

The background of the document is a large, semi-transparent watermark of the Arlington County Police Department badge. The badge is circular with a gold border and a blue center. It features a central emblem with a scale of justice and a sword, surrounded by the words "POLICE" and "ARLINGTON VIRGINIA". At the bottom, a banner reads "ARLINGTON COUNTY".

Arlington County Police Department
Personnel and Recruitment Unit
1425 North Courthouse Road
Arlington, Virginia 22201
Phone: 703-228-4767 – Fax: 703-228-0485

INSTRUCTIONS TO APPLICANT

1. Each applicant is hereby advised that the contents of this booklet are held strictly **confidential** and no information is disseminated to any person except when essential to the conduct of proper official police business. **Further, that the omission or falsification of any material fact is cause for the disqualification or dismissal of the applicant.** Every answer herein will be checked during the polygraph examination.
2. **This form must be typed or printed clearly in black ink.**
3. All questions must be answered completely and accurately. All questions that require a “**yes**” or “**no**” response must be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. Do not leave any spaces blank. If additional space is needed, entry should be continued on a separate sheet(s) of paper. Each answer should be numbered to correspond with the number of the question in this form.
4. When sending your background packet by any type of express mail, make sure you request a signature from the **RECIPIENT** it is delivered to.

ALWAYS KEEP A COPY FOR YOUR RECORDS IN CASE SOMETHING HAPPENS TO IT.

DO NOT ENCLOSE DOCUMENTS THAT HAVE NOT BEEN REQUESTED!

**ARLINGTON COUNTY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PERSONAL DATA	POSITION APPLIED FOR:
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1. Name (Typed) first, middle, last Maiden name:

2. Present Address: (Number, Street, City, State, Zip Code)

3. Telephone numbers & times to call:

Home:

Work:

4. SOCIAL SECURITY#	DATE OF BIRTH	HAIR COLOR	EYE COLOR
Place of Birth (City & State)	Sex	Race	PLACE WHERE YOU GREW UP (City & State)

5. If Applicable, Place of Naturalization:

City & State: _____

Date of Naturalization: _____

Naturalization Certificate Number: _____

6. Name of Father:

Address: _____

Phone Numbers: Home: _____ Work: _____

Occupation: _____

Email Address: _____

7. Name of Mother:

Address: _____

Phone Numbers: Home: _____ Work: _____

Occupation: _____

Email Address: _____

YOUR EMAIL ADDRESS: _____

WHO RESIDES WITH YOU? (LIST EVERYONE OVER AGE 18)

NAME	RELATIONSHIP	DATE OF BIRTH
1.		
	Email Address:	
2.		
	Email Address:	
3.		
	Email Address:	
4.		
	Email Address:	
5.		
	Email Address:	
6.		
	Email Address:	
7.		
	Email Address:	
8.		
	Email Address:	
9.		
	Email Address:	
10.		
	Email Address:	

8. If you were raised by someone other than your natural parents, indicate whom you lived with and between what ages.

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Relationship: _____

Email Address: _____

9. If either parent is remarried give name & address of step parents:

A. _____

B. _____

10. List names of your brothers & sisters, giving ages & addresses of each. Also include and step-brothers & step sisters.

	<u>Name</u>	<u>Age</u>	<u>Address</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

11. What is your marital status?

Single Married Separated Divorced Widowed

Spouse's Name: _____
(Include maiden name, if wife)

Address: _____

Date of Birth: _____

Social Security #: _____

Name & Address of Spouse's Employer: _____

Telephone Number: _____

Occupation: _____

12. How many times have you been married? _____

Divorced: _____

Widowed: _____

If previously married give:

Name of ex-spouse Address Date of Divorce Jurisdiction

1. _____

2. _____

3. _____

13. Do you have any children? YES NO

Name Age Address if other than yours Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

14. Do you have any other dependents other than those listed above?

YES NO If YES, list the following:

Name Age Relationship

1. _____

2. _____

3. _____

4. _____

RESIDENCES – List residences for the past *TEN* years where you have lived for *THREE* months or more (begin with current address). Give the names and *CURRENT* address of two neighbors at each location. (Attach additional sheets, if necessary.) **DO NOT LIST PARENTS OR DUPLICATE ANYONE THAT YOU HAVE USED AS A CHARACTER REFERENCE.**

FROM (Month & Year): _____ / _____ TO (Month & Year): _____ / _____

Address: _____

1. _____
(Name) (Address)

Email Address: _____

2. _____
(Name) (Address)

Email Address: _____

FROM (Month & Year): _____ / _____ TO (Month & Year): _____ / _____

Address: _____

1. _____
(Name) (Address)

Email Address: _____

2. _____
(Name) (Address)

Email Address: _____

FROM (Month & Year): _____ / _____ TO (Month & Year): _____ / _____

Address: _____

1. _____
(Name) (Address)

Email Address: _____

2. _____
(Name) (Address)

Email Address: _____

RESIDENCES CONT.

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Address:

1. _____
(Name) (Address)
Email Address: _____

2. _____
(Name) (Address)
Email Address: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Address:

1. _____
(Name) (Address)
Email Address: _____

2. _____
(Name) (Address)
Email Address: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Address:

1. _____
(Name) (Address)
Email Address: _____

2. _____
(Name) (Address)
Email Address: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Address:

1. _____
(Name) (Address)
Email Address: _____

2. _____
(Name) (Address)
Email Address: _____

EMPLOYMENT HISTORY – Include self-employment, part-time, and/or unemployment. List all employment in chronological order beginning with your present employer. Include **FULL** addresses, state reasons for leaving, excluding medical reasons. *IF YOU WERE DISMISSED FROM A JOB OR FORCED TO RESIGN, ATTACH A STATEMENT GIVING COMPLETE DETAILS.*

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED:

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

FROM (Month & Year): ____ / ____ TO (Month & Year): ____ / ____

Employer: _____

Address: _____

Duties Performed: _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

EDUCATION – Begin with the school that you most recently attended and end with the last high school attended. If you received a GED equivalency, record this under the name of the school with other pertinent information. Give the month and year when specifying dates.

NAME OF SCHOOL	LOCATION (City, State, Zip Code)	FROM	TO	TYPE OF DEG.	DATE OF GRAD.	# OF CRED. HOURS

FOREIGN LANGUAGES – List all foreign languages other than English (including sign language) that you can fluently speak.

1. _____
2. _____
3. _____

SKILLS – List special skills, training, qualifications, or accomplishments THAT ARE RELATED to the position for which you are applying. Some examples are: skills with machines, job related licenses or certificates, public speaking, writing experience, professional societies, patents or inventions, etc.

1. _____
2. _____
3. _____
4. _____

15. HAVE YOU EVER ATTENDED OR BEEN ENROLLED IN A POLICE OR PUBLIC SAFETY ACADEMY OR SCHOOL? YES NO IF YES, GIVE THE FOLLOWING:

<u>Name of School</u>	<u>Course</u>	<u>Dates Attended</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

MILITARY DATA:

16. Have you ever been enrolled in a ROTC Program? _____

If yes, did you receive a commission? _____

If NOT, why? (Exclude medical reasons)

BRANCH

DATES

RANK

1. _____

2. _____

17. Have you ever applied to or have been a member of any branch of the Military Services/Armed Forces? YES NO

If YES, give the following:

Branch Name: _____

Service Number: _____

Date Entered: _____

Date Discharged or Pending Discharge: _____

Number of Enlistments: _____

Highest Rank: _____

Primary Duties: _____

Type of Discharge Honorable General Dishonorable

18. Are you a member of any MILITARY RESERVE UNIT or NATIONAL GUARD?

YES NO If YES, give the following:

Branch name: _____

Rank: Active Inactive

19. Have you ever been a member of any Foreign or Sovereign Country's

Military Service/Armed Forces? YES NO

If YES, give the following:

Name of Country: _____

Identification Number: _____

Length of Service: _____

20. (A) Were you ever disciplined or did you ever receive a Summary or Deck court-martial (Including Article 15)? YES NO

(B) Did you ever appear before any Commanding Officer or Supervisor for disciplinary reasons? (To include verbal or written counseling)? YES NO IF YES, give reasons:
(Date) (Location) (Allegations)

1. _____
2. _____
3. _____

(C) Were you ever the subject of any criminal investigations or arrested by the military authorities concerning any alleged misconduct on your part? YES NO
IF YES, give the following:
(Date) (Location) (Allegations)

1. _____
2. _____
3. _____

21. Have you ever been turned down, denied entry, or rejected by any branch of the Armed Forces or Military Service for any reason (Exclude medical reasons)? YES NO

If YES, give the following:
(Date) (Branch) (Reasons)

1. _____
2. _____
3. _____

22. Have you ever had a security clearance? YES NO

Name of agency: _____ Type of Clearance: _____

Were you ever denied a security clearance? YES NO

If YES, give details: _____

ARREST RECORD

23. Have you ever been charged or arrested for any Criminal offense as a Juvenile or Adult?

YES NO

IF YES, GIVE THE FOLLOWING:

Date Jurisdiction Charges Disposition

-
1. _____
 2. _____
 3. _____

24. Have you ever committed ANY crime for which you were not caught?
 YES NO If YES, please explain:

25. Have you ever been directly or indirectly involved with ANY type of Criminal Investigation? YES NO If YES, please explain:

26. In what state are you licensed to drive?

Permit Number: _____

Expiration Date: _____

List (ALL) other states in which you have been licensed to operate a motor vehicle
(include permit number)

Are there any restrictions or special conditions attached to your driver's license?

YES NO If YES, give conditions: _____

27. Have you ever received a traffic summons, citation, or ticket?

YES NO

Indicate the following in a chronological list ALL, starting with the most recent offense:

	<u>DATE</u>	<u>JURISDICTION</u>	<u>CHARGES</u>	<u>DISPOSITION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

28. Has your permit or license to drive ever been suspended or revoked?

YES NO If YES, give date, time, place, & reason:

29. Has your automobile insurance ever been cancelled?

YES NO If YES, please explain:

30. Have you ever been denied automobile insurance?

YES NO

If YES, please explain: _____

31. Were you ever the suspect in a HIT and RUN accident?

YES NO

If YES, please explain: _____

32. Have you ever *VOLUNTEERED* to attend a driver improvement course?

YES NO

Were any points removed from your driving record upon completion of the course?

YES NO If YES, how many? _____

Date: _____ Jurisdiction: _____

33. Have you ever been involved in any accidents? YES NO

If YES, give a complete chronological listing of all accidents. Indicate if it was investigated by Police and if a charge was made:

	<u>Date</u>	<u>Jurisdiction</u>	<u>Investigation</u>	<u>Charge</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Was alcohol involved in any of these accidents? If so, please explain _____

34. Have you ever filed or been adjudicated bankrupt?

YES NO If YES, please give dates of discharge of bankruptcy: _____

Location: _____

Give pertinent details: _____

35. Are you now or have you ever been a party to a civil suit?

YES NO

If YES, give details such as date, place, Court, amount of each judgement, and final disposition:

36. Have you ever been deemed "Not Credible" in any court?

YES NO

If YES, give details such as date, place, Court, and why:

37. List all other debts including mortgages, car notes, *OPEN* credit card accounts, *OTHER* open accounts, school and personal loans:

CREDITOR'S NAME AND ADDRESS	TYPE OF ACCOUNT	MONTHLY PAYMENT	PRESENT BALANCE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

38. Do you pay alimony or child support? YES NO

Do you receive alimony or child support? YES NO

If YES to either question, list to or from whom:

Amount per month: _____ Amount per year: _____

Give details: _____

39. Do you have any unpaid TAXES or FINES? YES NO

If YES, give details: _____

40. Are you a member of, or have you ever been a member of, any communist, subversive organization, or any political organization which advocates the overthrow of our constitutional form of government in the United States?

YES NO

41. Do you have a membership in or any affiliation with, any group, association, or organization, which advocates or lends support to any organization or movement advocating the overthrow of our constitutional form of government in the United States?

YES NO If YES to either of these questions, give complete details:

42. Are you now or have you ever been a member or supported the basic beliefs of any group, association, or organization which advocates aggression or violence towards any person or group of persons because of RACE, RELIGION, or ETHNIC ORIGIN?

YES NO If YES, give complete details:

43. Have you *EVER* used, tried or experimented with *ANY* habit forming or unlawful drug such as hallucinogens, barbiturates, amphetamines, cocaine, mushrooms, heroin, marijuana, anabolic steroids, inhalants, gases, or *ANY* controlled substance in *ANY* form??

YES NO If YES, please explain:

	<u>DRUG TYPE</u>	<u>TOTAL USAGE</u>	<u>LAST DATE USED (MONTH/YEAR)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

44. Have you used another person's prescribed medication?

YES NO If YES, please explain:

45. Did you ever buy, sell, or distribute any type of illegal drug(s)?

YES NO If YES, please explain: _____

46. Have you ever illegally used any other type of drug not mentioned?

YES NO If YES, please explain: _____

47. Do you now associate with anyone who uses illegal drugs?

YES NO If YES, please explain: _____

48. Do you use any tobacco products (CIGARETTES, CIGARS, PIPE, CHEW, OR SNUFF)?

YES NO

***THIS DEPARTMENT REQUIRES ALL NEW POLICE OFFICERS TO BE NON-TOBACCO USERS.
YOU WILL BE REQUIRED TO SIGN AN EMPLOYMENT CONTRACT TO THAT EFFECT.***

Have you ***EVER*** submitted an application for employment with any FEDERAL, STATE, or LOCAL LAW ENFORCEMENT AGENCY?

YES NO

List **ALL** agencies you have applied with and give the status of your application.
(There is no time restriction on this!)

	<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>STATUS</u>
1.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
2.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
3.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
4.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
5.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
6.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
7.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
8.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
9.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			
10.	<hr/> <small>(Complete address required)</small> <hr/> <hr/>			

CHARACTER REFERENCES

Please list persons you have known over three years, other than relatives. You *must* list all six.

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

CHARACTER REFERENCES CONT.

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____
Home Work

Email Address: _____

Employer: _____ Position/Title: _____

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge.

I understand that in addition to **any false or incomplete** answers/statements may be grounds for **not employing me or for dismissing me after I begin work**. I understand that I may be required to verify all information given on this questionnaire. Employment will be contingent upon the results of a complete character/background investigation. I also understand that all appointments are probationary for a period of up to 12 months after the completion of the police academy, during which time I must demonstrate my fitness for continued employment by the Arlington County Police Department

Signature of Applicant

Date