



SUFFOLK POLICE DEPARTMENT BACKGROUND INVESTIGATION FORM

NOTICE

This form must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (Not Applicable). Forms which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets of the same size as this form and refer to the questions answered.

CAUTION

Any willful omission or misrepresentation of facts on this form may be grounds for rejection of your application or for dismissal from city employment

Position Desired _____ Date _____

Name _____
(FIRST) (MIDDLE) (LAST)

Phone Number (HOME) _____ (WORK) _____

Other Names Used _____
(Nicknames, Aliases, Maiden Name, Former Name Changed legally or otherwise)

Present Address _____ City _____ State _____

Race _____ Sex _____ Height _____ Hair _____ Eyes _____

Date Of Birth _____ Place Of Birth _____

Social Security Number _____

Operator's License Number _____ State _____ Expiration _____

Selective Service Number _____ Draft Status _____

MILITARY SERVICE

Have you ever been a member of the Armed Forces, U.S. or foreign? _____

Branch Of Service _____ Service Number _____

Date Of Entry _____ Date Of Discharge _____

Type Of Discharge _____ Place Of Discharge _____

Military Citations And Awards Received _____

List any disciplinary actions or courts received: I.e., Article 15, NJP, Captain's Mast, Court Martial Letters of Reprimand.

DATE	COMMAND	LOCATION	CHARGE	DISPOSITION

FAMILY DATA

Present Marital Status: Single Married Widowed Separated Divorced
If Married, Widowed, Or Divorced (List Present or Former Spouse)

Name _____ SSN _____

Address _____ City _____ State _____ ZIP _____

Date Of Birth _____ Place Of Birth _____

Date Of Marriage _____ Place Of Marriage _____

Place Of Employment _____

Business Address _____

Occupation _____ Business Phone _____

If Divorced, give the date, name and location of court granting the decree

Date	Name Of Court	Location Of Court
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List the names, ages and relationship of all persons living with you.

Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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Name	Age	Relationship
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MISCELLANEOUS INFORMATION

Have you previously served as a law enforcement officer? _____

If Yes, state in what capacity, where, when, and why you left.

Have you ever applied for employment with any fire, rescue or law enforcement agency or department?

If Yes, give the date, agency, location and status of the application.

Do you have any relatives, friends, or acquaintances employed by any law enforcement, fire or rescue agency or department? If so, give their name, agency, location and position.

Name	Agency	Location	Position
Name	Agency	Location	Position
Name	Agency	Location	Position
Name	Agency	Location	Position

EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, name of institution and course of instruction. If you graduated, type of degree or diploma.

From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate
From/To	Name Of School	Location	Course	Graduate

Have you ever used any illegal drug or substance, such as Marijuana, Heroin, Speed, LSD, Cocaine, Hashish, Anabolic Steroids, or any other narcotic not listed above?

Have you ever used any prescription medication not prescribed to you?

Have you ever purchased any illegal drug or substance listed above?

Have you ever sold any illegal drug or substance?

If the answer to any of the above is yes, describe the circumstances in full below. Give the first and last time used and the extend or frequency of use.

NOTE: *The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. This depends upon the type and extend of the use of these substances. However, willful concealment of drug use will be grounds for rejection of your application or for dismissal from the city if you have been employed.*

FINANCIAL STATEMENT

Have you ever had any judgement against you, or have any pending at this time? _____

Are you currently meeting your financial obligations? _____

Have you ever been contacted by a collection agency regarding any outstanding, Unpaid debt? _____

Have you ever filed for bankruptcy? _____

Have you ever been declared officially bankrupt? _____

Have you ever received an eviction notice or unlawful detainer or Foreclosure? _____

If so, give the date, name of court and location.

List Your Current Indebtedness:

AMOUNT	TO WHOM OWED	MONTHLY PAYMENT	ITEMS PURCHASED
AMOUNT	TO WHOM OWED	MONTHLY PAYMENT	ITEMS PURCHASED
AMOUNT	TO WHOM OWED	MONTHLY PAYMENT	ITEMS PURCHASED
AMOUNT	TO WHOM OWED	MONTHLY PAYMENT	ITEMS PURCHASED
AMOUNT	TO WHOM OWED	MONTHLY PAYMENT	ITEMS PURCHASED

LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense? _____

Have you ever been detained for questioning by any law enforcement agency
In connection with a criminal act? _____

Have you ever received a summons for any offense NOT traffic related? _____

Have you ever been required to furnish bail or bond for appearance in
Any court of law? _____

Have you ever received a summons for any traffic violation? _____

Have you ever held a driver's license in any other state? _____

Has your operator's license or privilege to operate a motor vehicle ever been
Suspended in any state? _____

Have you ever been convicted in any court of law of any criminal charge:
Felony or Misdemeanor? _____

If the answer to any of the above questions is yes, explain below in detail. Give the date, place,
charge and final disposition in each case.

Date	Place	Charge	Final Disposition
Date	Place	Charge	Final Disposition
Date	Place	Charge	Final Disposition
Date	Place	Charge	Final Disposition
Date	Place	Charge	Final Disposition
Date	Place	Charge	Final Disposition

EMPLOYMENT HISTORY

Start With Your Present Employer And Work Back For The Past Ten Years. Include Periods Of Unemployment

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

From/To	Name Of Employer	Complete Address	Zip Code
Supervisor		Position Held	Salary
Reason For Leaving			Phone Number

Before signing this form, be sure that all the information you disclose to this department represents the entire truth as it related to the questions asked. *Any misrepresentation give by the applicant will be immediate grounds for termination of employment or disqualification of the applicant for employment.*

(SIGNATURE OF APPLICANT)

(DATE)

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

AFFIDAVIT

I, hereby certify that all statements contained in this background investigation form are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein. I authorize the Suffolk Police Department and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness for service in that department. I also understand that my omission or misstatement of material facts may be grounds for rejection of my application or for dismissal from city employment.

APPLICANT'S SIGNATURE IN FULL

(DATE)



SUFFOLK POLICE DEPARTMENT
120 N. WELLONS ST PO BOX 1678
SUFFOLK, VIRGINIA, 23439
PHONE 757-923-2350 FAX – 757-539-0516

POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist,
 Dentist, Hospital, Nursing Home, Medical Association
 U.S. Armed Forces, Maritime Service, Veterans Association,
 Any Academic Dean, Registrar, Principal, Guidance Counselor
 Or authorized person at any: School, College,
 University, Business School, Trade School, High School, or
 Elementary School.
Any Local, State or Federal Law Enforcement Agency
 Any Past or Present Employer
 Credit Bureau or Retail Merchants Association
 U.S. Selective Service System

I, _____, Address _____
 have applied for employment with the Suffolk Police Department, Suffolk, Virginia. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the City of Suffolk Investigator or his representative upon presentation of this release or copy thereof. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth: _____ Place of Birth: _____ Social Security No _____

Selective Service Number _____

Armed Forces Membership _____ Service No. _____

Veteran's Administration File Number _____

GIVEN under my hand, this _____ Day Of _____, 2_____.

 Signature

STATE OF _____

CITY OF _____, To Wit

This day, _____, personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public (Seal Requested)

My Commission Expires: _____