever used illegal drugs while working on any job? Yes No If yes, explain. Include the type of drug, how it was used, dates, etc. _____

Beginning with your most current employment, list all jobs (including self-employment, part-time, temporary, and voluntary positions) you have held. (For the purposes of this employment history report, voluntary work should be included as employment.) 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, list those periods in sequence in the spaces provided.

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
<u>From</u>			
Mo.	Yr.		
<u>To</u>			
Mo.	Yr.		
____/____	____/____	_____	_____
		_____	<u>Name of Supervisor:</u>
		_____	_____
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<u>Title or duties:</u>	<u>Name of co-workers:</u>
		_____	_____
<input type="checkbox"/> Voluntary		_____	_____
<u>Your name if different</u>		<u>Salary</u>	
_____		Starting: _____	Ending: _____

Termination Status: -Voluntary Resignation -Resigned in lieu of Termination -Termination
 -Position Eliminated
 Explain: _____

--Period of time unemployed or --Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
[] Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
[] Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
[] Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
[] Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To	_____	_____
Mo. Yr.	Mo. Yr.	_____	_____
____/____	____/____	_____	<u>Name of Supervisor:</u>
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of co-workers:</u>
[] Voluntary		_____	_____

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To	_____	_____
Mo. Yr.	Mo. Yr.	_____	_____
____/____	____/____	_____	<u>Name of Supervisor:</u>
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of co-workers:</u>
[] Voluntary		_____	_____

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To	_____	_____
Mo. Yr.	Mo. Yr.	_____	_____
/	/	_____	<u>Name of Supervisor:</u>
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of co-workers:</u>
[] Voluntary		_____	_____

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To	_____	_____
Mo. Yr.	Mo. Yr.	_____	_____
/	/	_____	<u>Name of Supervisor:</u>
[] Full-time [] Part-time		<u>Title or duties:</u>	<u>Name of co-workers:</u>
[] Voluntary		_____	_____

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: []-Voluntary Resignation []-Resigned in lieu of Termination []-Termination
 []-Position Eliminated
 Explain: _____

[]--Period of time unemployed or []--Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
<input type="checkbox"/> Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: -Voluntary Resignation -Resigned in lieu of Termination -Termination
 -Position Eliminated
 Explain: _____

--Period of time unemployed or --Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

<u>Dates of Employment</u>		<u>Name and Address of Employer</u>	<u>Telephone Number</u>
From	To		
Mo. Yr.	Mo. Yr.		
____/____	____/____		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<u>Title or duties:</u>	<u>Name of Supervisor:</u>
<input type="checkbox"/> Voluntary			<u>Name of co-workers:</u>

Your name if different _____ Salary

Starting: _____ Ending: _____

Termination Status: -Voluntary Resignation -Resigned in lieu of Termination -Termination
 -Position Eliminated
 Explain: _____

--Period of time unemployed or --Military Service; FROM: Mo. Yr. TO: Mo. Yr.
 _____/_____/_____

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

PERSONAL HISTORY STATEMENT

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 Town of West Point. 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 property of the West Point Police Department and will not be returned. In the case of a panel interview, which may consist of non-town employees, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by the Immigration and Naturalization Service documenting eligibility for employment.

I authorize the release of any and all employment related information that the West Point Police Department may request or any records pertaining to past or present employment, which may now exist or in the future exist.

Signature in Full

Date Completed

APPLICANTS NOT SELECTED FOR EMPLOYMENT MAY REAPPLY IN THE FUTURE



AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Doctor, Hospital Medical Association, U.S. Armed Forces, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school) or

Any past or present employer, Credit Bureau or Retail Merchant's Association Bank, Financial Institution or any other Credit Extending Agency or any other State, Federal, County or City Agency or Municipality:

I, _____ (_____)
Name Maiden Name

Address _____
Street or Road City or Town Zip Code

Have applied for employment with the Town of West Point Police Department. I am aware that my background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript or any academic record) to the Town of West Point Police Department or its agent upon presentation of this release or copy thereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number, if any _____
Veterans Administration Claim Number, if any _____
Social Security Number _____

Given under my hand this _____ day of _____, _____

Signature (sign before Notary only)

State of Virginia, County/City of _____

This day _____ personally appeared before me and acknowledged his/her signature to the statement.

My commission expires on the _____ day of _____, 20____

Notary Public

Release of information subject to this Authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Protection Act.