

Saltville Police Department

Personal History Questionnaire

Date: _____ Position Applied for: _____

Instructions: This record will be used as a basis for a detailed investigation of your background. Please answer all questions in your own handwriting or print, using pen and ink. Identify any additional statements by question number. If a question is not applicable, write "NA". If additional space is needed, use the back of the page.

1. Your Legal Name: _____

2. Age _____ 3. Date of Birth: _____

4. If known by other name(s) list here: _____

5. Your Present address: _____

Street Name and Number

City

State

Zip

Mailing address different than above: _____

City

State

Zip

6. Home Phone Number: _____

7. Business Phone Number: _____

8. Place of Birth: _____

City/Town

County

State

9. If naturalized, date of naturalization: _____

Place of naturalization: _____

Court: _____ Certificate Number: _____

10. Social Security Number: _____

11. Height: _____ Weight: _____ 12. Sex: M ___ F ___

13. Eye Color _____ 14. Hair Color: _____

15. Marital Status: Single Married Widowed Divorced Estranged

16. Date of Present Marriage: _____

17. Wife's Maiden Name or Husband's Full Name: _____

18. Were you married before this present marriage? Yes ___ No ___

If yes, list your ex-spouse's name and present address: _____

19. If estranged, list the present address of wife or husband:

20. If divorced, name of court _____, city/town of _____,
State of _____ where divorce was obtained.

21. If widowed, what was the cause of your spouse's death?

22. Do you have children? Yes ___ No ___
If yes, list full names and dates of birth of each children and their address.

| Name of Child | Date of Birth | Resident Address |
|---------------|---------------|------------------|
|---------------|---------------|------------------|

23. List below full names of all immediate relatives such as father, mother, sisters, brothers, stepsisters, and stepbrothers. If deceased, give date of death in address space and mark deceased. Give mother's maiden name as her middle name.

| Name of Relative and Address | Relationship | Date of Birth |
|------------------------------|--------------|---------------|
|------------------------------|--------------|---------------|

24. List each grammar school, junior and high school, trade or night school you attended to receive your high school diploma or G.E.D. Start with the most recent one attended and work back.

| Name of School and Date(s) | City | State | Graduation |
|----------------------------|------|-------|------------|
|----------------------------|------|-------|------------|

25. Higher Education: _____

| Name of School and Date(s) | City | State | Date Attended | Graduation |
|----------------------------|------|-------|---------------|------------|
|----------------------------|------|-------|---------------|------------|

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|--|--|--|--|--|
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Military Record

Complete Items 26 through 31 if applicable

26. Branch of Service: _____
Military Service Number: _____
Highest Rank Held: _____

27. Date Entered Duty _____
Date Released from Duty _____
Type of Discharge _____

28. Total months of active duty _____
List name of any military unit or National Guard Unit that you are a member of at present

Address of Unit: _____
Name of Commanding Officer: _____

29. Where you ever court-martialed while in the military service: Yes ___ No ___
If yes, state reason: _____

30. What is your reserve obligation: _____

31. Selective service status / draft board number: _____
Present draft or classification: _____
Date of classification: _____

32. List any foreign languages you can understand or speak

| Language | Understand | Speak | Read | Write |
|----------|------------|-------|------|-------|
| | | | | |
| | | | | |

33. Do you wear or have you ever worn Glasses or contact lenses? Yes No

If so, give corrected and uncorrected.

Vision Corrected Uncorrected

Right: _____

Left: _____

34. Name and address of family physician:

35. Do you have life insurance? Yes ___ No ___

If so, give name of company, address, and amount of coverage:

FINANCIAL STATUS

36. What is your present salary? Monthly _____ Annually _____

37. Do you have any supplementary income other than you present salary?
Yes ___ No ___ If yes, list sources and approximate monthly amounts

38. What is your spouse's salary and for whom do they work?

39. Do you own or are you buying a home? Yes ___ No ___

If yes, please provide the following information:

Name of Mortgage holder: _____

Address: _____

Unpaid balance: _____ Monthly payment _____

40. Do you own any other real estate? Yes ___ No ___ If yes fill in info. below

Name of Mortgage holder: _____

Address: _____

Unpaid balance: _____ Monthly payment _____

41. Do you own a motor vehicle? Yes ___ No ___, If yes complete below

Make & Model Monthly Payment Unpaid Balance

Financed by and address: _____

Make & Model Monthly Payment Unpaid Balance

Financed by and address: _____

42. Do you have a checking account? Yes ___ No ___
Bank: _____ Address: _____
Bank: _____ Address: _____

43. How long have you had this checking account? _____

44. Do you have a savings account? Yes ___ No ___
Bank: _____ Address: _____
Bank: _____ Address: _____

45. Do you rent? Yes ___ No ___ If yes list the monthly payment _____

46. List below all firms with which you have or had charge accounts

| Firm Name | Type of business | City & State | Amount | Open/Closed |
|-----------|------------------|--------------|--------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

47. Have you ever had an account placed in the hands of a collection agency?
Yes ___ No ___ If yes, explain below.

48. Have you or your spouse ever had your wages garnished?
Yes ___ No ___ If yes, explain. _____

49. Have you are your spouse ever been sued for any reason?
Yes ___ No ___ If yes, explain. _____

50. Have you ever received any traffic citations/summons?
Yes ___ No ___

| Date | Charge | Enforcement Agency | City/State | Disposition |
|-------|--------|--------------------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

51. Aside from information on item 50, have you ever been arrested or incarcerated as a material witness for an investigation by a law enforcement agency, either as a juvenile or adult?
Yes ___ No ___

| Date | Charge | Enforcement Agency | City/State | Disposition |
|-------|--------|--------------------|------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

60. List neighbor names / addresses / phone numbers that lived near you while you resided at the above listed addresses, 4 to 5 names requested.

| Name | Complete address | Phone Number |
|------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |

61. List below six (6) persons other than relatives or past employers who know you well enough to give information as to your character and reputation.

| Name | Complete address | Phone Number |
|------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

62. Have you ever made application for employment to any other police agencies? Yes ___ No ___ If yes fill in below (use back if necessary)

| Name of agency | Date | Disposition |
|----------------|------|-------------|
| | | |
| | | |
| | | |

63. If you have applied at another agency police agency, is the application still Pending? Yes ___ No ___

64. Have you ever been fired or discharged from any job you have held?
Yes ___ No ___ If yes explain (use back of sheet if necessary) :

65. Do you drink alcoholic beverages? Yes ___ No ___
Very Little _____ Social Drinker _____ Moderately _____ Heavy _____

66. Have you ever used marijuana? Yes ___ No ___
If yes, when? (Please list all dates up to most recent use.)

67. Have you ever used any other illegal controlled substance or misused any prescription drug? (Including, but not limited to cocaine in any form, ecstasy, methamphetamine, heroin)
Y
If

68. Have you ever used any type of inhalant, other than those prescribed to you by a physician?
Yes ___ No ___
If yes, list substance and dates of use:

69. Do you know of anything that would disqualify you for appointment as a Police Officer or would prevent you from fully discharging the duties of that position?
Yes ___ No ___
If yes, explain:

70. Can you type? Yes ___ No ___ Words per minute _____

71. List the names of all social, fraternal and professional organizations of which you are or have been a member.

| Name or Organization | Membership Dates | Office Held |
|-----------------------------|-------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**72. Are you now, or have you ever been a member of any organization whose intent is to overthrow the government of the United States of America?
Yes ___ No ___ If yes explain**

.....

Date(s) of employment: _____ Phone#: _____

Employer: _____

Address: _____

Salary: _____ Title: _____

Job Duties: _____

Supervisor: _____ Name of co-worker: _____

Reason for leaving: _____

Did you give a notice before leaving: Yes ___ No ___ Amount of notice _____

.....

Date(s) of employment: _____ Phone#: _____

Employer: _____

Address: _____

Salary: _____ Title: _____

Job Duties: _____

Supervisor: _____ Name of co-worker: _____

Reason for leaving: _____

Did you give a notice before leaving: Yes ___ No ___ Amount of notice _____

.....

Date(s) of employment: _____ Phone#: _____

Employer: _____

Address: _____

Salary: _____ Title: _____

Job Duties: _____

Supervisor: _____ Name of co-worker: _____

Reason for leaving: _____

Did you give a notice before leaving: Yes ___ No ___ Amount of notice _____



SALTVILLE POLICE DEPARTMENT

Town Hall Building • 217 Palmer Avenue • P.O. Box 730
Saltville, Virginia 24370



G.C. Wilcox
Chief of Police

Erik C. Puckett
Assistant Chief

Phone: (276) 496-4321
FAX: (276) 496-8935
Emergency Dial 911

Authorization For Release of Information

Any Doctor, Hospital, Medical Association, U. S. Armed Forces, Maritime Service, Veterans Administration, OR

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school), OR

Any past or present Employer, Credit Bureau of Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or the U. S. Selective System or any Law Enforcement Agency, or any Fire or Rescue Agencies.

I, _____, address: _____

_____ have applied for membership with the Saltville Police Department. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information which you may have concerning me (including a transcript of any academic record) to the Saltville Police Department or its agent upon presentation of this release or copy thereof.

- * Social Security Number: _____
- * Armed Forces Services or Serial Number (if any): _____
- * Veterans Administration Claim Number (if any): _____
- * Date of Birth: _____

Given under my hand this _____ day of _____, 20____, in the State of Virginia - County of _____:

Signature

County of _____
Commonwealth of Virginia

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

My Commission expires on the _____ day of _____, _____.

Notary Public