

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.

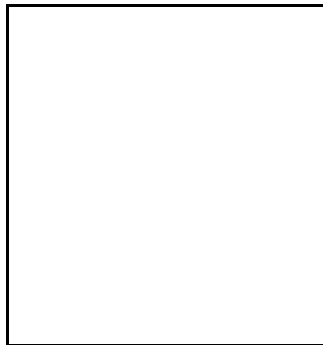
State

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. |
|--------------|-----------------|-----------------------------|---------------|---------------------|
| | | | | |
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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): _____

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: _____

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) | | | |
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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: _____ | |

21.

| Information concerning education. List all elementary, junior high, and high schools attended to include G.E.D. | | | | | | |
|---|----------|----------------|----|-----------------|-----------|----|
| Name | Location | Dates attended | | Years Completed | Graduated | |
| | | From | To | | Yes | No |
| | | | | | | |
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| | | | | | | |
| G. E. D. (if applicable) | | | | | | |

22.

| Information concerning higher education. List all colleges and universities attended (if applicable). | | | | | | |
|---|----------|----------------|----|-----------------|--------------|---------------|
| Name | Location | Dates attended | | Degree Received | Credit Hours | Year Received |
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
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23.

| Information concerning other education or training (trade, vocational, business, or military) (if applicable). | | | | | |
|--|----------|----------------|----|----------------------|-----------------|
| Name | Location | Dates attended | | Certificate Received | Courses Studied |
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

24.

Were you ever expelled or suspended from any school or disciplined by any school official? Yes No
 If yes, state reason(s): _____

25.

| Information concerning foreign language. List language(s) and indicate knowledge of each (if applicable). | | | | | | | | | |
|---|---------|------|---------|------|----------|------|---------------|------|--|
| Language | Reading | | Writing | | Speaking | | Understanding | | |
| | Exc. | Good | Exc. | Good | Exc. | Good | Exc. | Good | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

26.

Information concerning special qualifications and skills (if applicable).
 Indicate special skill(s) that you possess regarding personal computers and applicable software.

Approximate number of words per minute - Typing: _____

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? _____

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

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: _____

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

List any other information pertaining to military not requested above. _____

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: _____

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. _____

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

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. _____

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: _____

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? _____

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? _____

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 |
|---------------------------------|------------------|-----------|-------------|
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| | | | |

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. _____

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

If yes, explain: _____

Have you ever been refused automobile insurance? Yes No

If yes, explain: _____

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)

| | | | |
|--|------------------------------|-----------------------------|------------------------|
| Information concerning financial information. | | | |
| 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. |
|-------------------|-------------|---|---------------|
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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? Yes No

Are you now or have you ever been a member of a Fascist organization? Yes 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? Yes 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? Yes 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? Yes 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? Yes 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.

The following is to be executed prior to submission.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Crewe Police Department, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsifications or omissions, it will be just cause for immediate dismissal.

_____ 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



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: _____

Crewe Police Department



Town of Crewe, Virginia

Drug Screen Consent Form



I understand and agree to abide by the policies and procedures of the Crewe Police Department regarding use, possession, or sale of narcotics, hallucinogens, depressants, stimulants marijuana, or other controlled substances. I understand that evidence of any violation of the above conditions could affect my eligibility of employment with the Crewe Police Department and I agree to abide by any decision made by the employer in this regard.

_____ Date _____ Printed name _____ 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**

**Personal History Form
Authorization to Release Information**

This is to certify that I, _____, am an applicant for the position of _____, with the Crewe Police Department and that I do hereby authorize the release of any and all information to the Crewe Police Department that they may request from whomever they may deem it necessary to make such a request, from any of my records, military records, police records (including juvenile records), arrest records, court records, attendance records, traffic records, confidential records, educational records & transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Crewe Police Department.

I further understand that in the event my application is disapproved, the source of confidential information cannot be revealed to me.

Date

Signature of Applicant

Town/County of _____ Commonwealth of Virginia

Sworn to and subscribed before me this ____ day of _____, _____

Witness my hand and official seal.

Notary Signature

Notary Printed Name

Date

My Commission Expires: _____

