

## PHQ INSTRUCTIONS

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PHQ AND BE SURE TO ATTACH ALL REQUIRED DOCUMENTS. DO NOT DELAY THE PROCESSING OF YOUR APPLICATION BY FAILING TO PROVIDE COMPLETE RESPONSES AND OMITTING REQUIRED DOCUMENTS! YOUR COMPLETED PHQ PACKAGE MUST BE TYPED OR CLEARLY HANDWRITTEN.**

To be eligible for employment, you must successfully pass a background investigation. The PHQ is an investigative tool used by the Crewe Police Department (CPD) to begin this process. Print this document as **one (1) sided** (do not print front and back). In addition, you must comply with the following instructions:

1. Be absolutely truthful when completing each section of the PHQ. Misrepresentation or falsification may be grounds to disqualify you from further consideration in the application process. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Unanswered questions or incomplete responses may result in your disqualification.
2. If additional space is needed to complete a response(s) for any question/section, use section 20 and notate the page number and question/section number with the corresponding answer. If additional space is needed, attach an 8 ½ X 11 with your answer notating the corresponding page number and question/section number.
3. **There are places on the PHQ that require your signature and/or initial.** When you print out the application, be sure to sign and/or initial in the spaces provided **(each page of the application requires that you initial the bottom left hand corner).**
4. Attach to the PHQ photocopies of the following documents:
  - Social Security Card
  - Driver's License **OR** DMV issued Identification Card
  - State DMV driving record showing convictions/points (non-Virginia applicants only)
  - Birth Certificate
  - High School Diploma **OR** High School Transcripts **OR** GED Certificate
  - DD-214 **OR** Photocopy of Active Duty Military ID (Copy of DD-214 required after separation)

You will be required to show the originals of these documents to your background investigator when you enter the background investigative phase.
5. Materials should be sent via regular mail; FEDEX; UPS; or emailed to [police@crewevapo.us](mailto:police@crewevapo.us).

If you do not own a personal computer, you may wish to visit your local public library.

## **DISQUALIFIERS FOR CREWE POLICE OFFICER**

The following is a listing of concerns that may result in a candidate's disqualification from consideration for employment as a Police Officer. Candidates are encouraged to contact the Crewe Police Department Professional Standards Section staff to discuss any questions or concerns regarding the areas listed below.

### **Criminal History**

1. Conviction, guilty plea or no contest plea of any felony.
2. Conviction, guilty plea, or no contest plea of any misdemeanor sex offense, including but not limited to sexual battery under Virginia Code §18.2-67.4 or consensual sexual intercourse with a minor 15 or older under clause (ii) of Virginia Code §18.2-371 or any crime requiring registration in the Virginia Sex Offender Registry.
3. Conviction, guilty plea, or no contest plea of domestic assault under Virginia Code §18.2-57.2 or any offense that would be domestic assault under the laws of another state or the United States.
4. Conviction, guilty plea, or no contest plea of any misdemeanor involving moral turpitude, including but not limited to petit larceny under Virginia Code §18.2-96 or any offense involving moral turpitude that would be a misdemeanor if committed in the Commonwealth.

Any potential applicant with a misdemeanor conviction is encouraged to contact Professional Standards Section at 434-645-7472 and ask to speak with the lead background investigator to discuss their specific issue.

### **Driving History**

1. Any conviction, guilty plea or no contest plea of driving under the influence of drugs or alcohol, refusal to take blood or breath test, eluding police, racing, or leaving the scene of an accident within the last 5 years.
2. Any moving traffic violations within the last 3 years, whether or not convicted.

### **Drugs**

1. Sale of any drug listed in the drug standards and schedules set forth in Virginia Code §54.1-3443 et seq. without a valid license authorizing sale of specified drugs. Any other distribution will be evaluated on a case-by-case basis.
2. Unlawful use or possession of any illegal drug, including but not limited to heroin, cocaine, hallucinogens, methamphetamine, etc. or any derivative thereof (except marijuana).
3. Illegal use or possession of anabolic steroids.
4. Illegal use or possession of marijuana or a derivative thereof within the previous ten (10) years.

### **Others**

1. Dishonorable discharge from any military service.
2. Untruthfulness and/or the intentional withholding of information on any application, interview, or paperwork associated with the position. Examples of intentional withholding of information would include deliberate inaccuracies or incomplete statements.
3. Intentional failure to follow the directions outlined in the recruitment process or relying on others to complete any portion of a testing process.

**NOTE:**

This is not intended to be an exhaustive listing of background disqualifiers. The additional areas of concern listed below will be evaluated on a case-by-case basis within the context of the full background investigation/review.

- Involvement in past criminal activity not resulting in criminal conviction.
- Reduction of charges as a result of a plea agreement or other form of sentencing disposition prior to a conviction in any of the aforementioned criminal and driving history categories.
- Other Class 1 or 2 misdemeanors
- Crimes committed as a juvenile, including undetected crime.
- Patterns of reckless and/or irresponsible driving
- Convictions of driving under the influence
- Illegal drug use or possession that does not fall within the parameters defined above, including the use or possession of prescription drugs without a proper prescription.
- Less than honorable military discharge, erratic work record, or unfavorable employment references
- Pending litigation or prosecution for criminal offenses must be resolved prior to consideration for employment.
- Demonstrated history of financial irresponsibility. (Examples of concerns include unpaid collections or unsatisfactory judgments where no payment plan has been established.)

**References are provided throughout from the Code of Virginia; however, comparable violations of other state code or the United States Code would also be disqualifying.**

# Crewe Police Department

Town of Crewe, Virginia

## Personal History Questionnaire



Position applied for : \_\_\_\_\_

\_\_\_\_\_  
Name : Last, First, Middle

\_\_\_\_\_  
Social Security No.:

\_\_\_\_\_  
Present address : Street & Apartment No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone No. : Residential

\_\_\_\_\_  
Cellular

\_\_\_\_\_  
Business

\_\_\_\_\_  
Date of birth : (month / day / year)

\_\_\_\_\_  
Driver license No.

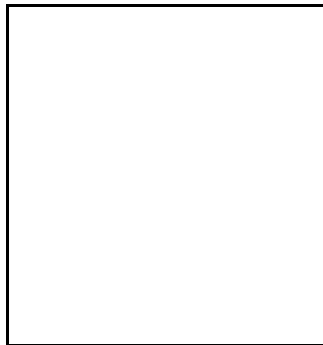
\_\_\_\_\_  
State

\_\_\_\_\_  
Race / Ethnicity

\_\_\_\_\_  
Passport Photo

\_\_\_\_\_  
Crewe P.D. backgrounds use only.

- White (Non-Hispanic)
- Black (Non-Hispanic)
- Hispanic
- Asian / Pacific Islander
- American Indian / Alaskan Native
- Other



Date received :	_____
Received by :	_____
Referred by :	_____
Law Enforcement Certificates:	
<input type="checkbox"/>	Police
<input type="checkbox"/>	Corrections (cross-over eligible)
<input type="checkbox"/>	Uncertified

Crewe Police Department  
Town of Crewe, Virginia

Personal History Questionnaire

1.  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

2.  
Female  Male

3.  
Alias(es), Nickname, Maiden name, or other name change(s) - include official document(s):  
\_\_\_\_\_

4.  
Race / Ethnicity:  
 White (Non-Hispanic)  Hispanic  American Indian / Alaskan Native  
 Black (Non-Hispanic)  Asian / Pacific Islander  Other, Explain : \_\_\_\_\_

5.  
U.S. Citizen:  Yes  No Native:  Yes  No Naturalized Certificate No.: \_\_\_\_\_ Date, Place, and Court: \_\_\_\_\_

6.  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Scars, tattoos, and distinguishing marks: \_\_\_\_\_

7.  
Date of birth (Month / Day / Year): \_\_\_\_\_ Place of birth (City, State, Country): \_\_\_\_\_

8.  
Present address: Street & Apartment No. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

9.  
With whom do you reside?:  
\_\_\_\_\_

10.  
Marital status:  
 Single  Married  Engaged  Separated  Divorced

11.  
If married, are you living with your spouse?  Yes  No  
If no, state reason(s): \_\_\_\_\_

12.

significant other (if applicable):

Name: \_\_\_\_\_ Telephone No.: Residential: \_\_\_\_\_

Present address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

13.

Information concerning marriage(s) (if applicable):

Date married	Where performed	Spouse's name (Wife maiden)	Date of birth	Social Security No.

14.

Information concerning divorce(s), annulment(s) (if applicable):

Name: \_\_\_\_\_ Telephone No.: Residential: \_\_\_\_\_

Present address: \_\_\_\_\_ Date of order: \_\_\_\_\_

By whom, where issued (Court and State): \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone No.: Residential: \_\_\_\_\_

Present address: \_\_\_\_\_ Date of order: \_\_\_\_\_

By whom, where issued (Court and State): \_\_\_\_\_

15.

Information concerning separation(s) (if applicable):

Name: \_\_\_\_\_ Telephone No.: Residential: \_\_\_\_\_

Present address: \_\_\_\_\_ Date separated: \_\_\_\_\_

Reason: \_\_\_\_\_

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Name: \_\_\_\_\_ Telephone No.: Residential: \_\_\_\_\_

Present address: \_\_\_\_\_ Date separated: \_\_\_\_\_

Reason: \_\_\_\_\_

16.

Information concerning children; born to you, adopted, or stepchildren (if applicable):	
Name: _____	Place of birth: _____
Present address: _____	Date of birth: _____
Resides with: _____	Supported by: _____
Name: _____	Place of birth: _____
Present address: _____	Date of birth: _____
Resides with: _____	Supported by: _____
Name: _____	Place of birth: _____
Present address: _____	Date of birth: _____
Resides with: _____	Supported by: _____

17.

Are you now supporting all children listed on Question # 16?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, state reason(s): _____		
_____		

18.

Information concerning other dependant(s) claimed as exemptions on your income tax, other than your spouse and children previously listed under Question # 16 (if applicable):			
Name	Present address	Relationship	% of support provided

19.

Information concerning family. List in the order given, showing relationship; parents, guardians, stepparents, siblings, in-laws, and any other individuals you have resided with.			
Relationship	Name	Present address	Residential Telephone No.
Father			
Mother (Maiden)			

Information concerning residences. List all residences for the past ten (10) years beginning with your present address. Complete all information for landlords (if applicable):

From: _____	To: _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Present address: _____	City: _____		
State: _____	County: _____	Zip code: _____	
Landlord's name: _____	Telephone No.: _____		
Landlord's Address: _____	City: _____		
State: _____	County: _____	Zip code: _____	

From: _____	To: _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Present address: _____	City: _____		
State: _____	County: _____	Zip code: _____	
Landlord's name: _____	Telephone No.: _____		
Landlord's Address: _____	City: _____		
State: _____	County: _____	Zip code: _____	

From: _____	To: _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Present address: _____	City: _____		
State: _____	County: _____	Zip code: _____	
Landlord's name: _____	Telephone No.: _____		
Landlord's Address: _____	City: _____		
State: _____	County: _____	Zip code: _____	

From: _____	To: _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Present address: _____	City: _____		
State: _____	County: _____	Zip code: _____	
Landlord's name: _____	Telephone No.: _____		
Landlord's Address: _____	City: _____		
State: _____	County: _____	Zip code: _____	





**Information concerning military.**

Have you ever served in the United States Military or Coast Guard, including R.O.T.C.?  Yes  No

Branch of service: \_\_\_\_\_ Unit or Ship: \_\_\_\_\_

Service No.: \_\_\_\_\_ Highest rank: \_\_\_\_\_

How many periods of active military service / duty have you had? \_\_\_\_\_

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List all medals and decorations awarded to you as a member of the armed forces: \_\_\_\_\_

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Type of discharge:  
 Honorable  Dishonorable  General  Honorable Conditions  Other

If other, explain: \_\_\_\_\_

Date and location of discharge: \_\_\_\_\_

Date and location of entrance to active duty: \_\_\_\_\_

Give period(s) of active military service: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you now or were you ever on active or inactive duty on any branch of the United States Reserve Forces?  
 Yes  No If yes, which one:  Active  Inactive

Are you now or were you ever a member of the National Guard?  Yes  No

If yes, provide: State: \_\_\_\_\_ Regiment: \_\_\_\_\_ Unit: \_\_\_\_\_

Rank: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Present draft classification: \_\_\_\_\_

Date of classification: \_\_\_\_\_ Selective service No.: \_\_\_\_\_

Draft board number and location: \_\_\_\_\_

Have you ever been court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action while a member of the armed forces?  
 Yes  No If yes, explain: \_\_\_\_\_

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Have you ever had any disciplinary action taken against you in the National Guard or other reserve unit?  
 Yes  No If yes, explain: \_\_\_\_\_

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List any other information pertaining to military not requested above. \_\_\_\_\_

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28.

Information concerning employment.

What is your occupation or calling: \_\_\_\_\_

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?  
 Yes     No    If yes, explain: \_\_\_\_\_

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Were you ever discharged, terminated, fired, or forced to resign because of misconduct or unsatisfactory service for other than medical reasons (except military)?  
 Yes     No    If yes, explain, giving name and address of employer, approximate date and reason for each case. \_\_\_\_\_

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Have your employers always treated you fairly?     Yes     No    If not, explain: \_\_\_\_\_

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Do you object to wearing a uniform?     Yes     No

Do you object to working nights?     Yes     No

Have you had experience with shift work?     Yes     No

Have you ever received unemployment insurance or other Federal, State, or Local benefits or assistance?  
 Yes     No    If yes, state type of assistance, local office address, and length of assistance. \_\_\_\_\_

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29.

Information concerning employment. List all jobs you have held in the past ten (10) years beginning with the present employment to include military service in the proper time sequence, all period(s) of unemployment, part-time, temporary, seasonal, voluntary, and self-employed.

From:	Name of Employer:	Full Time:	Part time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To:	Address - Street & Suite No.:	City, State, Zip code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beginning salary:	Telephone No.:	Job title:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ending salary:	Name of supervisor:	Name of co-worker:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of duties:			
<input type="text"/>			
Reason for leaving:			
<input type="text"/>			

29. (Continued)

From:	Name of Employer	Full Time:	Part time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To:	Address - Street & Suite No.	City, State, Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beginning salary	Telephone No.	Job title:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ending salary:	Name of supervisor	Name of co-worker	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of duties:			
<input type="text"/>			
Reason for leaving			
<input type="text"/>			
From:	Name of Employer	Full Time:	Part time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To:	Address - Street & Suite No.	City, State, Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beginning salary	Telephone No.	Job title:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ending salary:	Name of supervisor	Name of co-worker	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of duties:			
<input type="text"/>			
Reason for leaving			
<input type="text"/>			
From:	Name of Employer	Full Time:	Part time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To:	Address - Street & Suite No.	City, State, Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beginning salary	Telephone No.	Job title:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ending salary:	Name of supervisor	Name of co-worker	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of duties:			
<input type="text"/>			
Reason for leaving			
<input type="text"/>			
From:	Name of Employer	Full Time:	Part time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To:	Address - Street & Suite No.	City, State, Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beginning salary	Telephone No.	Job title:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ending salary:	Name of supervisor	Name of co-worker	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of duties:			
<input type="text"/>			
Reason for leaving			
<input type="text"/>			

30.

Information concerning vehicle operator license.

Can you operate a motor vehicle?  Yes  No

Do you now or did you ever possess a valid driver license from the State of Virginia?  Yes  No

Driver license No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Did you ever possess a driver license issued by any state other than Virginia?  Yes  No

If yes, provide the following: Driver license No.: \_\_\_\_\_ State: \_\_\_\_\_

Date issued: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Was your license ever suspended or revoked?  Yes  No If yes, explain giving date and length of action: \_\_\_\_\_

Was your license ever restored?  Yes  No Explain: \_\_\_\_\_

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Have you ever been refused a driver license by any state?  Yes  No

If yes, explain: \_\_\_\_\_

Has your driver license ever been restricted due to traffic offense convictions or placed on negligent operator's probation?  Yes  No If yes, explain: \_\_\_\_\_

31.

Information concerning motor vehicle accidents (if applicable).

Have you ever been involved in a motor vehicle accident?  Yes  No

If yes, explain giving complete details for each accident:

Date: \_\_\_\_\_ Police investigated?:  Yes  No

Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

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Date: \_\_\_\_\_ Police investigated?:  Yes  No

Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

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Date: \_\_\_\_\_ Police investigated?:  Yes  No

Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

---

Date: \_\_\_\_\_ Police investigated?:  Yes  No

Location: \_\_\_\_\_ Cause of accident: \_\_\_\_\_

Who was charged with accident and court disposition? \_\_\_\_\_

32.

Information concerning traffic citation(s) (if applicable). List all traffic citations, and parking tickets, you have received.

Location ( Street, City, State)	Approximate Date	Violation	Disposition

33.

Information concerning vehicle (if applicable). List all vehicles you currently own or operate.

Year	Make	Model	Color	Tag No.	Own / Lease

34.

Information concerning motor vehicle insurance (if applicable).

Do you presently have automobile liability insurance?  Yes  No

If no, explain: \_\_\_\_\_

If yes, give the following information:

Name of Company	Policy No.	Name of Agent	Telephone No. of Agent

Dates of coverage: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

If you have been insured by this company for less than three (3) years, list the previous insurance company.

Name of Company	Policy No.	Name of Agent	Telephone No. of Agent

Dates of coverage: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List your present policy coverage. \_\_\_\_\_

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Have you ever had automobile insurance withdrawn or revoked?  Yes  No

If yes, explain: \_\_\_\_\_

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Have you ever been refused automobile insurance?  Yes  No

If yes, explain: \_\_\_\_\_

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Information concerning arrest, and detention (if applicable). Include juvenile, traffic, and expunged or sealed arrests.

Have you ever been arrested or detained by any law enforcement agency?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Crime charged: \_\_\_\_\_ Law Enforcement agency: \_\_\_\_\_

Date: \_\_\_\_\_ Case disposition: \_\_\_\_\_

Have you ever been placed on probation?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been required to pay a fine?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been reported as a missing person?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been fingerprinted by a law enforcement agency for any reason?  Yes  No

If yes, complete the following: ( all answers will be checked with the F.B.I. and respective agency.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Have you ever been advised of your Miranda rights?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been the subject of a police investigation?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever taken a polygraph evaluation?  Yes  No

If yes, complete the following:

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

\_\_\_\_\_

35. (Continued)

Information concerning arrest, and detention (if applicable). Include juvenile, traffic, and expunged or sealed arrests.

Has any member of your immediate family ever been arrested or convicted of a criminal offense?

Yes  No If yes, provide:

Name	Relationship	Offense	Arresting agency	Date

Have you or any member of your immediate family ever been the victim of a crime?  Yes  No  
 If yes, explain: \_\_\_\_\_

Do you know of anyone who is an enemy or who might try to harm you in any way?  Yes  No  
 If yes, explain: \_\_\_\_\_

36.

Information concerning litigation(s) (if applicable).

Have you or your spouse ever sued anyone (civil court plaintiff)?  Yes  No

If yes, explain: \_\_\_\_\_

Have you or your spouse ever been sued by anyone (civil court defendant)?  Yes  No

If yes, explain: \_\_\_\_\_

37.

Information concerning financial information.

Is your life insured?  Yes  No If yes, provide:

Insurer: \_\_\_\_\_ Value or amount: \_\_\_\_\_

Insurer address: \_\_\_\_\_

Do you have a checking account?  Yes  No If yes, provide:

Account No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Do you have a savings account?  Yes  No If yes, provide:

Account No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of institution: \_\_\_\_\_ City & State: \_\_\_\_\_



37. (Continued)

<b>Information concerning financial information.</b>			
Do you have any investments (including stocks, bonds, etc.)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:			
Amount invested:	_____		
Name of institution:	_____	City & State:	_____
Amount invested:	_____		
Name of institution:	_____	City & State:	_____
Do you own or are you presently buying your own home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:			
Name of institution:	_____	City & State:	_____
Mortgage balance:	_____	Mortgage payment:	_____
Name of insurance institution:	_____	City & State:	_____
Do you own or are you presently buying other real estate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:			
Type of real estate:	_____	Amount invested:	_____
Name of institution:	_____	City & State:	_____
Do you own or are you presently buying an automobile?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:			
Loan balance:	_____	Monthly payments:	_____
Name of institution:	_____	City & State:	_____
Make of vehicle:	_____	Year of vehicle:	_____
		Tag No.:	_____
Loan balance:	_____	Monthly payments:	_____
Name of institution:	_____	City & State:	_____
Make of vehicle:	_____	Year of vehicle:	_____
		Tag No.:	_____
Is your spouse presently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:			
Occupation:	_____	Date hired:	_____
		Salary:	_____
Employer's address: _____			
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____			
_____			
Have you ever had an account(s) placed in a collection agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____			
_____			
What is your total indebtedness at the present time (include all debts)? _____			
Have your creditor(s) treated you fairly?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain: _____			
_____			
_____			

37. (Continued)

Information concerning financial information.

Do you presently have or have had charge or credit accounts from which you have borrowed money for any purpose.  
 Yes  No If yes, provide:

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

Name of institution: \_\_\_\_\_ Account type: \_\_\_\_\_  
Institution address: \_\_\_\_\_  
Date opened: \_\_\_\_\_ Date closed: \_\_\_\_\_ Current balance: \_\_\_\_\_  
Purpose : \_\_\_\_\_

38.

Information concerning controlled substance abuse (if applicable).

Have you ever possessed, smoked, or ingested by any means, marijuana without legal authorization?  
 Yes  No If yes, explain circumstances, frequency, and last date used : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever possessed, injected, inhaled, swallowed, or ingested by any means, any illegal drug(s) without legal authorization?  Yes  No If yes, explain circumstances, frequency, and last date used : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39.

Information concerning character references. Do not include relatives, persons living outside the United States or its Territories. All references must have definite knowledge of your qualifications for the position you are applying. Do not repeat the names of supervisors under Question # 29. List all 8 character references.

Name of reference	Years known	Reference's address (Street, City, State, Zip code)	Telephone No.

Are you acquainted with any member of the Crewe Police Department?  Yes  No  
 If yes, whom and how: \_\_\_\_\_

40.

Information concerning past and or present membership in organizations.

Have you been or are you currently a member of any organization?  Yes  No If yes, provide:

Name of organization: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type: \_\_\_\_\_ Office or Position held: \_\_\_\_\_  
 Membership: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type: \_\_\_\_\_ Office or Position held: \_\_\_\_\_  
 Membership: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type: \_\_\_\_\_ Office or Position held: \_\_\_\_\_  
 Membership: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type: \_\_\_\_\_ Office or Position held: \_\_\_\_\_  
 Membership: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type: \_\_\_\_\_ Office or Position held: \_\_\_\_\_  
 Membership: From: \_\_\_\_\_ To: \_\_\_\_\_

40. (Continue)

Information concerning past and or present membership in organizations.	
Are you now or have you ever been a member of the Communist Party U.S.A. or any Communist organization(s) anywhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member of a Fascist organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now associating with, or have you ever associated with individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at, or participation in any organizations, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter prepared, reproduced, or published, by them or any of their agents or instrumentalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the answers above, describe the circumstances. Attach sheets for a full detail statement. If associated with any of these organizations, specify nature and extent of associations with each, including office or position held, and include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.	

41.

Information concerning civil service (if applicable).					
Have you ever taken a civil service competitive examination?			Yes	No	If yes, provide:
Agency (City, State)	Date of Examination	Position applied for	Position on list	Present status	

Are you now on any eligibility list?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been placed in an eligibility list and not hired?  Yes  No

If yes, explain: \_\_\_\_\_

Were you ever rejected for any civil service position?  Yes  No

If yes, explain: \_\_\_\_\_

Have you previously submitted an application for employment with the Crewe Police Department or any other Law Enforcement agency?  Yes  No If yes, provide:

Date	Position applied for	Name of agency

42. Information concerning incidents reflective upon suitability to perform duties not mentioned herein (if applicable).

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement capacity or which might require further explanation?

Yes  No If yes, explain: \_\_\_\_\_

43. Comments or remarks you believe may be important.

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



# Crewe Police Department



Town of Crewe, Virginia

Employment Waiver



I, \_\_\_\_\_, thoroughly understand that I am being considered for employment as a Police Officer, and must successfully complete a Background Investigation: and after a conditional offer of employment, Psychological Evaluation, an Assessment and Oral Board, and a polygraphh if deemed necessary a Drug screening and Medical Examination (given by a physician appointed by the Crewe Police Department). I understand that should unfavorable information be developed, I will be denied employment.

I am seeking employment on the basis that I know that no unfavorable information will be developed by the Crewe Police Department with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.

I understand that the Crewe Police Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select police officer applicants is lengthy and time consuming. No promise or commitments are expected as to a time when a hiring decision and or actual hiring will take place.

I understand that certain non - exempt portions of the Background Investigation, Polygraph Evaluation, Psychological Evaluation, and Drug Screening and Medical Examination may become available for inspection by the public pursuant to the public records law. I understand and agree to the contents of this statement.

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

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

by \_\_\_\_\_ Personally known \_\_\_\_\_ or Produced identification \_\_\_\_\_  
(Name of Affiant) (Check one)

Type of identification produced: \_\_\_\_\_

\_\_\_\_\_ Notary Public \_\_\_\_\_ Notary Public, Print Name

My Commission expires: \_\_\_\_\_

# Crewe Police Department



Town of Crewe Virginia

## Military Attestment



I, \_\_\_\_\_, attest that I have never been a member of the Military Forces of the United States of America and therefore, have no records of military service on file.

\_\_\_\_\_ Date

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

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

by \_\_\_\_\_ . Personally known \_\_\_\_\_ or Produced identification \_\_\_\_\_.  
(Name of Affiant) (Check one)

Type of identification produced: \_\_\_\_\_

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

\_\_\_\_\_ Notary Public, Print Name

My Commission expires: \_\_\_\_\_





