



Beth Arthur  
Sheriff

# ARLINGTON COUNTY, VIRGINIA

OFFICE OF THE SHERIFF

COURTHOUSE

1425 N. COURTHOUSE ROAD, ROOM 9100

ARLINGTON, VIRGINIA 22201

(703) 228-4460



## DETENTION FACILITY

1435 N. COURTHOUSE ROAD

ARLINGTON, VIRGINIA 22201

(703) 228-7286



# CHARACTER/BACKGROUND QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Turned in on: \_\_\_\_\_

# READ THESE INSTRUCTIONS FIRST!

This form is part of the initial phase of the employment process. **It is imperative that all questions are answered in detail.** Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 10 or on a separate page that can be attached to the back of the questionnaire. Each answer should be numbered to correspond with the appropriate question.

## Applicant, please note:

### **You MUST provide the following documents upon submission of your Questionnaire:**

1. Proof of your United States citizenship (i.e. U.S. Birth Certificate, or Certificate of Naturalization or U.S. Passport)
2. High school diploma or equivalent certificate
3. Social Security Card
4. Driver’s License

### **If applicable, furnish copies of:**

1. Military discharge (DD-214) Member copy 1 and 4
2. Certified copies of college or university transcript(s)
3. If you currently or have previously had a driver’s license in a state other than Virginia, provide your official driving transcript from the DMV/MVA office
4. Documentation of any child support obligations or other financial settlements or obligations
5. Documentation of any legal name changes

## **YOU ARE RESPONSIBLE FOR NOTIFYING THE BACKGROUND INVESTIGATION SECTION IF YOU:**

- Change any of the following:
  - Address
  - Telephone number
  - Employment
  - Marital status
  - Any other pertinent information
- Apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies
- Receive any traffic violations, arrests of any nature, have a motor vehicle accident, or any involvement with a law enforcement agency.

**I HAVE READ THE ABOVE STIPULATIONS AND FULLY UNDERSTAND THEM.**

\_\_\_\_\_  
*CANDIDATE NAME (print)*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*WITNESS NAME (print)*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

Mail the completed package to:

**Arlington County Sheriff’s Office  
(Attn: Background Investigators)  
1425 N. Courthouse Road, Suite #9100  
Arlington, VA 22201**

## PERSONAL HISTORY

1. **Name (Print):** (Last, First Middle)

**Maiden Name:**

**Previous Names/Nicknames:**

2. **Have you ever legally changed your name?** ( ) NO ( ) YES

Previous Name: \_\_\_\_\_

Court Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

3. **Present Address:** (Number, Street, Apt. #, City, County, State, Zip Code)

4. **Contact Information:**

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Social Security Number:**

/ /

**Date of Birth:**

/ /

**Hair Color:**

**Eye Color:**

**Height:**

**Weight:**

**Race:**

**Gender:**

5. **Place of Birth:** (City, State, Country)

6. **Where did you grow up?** (City, State, Country)

**Place of Naturalization:** (if applicable)

City and State: \_\_\_\_\_ Date of Naturalization: \_\_\_\_\_ Naturalization Certificate Number: \_\_\_\_\_

7. **Father's Name:** \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

8. **Mother's Name:** \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*If you were raised by someone other than your biological parents, provide the following information:*

Name:

Relationship:

Address:

Telephone Numbers: Home:

Mobile:

9. **What is your present marital status?** ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

**Spouse:** (Include maiden name, if applicable)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

10. **How many times have you been married?** \_\_\_\_\_ **Number of times divorced?** \_\_\_\_\_ **Widowed?** \_\_\_\_\_

Name of ex-spouse

Address

Date of Divorce

Jurisdiction

1. \_\_\_\_\_

2. \_\_\_\_\_

11. **List the names, ages and addresses of your brothers, half/step-brothers, sisters, half/step-sisters.**

*Additional information on page* \_\_\_\_\_

Name

Date of Birth

Address

Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

12. **Do you have any children/dependents?** ( ) NO ( ) YES *If YES, provide:* *Additional information on page* \_\_\_\_\_

Name

Date of Birth

Address

Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

13. Have you ever possessed, used, experimented with, or sold any illegal drug or drug not prescribed to you?  
 ( ) NO ( ) YES (Method: possessed, used, experimented, sold) (Most Recent Usage: Provide Month and Year)

Drug Name	# of times	Method	Most Recent Usage	Drug Name	# of times	Method	Most Recent Usage
Marijuana				Ecstasy/MDMA/Molly			
Hash				Barbiturates			
Cocaine				Morphine			
Crack				Methamphetamine/Ice			
LSD				Mescaline			
PCP				Codeine			
Acid				Designer Drugs			
Heroin				Steroids			
Mushrooms				Inhalants			
Peyote				Non-prescribed drug			
Opium				Additional drugs and information on page ____			

### EDUCATION

14. Name of High School graduated from or last attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Year Graduated: \_\_\_\_\_  
 Dates Attended: \_\_\_\_\_  
*If you did not graduate:* Highest grade completed: \_\_\_\_\_  
 G.E.D.: give date and State of issuance: \_\_\_\_\_

15. Provide the information for any other schools you have attended:

College, University, Other	Major	Years Attended	GPA	Degree(s) Awarded

16. Have you ever attended a police or public safety academy? ( ) NO ( ) YES If YES, provide:

Name of Academy, address	Course of Instruction	Dates Attended
1. _____	_____	_____
2. _____	_____	_____

### APPLICATIONS WITH OTHER AGENCIES

17. Have you ever applied for employment with any law enforcement agency? ( ) NO ( ) YES  
 If YES, list: (Include Federal, State, Local or any other Public Safety employer.) Additional information on page \_\_\_\_

- 1) Date Applied: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Status: \_\_\_\_\_  
 Investigator Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_
- 2) Date Applied: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Status: \_\_\_\_\_  
 Investigator Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_
- 3) Date Applied: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Status: \_\_\_\_\_  
 Investigator Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

18. Have you ever been requested to take a polygraph? ( ) NO ( ) YES If YES, reason and where administered:

\_\_\_\_\_

\_\_\_\_\_

19. Have you ever been denied employment or asked to resign from any law enforcement/public safety agency?  
 ( ) NO ( ) YES If YES, explain and provide the internal investigation report:

\_\_\_\_\_

\_\_\_\_\_

## FINANCIALS

20. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Additions on page \_\_\_\_\_

21. Have you ever filed or been adjudicated bankruptcy? ( ) NO ( ) YES *If YES, provide the following:*

Date of Discharge in Bankruptcy \_\_\_\_\_ Location \_\_\_\_\_

Court of Jurisdiction \_\_\_\_\_ Amount of Indebtedness \$ \_\_\_\_\_

Give pertinent details:

\_\_\_\_\_  
 \_\_\_\_\_

22. Have you ever been taken to court for a financial reason? (lawsuit, collections settlement, etc.)

( ) NO ( ) YES *If YES, give details, such as date, place, court, amount of each judgement and final disposition:*

\_\_\_\_\_  
 \_\_\_\_\_

23. Do you currently have any unpaid taxes, fines, or bills in collections? ( ) NO ( ) YES *If YES, give details:*

\_\_\_\_\_  
 \_\_\_\_\_

24. Are you obligated to pay alimony or child support? ( ) NO ( ) YES

Do you receive alimony or child support payments? ( ) NO ( ) YES

*If YES to either question, list to or from whom:* \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ per month, total per year \$ \_\_\_\_\_

Details: \_\_\_\_\_

## CRIMINAL HISTORY

25. Have you ever been charged, detained or arrested for any criminal offense in your lifetime?

( ) NO ( ) YES *If YES, please describe: Additional information on page \_\_\_\_\_*

Date	Jurisdiction	Charge(s)	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Have you ever committed ANY crime for which you were not caught? ( ) NO ( ) YES *If YES, describe:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## MOTOR VEHICLE DRIVING HISTORY

27. In what state are you currently licensed to drive? \_\_\_\_\_ Permit Number: \_\_\_\_\_

Are there any restrictions or special conditions attached with your operator's license? ( ) NO ( ) YES

If YES, explain: \_\_\_\_\_

List any other state(s) in which you have been licensed to operate a motor vehicle and provide the permit number:

\_\_\_\_\_

28. List all tickets, summons, citations that you have received regardless of the disposition. (i.e. found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets).

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Additional information on page \_\_\_\_

29. Has your privilege to drive ever been suspended/revoked? ( ) NO ( ) YES If YES, give date, place and reason:

\_\_\_\_\_

## MILITARY DATA

30. Have you ever been a member of the Armed Forces, military reserve unit or the National Guard?

( ) NO ( ) YES If YES, ( ) Active ( ) Inactive

Branch name: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date entered \_\_\_\_\_ Date discharged or pending discharge \_\_\_\_\_ Highest Rank \_\_\_\_\_

Number of Enlistments \_\_\_\_\_ Primary duties \_\_\_\_\_

Type of Discharge: ( ) Honorable ( ) General ( ) Dishonorable

31. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason? ( ) NO ( ) YES If YES, explain (provide date, Branch, and reason):

\_\_\_\_\_

32. Have you ever been a member of any military service other than the United States? ( ) NO ( ) YES

If YES, Country: \_\_\_\_\_ Identification #: \_\_\_\_\_ Length of service: \_\_\_\_\_ to \_\_\_\_\_

33. During your military service as outlined above:

A) Were you ever disciplined, or did you ever receive a court-martial, captain's mast, AWOL counseling, or Article 15?

( ) NO ( ) YES If YES Explain:

\_\_\_\_\_

\_\_\_\_\_

B) Did you ever appear before any command personnel for disciplinary reasons? ( ) NO ( ) YES

If YES, provide date, charges, disposition:

\_\_\_\_\_

\_\_\_\_\_

C) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? ( ) NO ( ) YES If YES, provide date, location, allegations, dispositions:

\_\_\_\_\_

\_\_\_\_\_

34. Did you ever serve time in the military stockade or brig? ( ) NO ( ) YES If YES, provide explanation:

\_\_\_\_\_

## EMPLOYMENT HISTORY

35. **You need to list your entire work history.** Start with your current employer and continue in reverse chronological order. Include any periods of unemployment, military service, internship, volunteer, and part-time work.

*\*If you were dismissed from a job or forced to resign, write a statement giving complete details on an additional page. \* If additional space is required, make a copy of this page before filling out.*

Dates	Employer/Agency	Details	Supervisor	Reason for Leaving
_____ From  _____ To  <i>(Provide at least month and year)</i>	_____  _____ Name  _____  _____ Address	_____ Position  _____ Salary/Hourly Rate  _____ Full/Part Time? Internship? Volunteer?	_____ Full Name  _____ Direct Phone Number  _____ Email Address	
_____ From  _____ To  <i>(Provide at least month and year)</i>	_____  _____ Name  _____  _____ Address	_____ Position  _____ Salary/Hourly Rate  _____ Full/Part Time? Internship? Volunteer?	_____ Full Name  _____ Direct Phone Number  _____ Email Address	
_____ From  _____ To  <i>(Provide at least month and year)</i>	_____  _____ Name  _____  _____ Address	_____ Position  _____ Salary/Hourly Rate  _____ Full/Part Time? Internship? Volunteer?	_____ Full Name  _____ Direct Phone Number  _____ Email Address	
_____ From  _____ To  <i>(Provide at least month and year)</i>	_____  _____ Name  _____  _____ Address	_____ Position  _____ Salary/Hourly Rate  _____ Full/Part Time? Internship? Volunteer?	_____ Full Name  _____ Direct Phone Number  _____ Email Address	
_____ From  _____ To  <i>(Provide at least month and year)</i>	_____  _____ Name  _____  _____ Address	_____ Position  _____ Salary/Hourly Rate  _____ Full/Part Time? Internship? Volunteer?	_____ Full Name  _____ Direct Phone Number  _____ Email Address	

## RESIDENTIAL HISTORY

36. **List all of your residences.** Provide the contact information of your nearest neighbor, roommate, landlord, etc., associated with each location. *\* If additional space is required, make a copy of this page before filling out.\**

Time Frame	Complete Address	Residential Reference
From:		Name: _____ Relationship: _____
To:		Email: _____ Phone: _____
From:		Name: _____ Relationship: _____
To:		Email: _____ Phone: _____
From:		Name: _____ Relationship: _____
To:		Email: _____ Phone: _____
From:		Name: _____ Relationship: _____
To:		Email: _____ Phone: _____
From:		Name: _____ Relationship: _____
To:		Email: _____ Phone: _____

## CHARACTER REFERENCES

37. **Provide contact information for six people that you have known for at least one year, who are not related to you by blood or marriage, and who are not already listed under employment or residential history.**

1. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_
2. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_
3. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_
4. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_
5. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_
6. Name \_\_\_\_\_ | Telephone | Cell: \_\_\_\_\_ | Home: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ | Occupation: \_\_\_\_\_



38. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? ( ) NO ( ) YES  
*The Arlington County Sheriff's Office requires that all newly hired Deputy Sheriffs/Trainees refrain from tobacco product use. If hired, you will be required to sign an employment contract to that effect. Breach of this contract is grounds for termination.*

39. Do you have any body art (tattoos, piercings, skin branding, etc)? ( ) NO ( ) YES  
*If YES, provide details (what is it, how many, where are they located, what do they look like):*

\_\_\_\_\_

\_\_\_\_\_

*The Arlington County Sheriff's Office requires that all newly hired Sheriff's Office personnel conceal all body art (tattoos, piercings, and skin branding) by the use of the authorized uniform, or civilian attire, while on duty.*

40. Are you a member, or have you ever been a member, or had any affiliation with a subversive organization, or any political party or organization which advocates the overthrow of the United States government?  
( ) NO ( ) YES *If YES, explain:*

\_\_\_\_\_

\_\_\_\_\_

41. Are you now, or have you ever been a member, or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion, gender, sexual orientation or ethnic origin? ( ) NO ( ) YES *If YES, explain:*

\_\_\_\_\_

\_\_\_\_\_

42. Languages spoken other than English: \_\_\_\_\_

43. In 100 words or less, state why you would like to be employed by the Arlington County Sheriff's Office.  
*This statement **MUST** be in your own handwriting.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

44. How did you find out about this position? (Name of referral, location of job fair, web site, etc.): \_\_\_\_\_

I understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE** or **INCOMPLETE** answers will disqualify me for employment.

**Sign this page in the presence of a Notary Public**

*I hereby certify that all information in this Background Questionnaire is accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

