Name: _____

Henrico County
Police Division

Pre-Background Information Form

Police Officer

CONFIDENTIAL

An Internationally Accredited Law Enforcement Agency

INSTRUCTIONS TO THE APPLICANT – PLEASE READ BEFORE COMPLETING THIS PACKET

Retain a Completed Copy for your records.

The information you provide in this Pre-Screen Information Form 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 verification.

- Failure to follow instructions or to 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 conviction(s) may not automatically disqualify you from consideration for employment. 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.

- 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, change of telephone number, traffic summons received, etc.) Notification of such changes must be submitted in writing to the Police Personnel Unit 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 Personnel office at 804-501-4801 to make an appointment to return it.

When completing this packet:

- **Please <u>legibly print</u> (in black ink) or type 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, use the reverse side of the page.

- **You must place your initials** at the bottom of **each page** in the space provided indicating that the information provided on that page **is accurate and complete**.

I have read and understand the above instructions. Sign here: _____

PERSONAL

Last Name	First Name	Middle Name
Social Security Number	**DOB**	**City and State of Birth**

List ANY other names you have used, to include aliases, maiden name, nicknames, and former names that have been changed legally or otherwise.

Physical Descriptors					
Sex	**Race**	**Height**	**Weight**	**Eye Color**	**Hair Color**

Current Physical Address			
Street	**City**	**State**	**Zip**

Rent or own?	Apartment Complex or Rental Agency Name (if applicable)

Current Mailing Address (if different from above)			
Street	**City**	**State**	**Zip**

Phone Numbers & Email			
Cell		**Home**	
Work		**Email Address**	

RELATIONSHIPS

Marital Status	Date of Current Marriage

If married, divorced, or separated, list all spouses, dates of marriage and dates of separation/divorce.		
Current Spouse Name	**Phone**	**Date of Birth**

Ex-Spouse Name	Date of Marriage	Date of Separation or Divorce	Date of Birth

Initial here: _____

CRIMINAL HISTORY

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.			
Alcohol Violations		Hunting/Fishing Violations	
Arson/Fire Setting/Reckless Burning		Illegal Gambling/Betting	
Assault – Verbal or Physical		Impersonating a Police Officer	
Auto Theft		Indecent Exposure	
Bestiality		Pedophilia	
Bomb Threats		Perjury	
Burglary/Breaking & Entering		Prostitution	
Child Abuse/Molestation		Rape/Sexual Assault	
Concealed Weapons		Receive Stolen Property	
Domestic Violence		Robbery	
Embezzlement		Shoplifting	
Extortion		Stalking	
Forgery		Thefts/Larceny	
Fraud/Bad Checks		Trespassing	
Harassment/Threats		Vandalism	

If you marked an X in any of the categories above: Provide the Jurisdiction, Dates, and Outcome for each situation.

MOTOR VEHICLE OPERATION

Driver's License #	Name Under Which License was Granted	Expiration Date	State

List ALL 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

Initial here: _____

DRUG HISTORY / ILLEGAL DRUG OFFENSES

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, and indicate "S" if you sold, "POS" for possessed, or "PUR" if you purchased the substance. Be specific.					
Cocaine / Powder	Yes or No	Date of Last Use		Type	
Cocaine / Crack	Yes or No	Date of Last Use		Type	
Opium Derivative (heroin, morphine, etc.)	Yes or No	Date of Last Use		Type	
Amphetamines / Speed	Yes or No	Date of Last Use		Type	
Barbiturates / Downers	Yes or No	Date of Last Use		Type	
Inhalants	Yes or No	Date of Last Use		Type	
Anabolic Steroids	Yes or No	Date of Last Use		Type	
Hallucinogenic (LSD, PCP, Ecstasy, psylocibin mushrooms, etc.)	Yes or No	Date of Last Use		Type	
Any other illegal drug not listed	Yes or No	Date of Last Use		Type	
Marijuana, Cannabis, or Cannabis-based products (Including Vape pens with THC)	Yes or No	Date of Last Use		Type	
Any prescription drug not prescribed to you or used in a manner that was not intended. (Including Adderall)	Yes or No	Date of Last Use		Type	

If yes above: List Drug #1 Name below		Circle how often you used the substance:
Drug #1:		Used Daily, Weekly, or Monthly
Number of times used in your Lifetime:		Currently using: Yes or No

If yes above: List Drug #2 Name		How often you used the substance:
Drug #2:		Used Daily, Weekly, or Monthly
Number of times used in your Lifetime:		Currently using: Yes or No

Have you ever applied for employment with another law enforcement agency?					
Yes or No					
If Yes, complete the information below:					
Agency	Position	Date	Status	Background Investigator	Investigator's Phone

Initial here: _____

Do you have any tattoos on your hands and/or neck?	
YES	NO
If yes, explain the location and meaning.	

Have you ever been convicted of a felony or pled guilty or no contest to any misdemeanor involving moral turpitude including but not limited to petit larceny, drugs or other controlled substances, sex offenses, or domestic assault?	
YES	NO

Have you been convicted of a DUI or DUI-related offense within the past five years?	
YES	NO

Have you ever committed any other undetected crimes in which if you had been caught you would have been charged or arrested?	
YES	NO
If yes, explain the situation and the date of occurrence.	

Have you ever participated in the sale, transportation, or illegal use of any Schedule I or II drugs (i.e. cocaine, crack, heroin, opiates, LSD, PCP, mushrooms, barbiturates, ecstasy, amphetamines, prescription drugs, etc.) within the past 10 years?	
YES	NO

Have you used marijuana or THC products from the date of your application?	
YES	NO

Do you have an accumulation of more than six penalty points on your driving record within the past 12 months?	
YES	NO

Have you ever been Dishonorably Discharged from the Military for any reason?	
YES	NO

Initial here: _____

In the space provided (in your own handwriting) express your reason(s) for wanting this position.

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 County of Henrico. 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 Henrico County Government and will not be returned. In the case of a panel interview, which may consist of non-County 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 County of Henrico 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.

Initial here: _____