

MECKLENBURG COUNTY SHERIFF'S OFFICE
& 911 DISPATCH

Application for Appointment

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:

- 1) All statements are subject to verification.
- 2) Deliberate inaccuracies or omissions will bar or remove you from further consideration for employment.
- 3) Failure to follow instructions or answer questions completely and accurately may bar or 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)

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 these facts to the requirements of the job.

Please PRINT CLEARLY all 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 more space is needed, attach a separate sheet of paper and refer to the section heading.

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AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any doctor, hospital, medical association, U.S. Armed Forces, maritime service Veteran's Administration, or any academic dean, registrar, principal, guidance counselor, or any other authorized person at a school (college, business, trade or high school) or any past, or present employer, credit bureau or retail merchants association, bank, financial institution or any credit extending agency, or the U. S. selective system.

I (name) _____ Address _____ have applied for appointment with the Mecklenburg County Sheriff's Office and/or 911 Center. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me, (including a transcript of any criminal history, driving and academic record) to the Mecklenburg County Sheriff's Office and/or 911 Center or its agent upon presentation of this release or copy thereof.

Selective Service Number, if any _____

Armed Forces Service or Serial number, if any _____

Veterans administration claim number, if any _____

Signature _____ Date _____

State of Virginia, County of Mecklenburg

On this day _____ personally appeared before me and I have acknowledged his signature of the above statement.

Given under my hand this _____ day of _____
My commission expires on the _____ day of _____

Notary Public

(seal)

To Applicant:

This form must be filled out and notarized prior to appointment.

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1) PERSONAL

NAME:			
Last	First	Middle	
Other names (including nicknames) you have used or been known by			Social Security #
Address at which you can be contacted - DO NOT USE PO BOX			
Street			
City		State	Zip Code
Phone Numbers:			
Home:	Hours:	Work:	Hours: Cell #:
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 Sep.or divorce

2) FAMILY & REFERENCES

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

Name	Address	Age	Relationship

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

Name/Relationship	Address	Home/Work Phone#

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.

Name	Relation to you	Complete Address	Telephone

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3) RESIDENCE

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

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

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

4) EDUCATION

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

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

If you do not possess a college degree, how many college semester credits did you successfully earn?

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)

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

YES NO

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.

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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
		FROM:		TO:		

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	From:	To:

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7) FINANCIAL

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 your wages ever been garnished? YES NO
If "Yes", please give details (include when, where, why).

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

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

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8) LEGAL

Have you ever been charged with a violation of law, arrested or issued a defendants summons for any offense (excluding traffic citations)?

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:

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:

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

Explanation:

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:

Have you ever been charged or convicted of a domestic assault type offense? YES NO
 If "Yes". Please give details (include when, where and why - submit on separate sheet if you wish).

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8) LEGAL (cont)

Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action?

If "Yes", please give details (include when, where, name & location of court) YES NO

Have you ever obtained a criminal warrant for any person?

YES NO

If "YES", please give details (include when, where, name and location of court and circumstances).

Do not include cases if you are/were a law enforcement officer.

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? YES NO
- advocates the overthrow of our constitutional form of government by force or violence? YES NO
- has conducted or been involved in any illegal activity? YES NO

If you answered "Yes" to any of the above questions, please list the organization and details below:

9) MOTOR VEHICLE OPERATION

Drivers License #	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	Operator's License #	State	

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9) MOTOR VEHICLE OPERATION(cont)

Have you ever been refused a driver's license by any state? YES NO

If "YES", please give details (include when, where, why).

Virginia law requires that operators and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information.

Make	Year	Insurance Company	Address	Exp. Date

Please list all traffic citations (excluding parking citations) you have received.

Nature of Violation	Location (City/State)	Date	Disposition
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>

Has your license ever been suspended or revoked by Virginia or any other state? YES NO

If "YES", please give details (include when, where, why).

Have you ever been involved as a driver in a motor vehicle accident? YES NO

If "YES", give details for each accident.

Date	Location	Police Investigation	Police Agency	Type	
				Injury	Non Injury
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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9) MOTOR VEHICLE OPERATION (cont)

Have you ever been charged or convicted of a DUI related offense? YES NO

If "YES", please give details (include when, where, why).

10) GENERAL INFORMATION

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 Department, do you expect to engage in any other gainful occupation? If "YES", please explain: YES NO

Are you currently using any illegal drugs? If "YES", explain: YES NO

Have you ever used any illegal drugs? If "YES", explain: YES NO

Have you ever purchased, transported, and/or sold any illegal drugs? IF "YES", explain YES NO

Have you ever manufactured or stored any illegal drugs? If "YES", explain. YES NO

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10) GENERAL INFORMATION (cont)

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", please list.

Position	Date	Disposition / Status

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

Name	Title	Relationship

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(PLEASE CIRCLE ANSWER)

10) GENERAL INFORMATION (cont)

Have you ever applied here before?	If so, when? _____	YES	NO
Do you speak any foreign languages?		YES	NO
If so, to what proficiency?	_____		
Have you ever been involuntarily committed to a mental institution?		YES	NO
Are you willing to take a drug screening test?		YES	NO
Do you consume alcohol?		YES	NO
If so, how often?	_____		
Are you able/willing to work rotating shifts?		YES	NO
Are you able/willing to wear a uniform?		YES	NO
Are you able/willing to meet the department's grooming standards?		YES	NO
Are you able to control your anger when insulted or threatened?		YES	NO
Are you able to function normally when placed under temporary or prolonged stress?		YES	NO
Are you able to answer multiple phone lines?		YES	NO
Can you type? If so, how many words per minute?	_____	YES	NO
Are you able to manage multiple job tasks at once?		YES	NO
How many computers do you have at your residence?		YES	NO
Do you have any computer skills?		YES	NO
If so, what programs are you familiar with?	_____		

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12) 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 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 #
From		To			
MO.	YR.	MO.	YR.		Supervisor
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time			Title or Duties	Co-Workers
<input type="checkbox"/> Voluntary					
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					
Explanation:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	MO	YR		TO:	MO	YR
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Dates of Employment				Name and address of employer	Telephone #
From		To			
MO.	YR.	MO.	YR.		Supervisor
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time			Title or Duties	Co-Workers
<input type="checkbox"/> Voluntary					
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					
Explanation:					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	MO	YR		TO:	MO	YR
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12) Employment (cont)					
Dates of Employment				Name and address of employer	Telephone #
From		To			
MO.	YR.	MO.	YR.		Supervisor
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		Title or Duties	Co-Workers
<input type="checkbox"/> Voluntary					
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					
Explanation: _____					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	MO	YR		TO:	MO	YR
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Dates of Employment				Name and address of employer	Telephone #
From		To			
MO.	YR.	MO.	YR.		Supervisor
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		Title or Duties	Co-Workers
<input type="checkbox"/> Voluntary					
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					
Explanation: _____					

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:	MO	YR		TO:	MO	YR
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12) Employment (cont)

Would any problems result if your present employer were contacted during the course of the background investigation? YES NO If "YES", please explain.

When should 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? YES NO If "YES", please explain.

Are you willing to work any type of shift associated with the position for which you have applied? YES NO If "NO", please explain.

Have you ever been fired, asked to resign or resigned because you believed you would be fired from a job? YES NO If "YES", please explain.