



Virginia Beach Police Department



PERSONAL HISTORY QUESTIONNAIRE (PHQ)

Last Name, First Name, Middle Name

Street Address, Apartment No.

City

State

Zip Code

Residence Telephone

Work Telephone

Cellular Telephone

Alternate Telephone

Email Address

What test date (Month/Year) are you applying for?

FOR DEPARTMENT USE ONLY:

Please Provide At Time of Submission:

- Authorization for Release of Information
- Consumer Credit Release
- Birth Certificate
- Driver's License
- High School Diploma / Transcripts / GED
- DD-214 OR Active Duty Military ID
- Social Security Card

Department Use Only:

- DMV No Issues / See Report
- CCH No Issues / See Report
- CREDIT No Issues / See Report
- LINX No Issues / See Report
- WAVE Application
- College Transcript(s) N/A

Date Received: _____

Received By: _____

Scanned: _____

Walk-in / Mailed / Electronic Submission

Notes:

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 [1]...

To be eligible for employment, you must successfully pass a background investigation. The PHQ is an investigative tool used by the Virginia Beach Police Department (VBPD) 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.
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. **There are three documents at the end of the PHQ that must be completed:** The "Authorization for Release of Information," "Credit Release" and "Physical Ability Testing Medical Waiver." Print out all three forms. You will need to send in the first two forms with the PHQ and other required documents listed in #5. Keep the "**Physical Ability Testing Medical Waiver**" which you need to have signed by a licensed medical physician no more than **60 days** prior to testing, and bring it with you to your written exam. You will not be permitted to enter the written exam without a signed Medical Waiver.
5. 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.

6. Submit the PHQ with all required documents at least four (4) weeks prior to your desired test date to Virginia Beach Police Department Law Enforcement Training Academy (LETA), 411 Integrity Way, Virginia Beach, VA 23451. Materials should be sent via regular mail; FEDEX; UPS; emailed to pdapplicanttesting@vb.gov; or hand-delivered to LETA.

[1] If you do not own a personal computer, you may wish to visit your local public library or contact us at 757-385-6987 to schedule an appointment to use a computer at the LETA facility.

AUTOMATIC DISQUALIFIERS FOR POLICE OFFICER

Criminal History

1. Conviction of any felony.
2. Conviction of any Class 1 or Class 2 misdemeanor, excluding traffic violations which are discussed separately, or the Virginia State Law equivalent within the last 5 years.¹
3. Any conviction of domestic violence, including simple assault against a domestic partner, spouse, child or parent.
4. Adult commission of undetected crimes of a serious or repetitive nature.

Traffic Violations

1. Three or more negative points on a Virginia Operator's License or the equivalent for out of state licenses. Points may be negated up to 5 points by attending defensive driving school offered by the Division of Motor Vehicles prior to initial testing.
2. Any conviction 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.

Drugs²

1. Sale or distribution of illegal drugs.
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) within the last ten (10) years.
3. Illegal use or possession of anabolic steroids within the last three (3) years.
4. Illegal use or possession of marijuana or a derivative thereof within the previous twelve (12) months.

Credit

Demonstrated history of financial irresponsibility. (Examples of areas of concern include unpaid collections or unsatisfactory judgments where no payment plan has been established). Please call the academy staff to discuss your specific credit issues and concerns.

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 testing process or relying on others to complete any portion of the testing process.

NOTE:

This is not intended to be an exhaustive listing of background disqualifiers. Applicants who are successful in the initial testing will undergo a thorough background investigation, including polygraph examination. Areas of concern will be evaluated on a case-by-case basis within the context of the full investigation/review. Examples of areas of concern may include, but are not limited to, the following:

- 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.
- Crimes committed as a juvenile, including undetected crime.
- Patterns of reckless and/or irresponsible driving.
- Multiple 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.

¹ Note: Some minor offenses are classified as Class 1 misdemeanors (e.g. littering), but would not result in automatic disqualification. Convictions of this nature would be evaluated on a case-by-case basis in the context of the full investigation/review. Applicants are encouraged to contact the Professional Development and Training staff to discuss any specific concerns regarding your eligibility for employment as a police officer.

² Illegal drug is defined as set forth in the Federal Controlled Substance Act, 21 U.S.C. §800 et al. and by the Code of Virginia. Effective January 2016

1. GENERAL INFORMATION

List any names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous names, etc.)

Social Security #

Are you a U.S. Citizen? Yes No

If not currently a U.S. citizen, provide the date of your application for citizenship:

Note: If a naturalized citizen, a copy of your certificate of naturalization will be required prior to employment.

2. EDUCATION**High Schools Attended:**

| Name | Address | Dates Attended | | Years Completed | Graduated | |
|------|---------|----------------|----|-----------------|--------------------------|--------------------------|
| | | From | To | | Yes | No |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Colleges or Universities Attended:

| Name | Address | Dates Attended | | Credit Hours | Degree Rec'd | Graduated | |
|------|---------|----------------|----|--------------|--------------|--------------------------|--------------------------|
| | | From | To | | | Yes | No |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Trade, Technical, Vocational, Business, or Military Schools Attended:

| Name | Address | Dates Attended | | Courses Studied | Graduated | |
|------|---------|----------------|----|-----------------|--------------------------|--------------------------|
| | | From | To | | Yes | No |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

3. FOREIGN LANGUAGE

Do you speak a language other than English? Yes No

If yes, identify your aptitude by specifying each language and your skill level as Limited, Conversational or Fluent.

| Language | Read | Speak | Understand | Write |
|----------|------|-------|------------|-------|
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4. DRIVING HISTORY

List any driver's license(s) you have held or presently hold:

| License Type (Operator's, CDL, etc.) | Driver License Number | Restriction(s) (If any) | State Issued | Issue Date | Expiration Date |
|---|--------------------------|-------------------------|-----------------|------------|--------------------|
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Has your driver's license ever been suspended or revoked? Yes No . If yes, provide detail(s) below:

| Date | State of Suspension | Length of Suspension | Reason for Suspension |
|------|------------------------|----------------------|-----------------------|
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Have you ever been denied issuance of a driver's license? Yes No . If yes, provide detail(s) below:

Have you ever been involved in a motor vehicle crash? Yes No . If yes, provide detail(s) below:

| Date | Location of Crash | Were you found to be at fault? | Citation Issued? | Injuries to any party? | Police Report Made? |
|------|-------------------|-----------------------------------|------------------|------------------------|---------------------|
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Have you ever attended a Driver Improvement Course? Yes No . If yes, provide detail(s) below:

| Date | Location of Course | Reason for taking the course (court ordered, etc.) |
|------|--------------------|--|
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4. DRIVING HISTORY (continued)

Enter all traffic summons, citations, or tickets you have received since you have been driving. This includes as a juvenile and/or adult. You must include any offense that was reduced, dismissed, and/or reclassified to a civil offense. Do NOT include parking tickets. **IF YOU HAVE NEVER RECEIVED A TRAFFIC SUMMONS, CITATION OR TICKET, WRITE “I HAVE NEVER RECEIVED A TRAFFIC SUMMONS, CITATION OR TICKET” ACROSS THE CHART.** Begin with your most recent summons.

| Offense Date | Offense City & State | Initial Charge(s) at time of Offense If charge is speeding, include miles over limit. | Final Charge If convicted, the final charge (plea-bargained/reduced) | Disposition Pled guilty, found guilty, found not-guilty, dismissed, pre-paid or complied. You may note if the conviction was reclassified to a "civil" violation in this column. |
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5. EMPLOYMENT HISTORY

While your employment history is reflected on your online application, we have found that many applicants do not provide a full chronological listing. For this reason, please list your employment history for the **last five (5) calendar years, BEGINNING WITH YOUR PRESENT** or most recent job and working backwards in time. You must include all full-time, part-time, temporary and seasonal, paid/unpaid internship and volunteer jobs and account for any period of unemployment greater than 30 days.

If unemployed, write UNEMPLOYED with appropriate dates – there can be no gaps in employment. YOU MUST LIST FULL NAMES FOR ALL SUPERVISORS AND COWORKERS FOR EVERY EMPLOYMENT.

| | | | |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
| | | | |

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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
| | | | |

5. EMPLOYMENT HISTORY (continued)

| | | | |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
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| Beginning Salary | Duties Performed | | Supervisor Name |
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| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
| | | | |

| 5. EMPLOYMENT HISTORY (continued) | | | |
|-----------------------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
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| Beginning Salary | Duties Performed | | Supervisor Name |
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| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
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| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
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| Beginning Salary | Duties Performed | | Supervisor Name |
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| Ending Salary | Reason for Leaving | | Co-Worker Name |
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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
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5. EMPLOYMENT HISTORY (continued)

| | | | |
|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
| | | | |

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|-------------------|--------------------|------------------------|---------------------|
| From Date (Mo/Yr) | Employer | Job Title | Part-Time/Full-Time |
| | | | |
| To Date (Mo/Yr) | Street Address | City, State & Zip Code | Phone No. |
| | | | |
| Beginning Salary | Duties Performed | | Supervisor Name |
| | | | |
| Ending Salary | Reason for Leaving | | Co-Worker Name |
| | | | |

Have you ever been fired, terminated, laid-off, asked to resign, or placed in an inactive status for cause (suspended, relieved from duty, or subjected to disciplinary action) while in any position other than with the military? Yes No
 If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

Have you ever resigned in lieu of termination/dismissal? Yes No
 If yes, provide detailed information including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

6. MILITARY SERVICE

Have you served in the Armed Forces? Yes No . If yes, complete the following:

| Active Duty Date (MM/DD/Year) | Branch of Service | Rank | Occupational Specialty | Discharge Date (MM/DD/Year) | Type of Discharge | Reason for Discharge |
|-------------------------------|-------------------|------|------------------------|-----------------------------|-------------------|----------------------|
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Are you/have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?

Yes No . If yes, complete the following:

| Service Date (MM/DD/Year) | Branch of Service | Rank | Occupational Specialty | Discharge Date (MM/DD/Year) | Type of Discharge | Reason for Discharge |
|---------------------------|-------------------|------|------------------------|-----------------------------|-------------------|----------------------|
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Status:
Active Standby Inactive Discharged

Reserve Obligation(s):

While in the Military, were you ever:
 Reduced in Rank? Yes No
 Arrested for any offenses? Yes No
 Court Martialed, tried on charges, or subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other type of disciplinary action/Article 15/Non-Judicial Punishment? Yes No
 If you answered "Yes" to any of the questions, provide a detailed explanation below to include date of offense, UCMJ initial/final charges, disposition:

7. RESIDENCE

List all addresses where you resided since the age of 18, beginning with your current address:

| From (Mo/Yr) | To (Mo/Yr) | Street Address | City | State | Zip Code | Country |
|-----------------|---------------|----------------|------|-------|----------|---------|
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8. FAMILY

Identify living and deceased family members, and any individuals with whom you are residing, resided with, or a close relationship exists/existed, to include ex-spouses. **YOU MUST LIST ALL FAMILY MEMBERS. WRITE "DECEASED" OR "NONE" IN THE APPROPRIATE SPACE IF APPLICABLE. "N/A" OR LEAVING BLANK IS UNACCEPTABLE.**

| Relationship | Name | Current Address | Phone |
|--|------|-----------------|-------|
| Mother (Maiden) | | | |
| Stepmother | | | |
| Father | | | |
| Stepfather | | | |
| Guardian(s) | | | |
| Spouse | | | |
| Children | | | |
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| Ex-Spouse | | | |
| Ex-Spouse | | | |
| Current or Former Girlfriend/Boyfriend | | | |
| Co-habitant | | | |
| Co-habitant | | | |

8. FAMILY (continued)

| Relationship | Name | Current Address | Phone |
|--------------|------|-----------------|-------|
| Sibling(s) | | | |
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9. CHARACTER REFERENCES

Character references are individuals other than your relatives or former supervisors/employers who have definite knowledge of your qualifications and fitness for the position for which you are applying.

List five (5) **non relative** character references, who live in the United States or its territories, their names, addresses and daytime telephone numbers. **YOU MUST LIST FIVE.**

| Name | Street Address | City and State | Phone Number(s) |
|------|----------------|----------------|-----------------|
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10. NEIGHBOR

List the name, address and daytime telephone number of a current neighbor. **YOU MUST PROVIDE ALL CONTACT INFORMATION FOR A NEIGHBOR WHETHER THEY PERSONALLY KNOW YOU OR NOT.**

| Name | Street Address | City and State | Phone Number(s) |
|------|----------------|----------------|-----------------|
| | | | |

11. FINANCIAL HISTORY

Has a judgment ever been issued against you? Yes No

Have you ever had anything repossessed? Yes No

Have you ever been involved in any civil action(s)? Yes No

If you answered "yes" to any of the questions, provide details below:

12. NARCOTICS

Have you ever possessed/used any illegal drugs (Marijuana, Cocaine, Steroids, etc...)? Yes No
 Have you ever possessed /used any prescription medication that was not prescribed to you? Yes No
 If you answered "Yes" to either question, list each drug, date of possession/usage, frequency of possession/usage, and circumstances surrounding the possession/usage.

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
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| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

| Drug | Month/Year of First and Last Possession/ Usage | Frequency of Possession/Usage (once, daily, weekly, monthly, etc.) |
|----------------|--|--|
| | | |
| Circumstances: | | |

Have you ever sold any illegal drug or prescription medication, even if it was prescribed to you? Yes No
 If you answered "yes", provide details below:

13. CRIMINAL HISTORY

Have you ever been arrested, detained, held, charged, indicted or summoned to court (Promise to Appear)? Yes No
 Have you ever been convicted, found guilty, pled guilty or no contest to a crime? Yes No
 Have you ever been fined or imprisoned? Yes No
 Have you ever served parole, probation, community control, or community service? Yes No
 Have you been ordered to deposit bail or place collateral for the violation of any law, police regulation or ordinance? Yes No

*******YOU MUST LIST ADULT AND JUVENILE VIOLATIONS*******

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, PROVIDE DETAILS IN THE CHART BELOW. IF THE CHARGE WAS EXPUNGED WRITE "CHARGE EXPUNGED" IN THE CIRCUMSTANCES SECTION WITHOUT LISTING THE DETAILS.

| Date | Location of Incident | Charge | Final Disposition | Sentence |
|------|----------------------|--------|-------------------|----------|
| | | | | |

Circumstances:

| Date | Location of Incident | Charge | Final Disposition | Sentence |
|------|----------------------|--------|-------------------|----------|
| | | | | |

Circumstances:

| Date | Location of Incident | Charge | Final Disposition | Sentence |
|------|----------------------|--------|-------------------|----------|
| | | | | |

Circumstances:

| Date | Location of Incident | Charge | Final Disposition | Sentence |
|------|----------------------|--------|-------------------|----------|
| | | | | |

Circumstances:

| Date | Location of Incident | Charge | Final Disposition | Sentence |
|------|----------------------|--------|-------------------|----------|
| | | | | |

Circumstances:

Have you ever been fingerprinted for any reason (arrest, job application, etc...)? Yes No

If you answered Yes", complete the following:

| Date | Place | Details of the Incident |
|------|-------|-------------------------|
| | | |
| | | |
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Have you ever been served with a restraining order, protective order, injunction, or any other court order to stay away from someone? Yes No . If you answered Yes," provide details below:

13. CRIMINAL HISTORY (continued)

| CHECK 'Yes' or 'No' for each question below: | Yes | No |
|--|--------------------------|--------------------------|
| Have you ever committed a felony for which you were never caught or arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been placed on or served in a criminal or traffic diversion type program that led to the eventual dismissal of any criminal or traffic charge(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever bought or sold property that you knew was stolen? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever applied for or received unemployment compensation, the amounts of which you were not eligible to receive? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever received any type of governmental support such as welfare, housing subsidy payments, educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever struck, slapped, pushed or kicked a current or past roommate, significant other, spouse, boyfriend, or girlfriend? | <input type="checkbox"/> | <input type="checkbox"/> |
| Since the age of 18, have you had any sexual contact with a person under the age of 16? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever exposed yourself in public (mooning, flashing, etc...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever taken, bought, sold traded or possessed erotic or nude pictures of children? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever purchased alcohol for a minor? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever switched the price tags on merchandise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever stolen money from a place where you worked? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever given an unauthorized discount, free merchandise or under charged a sale for yourself, family member or friend? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever used a credit card without the owner's permission? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever received stolen property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever provided testimony in a legal matter where you were less than 100% honest? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever filed a false insurance claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been interviewed by a Law Enforcement Agency relative to a non-traffic crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered "Yes" to any of the questions above, provide details below: | | |
| | | |

14. APPLICATION(S) FOR EMPLOYMENT WITH OTHER LAW ENFORCEMENT AGENCY(IES)

Have you ever applied for employment with any other law enforcement agency? Yes No
Have you ever applied for employment with the Virginia Beach Police Department? Yes No
If you answered "Yes," complete the following:

| Date of Application | Name of Agency | Position Applied For | Selection Steps Completed (How far did you make it in the process?) | Disposition of Application (Disqualified, Not Selected, Hired, Offered Job, or Withdrew) |
|---------------------|----------------|----------------------|---|--|
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15. ORGANIZATION MEMBERSHIP(S)

List all clubs, societies or organizations of which you are or have been a member:

| Name | City | State | List Position(s) Held and Extent of Activity |
|------|------|-------|--|
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Are you now or have you ever been a member of any Foreign or Domestic Organization, Association, Movement, Group of Persons that is Totalitarian, Fascist, Communist, Subversive, or Advocate/Approve the commission of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter any form of government of the United States by unconstitutional means? Yes No . If you answered "Yes", provide details below:

16. PROFESSIONAL LICENSE(S)/CERTIFICATE(S)

Have you ever had a certificate, license, or privilege revoked or suspended by a county, city, federal, or law enforcement entity?
Yes No . If you answered Yes," provide details below:

17. TATTOOS & BRANDING

The Virginia Beach Police Department's General Order on Grooming Standards states the following:

“Visible tattoos, brands and body art on the head, face, neck or scalp are not authorized. Such visible markings elsewhere on the body that are prejudicial to good order, discipline and professionalism or are of a nature to bring discredit to the department are prohibited. Visible tattoos, body art, and brands that are excessive, sexually explicit, or that advocate or symbolize gender, racial, religious, ethnic or national origin discrimination are prohibited; in addition, visible markings that advocate or symbolize gang affiliation, racial supremacy, extremist groups or drug use are likewise prohibited.”

Do you, while attired in a short sleeved shirt and shorts, have any visible tattoos or branding (this includes on the head, neck and face)? Yes No . If you answered “Yes,” provide details below. You will be contacted for photos.

| Location | Describe Tattoo/Branding in Detail |
|----------|------------------------------------|
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18. INCIDENTS OR FACTORS THAT MAY AFFECT EMPLOYMENT

Is there any incident(s) in your life that may reflect upon your suitability to perform the duties of the position for which you have applied or that may require further explanation? Yes No . If you answered "Yes", provide details below:

19. CERTIFIED POLICE OFFICERS

Section 19 is only to be completed by applicants that have served, or currently serve, as a paid or voluntary full-time or part-time law enforcement officer. Check 'Yes' or 'No' for each question below:

| Question | Yes | No |
|--|--------------------------|--------------------------|
| Have you ever lied under oath or during an official investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever seized evidence or contraband that you did not voucher (turn in)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever stolen anything of value while on duty as a Police Officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever used unnecessary physical force as a Police Officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever used physical force in the interrogation of a suspect or prisoner? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a complaint filed against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever, through negligence on your part, destroyed or damaged Departmental property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever "looked the other way" to avoid the reporting of the commission of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever voided a traffic or criminal citation as a favor to someone? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been insubordinate to a higher ranking officer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been under the influence of any type of alcoholic beverage or drug while on duty or while operating a police vehicle (whether on duty or not)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever deliberately falsified a police report? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever tampered with evidence in any way to make a case better or worse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever placed false evidence on a person you were arresting? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the questions above, provide details below:

21. ATTESTATION

I hereby swear or affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements that I have provided in this Personal History Questionnaire. I am aware that should an investigation disclose any misrepresentation(s), falsification(s) or omission(s), I will be disqualified from the process. In addition, if after my employment, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it may be just cause for my dismissal.

Applicant Signature

Date



**AUTHORIZATION FOR RELEASE OF
INFORMATION TO THE VIRGINIA BEACH
POLICE DEPARTMENT**



LAST NAME, FIRST NAME MIDDLE NAME

DATE OF BIRTH

ADDRESS

TELEPHONE

CITY, STATE, ZIP

SOCIAL SECURITY NO.

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Virginia Beach Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold and maintain the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Virginia Beach Police Department.

I hereby authorize any representative of the Virginia Beach Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Virginia Beach Police Department, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies and other employers. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Virginia Beach Police Department to consider in determining my suitability for original and continued employment in the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military services records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I direct you to release such information upon request of the duly accredited representative of the Virginia Beach Police Department regardless of any agreement I may have made with you previously to the contrary. The Virginia Beach Police Department will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representatives' request.

For and in consideration of the Virginia Beach Police Department's acceptance and processing of my application for employment, I agree to hold the City of Virginia Beach, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Virginia Beach Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Virginia Beach Police Department in conjunction with employment procedure. Additionally, I understand that the Virginia Freedom of Information Act and the Virginia Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the City of Virginia Beach. I hereby waive my right to request access to or disclosure of information obtained by the Virginia Beach Police Department during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that the Virginia Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Virginia Beach Police Department not to release this information unless required by law.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

*****THIS FORM MUST BE SIGNED AND DATED BY APPLICANT AND NOTARIZED*****

_____ **APPLICANT SIGNATURE** _____ **DATE**

On this the _____ day of _____, 20 __, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal. _____,
Notary Public for the State of _____, my commission expires _____.



**DISCLOSURE STATEMENT AND AUTHORIZATION FOR THE
PROCUREMENT OF A CONSUMER REPORT AND AN INVESTIGATIVE
REPORT FOR EMPLOYMENT PURPOSES**



I, _____, acknowledge that the City of Virginia Beach Police Department has disclosed to me that it may obtain (1) a consumer report; and/or (2) an investigative consumer report to be used for employment related purposes, and I authorize the procurement of these reports by the City of Virginia Beach Police Department for employment purposes.

I also acknowledge that before the City of Virginia Beach Police Department takes an adverse employment action based in whole or in part on one of these reports, it will provide to me a copy of the consumer report and/or investigative consumer report and a description of my rights under Section 609 (c)(3) of the Fair Credit Reporting Act.

I understand that a consumer report includes any report from a consumer reporting agency having bearing on an individual's character, general reputation, personal characteristics, or that is used or expected to be used or collected in whole or in part for the purpose of establishing the individual's eligibility for employment. An investigative report is a consumer report for which the information is obtained through personal information obtained from neighbors, friends, associates, or other acquaintances of the individual. In situations where an investigative consumer report is obtained, I acknowledge that I have the right to receive an accurate written disclosure of the nature and scope of the investigation.

CONSUMER:

Print Name: _____

Signature: _____

Date: _____

City, State, Zip: _____

Social Security No.: _____

Date of Birth: _____

Telephone No.: _____



Virginia Beach Police Physical Ability Testing Medical Waiver Form



Print Name _____ Test Date _____
Last Name, First Name, Middle Initial

This candidate has applied for the position of Police Officer. He or she will be required to complete a battery of four (4) tests during the Physical Ability Test.

The series of tests measures the upper and lower body muscular strength, muscular endurance, flexibility, and anaerobic power. The Physical Ability Test is comprised of the following components:

1. Push-ups. To assess muscular strength and endurance in the upper body, the applicant will perform as many correct push-ups as they can in one (1) minute.
2. Sit & Reach. To assess the flexibility in the lower back and hamstring muscle groups; the applicant will sit on the floor with legs straight and feet flat against the sit & reach box and will reach forward with their hands attempting to stretch as far as they can. The candidate will be given one practice trial which is not scored. They will then conduct three (3) test trials with 15 seconds rest between each trial.
3. Trunk Pull. To assess the maximum force that can be generated by the torso muscles; the applicant will sit on the floor, knees straight, feet placed flat against a platform, hands grabbing a bar with palms towards the floor and on the command will lean back looking at the ceiling pulling on the bar until the administrator tells them to stop. This test involves three (3) trials in which a maximal contraction is exerted on each trial for three (3) seconds. The candidate will be allowed a 30-second rest period between trials.
4. 300-Meter Run. To assess anaerobic power and lower body muscular endurance, the applicant will run 300 meters as fast as they can, their score will be the time it takes to complete the run.

In addition, at the conclusion of the Physical Ability Test, the applicant will be provided an opportunity to participate in a recruit academy physical training session. This 20-minute session will include the following exercises: push-ups, sit-ups, alternating lunges, planks, flutter kicks, burpees, leg raises, air squats, and a 25-meter shuttle run.

In your medical opinion, is the above named candidate able to safely perform the physical ability test and physical training session?

YES _____

NO _____

Physician Signature _____ Date _____

Physician Full Name (PRINT) _____ Office Telephone Number _____

Physician Office Address _____

**This waiver is valid for testing up to 60 days from the date of physician signature.
 You must bring this form with you on your test date.**