



**RICHMOND POLICE DEPARTMENT**  
**CITY OF RICHMOND, VIRGINIA**



**BACKGROUND QUESTIONNAIRE – PART I**

***THIS QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY***

Position Applied For: \_\_\_\_\_

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City and State Zip Code

Telephone: \_\_\_\_\_  
Home Business Cellular

Email Address: \_\_\_\_\_

When you report for your interview, you will need the following documents:

- Birth Certificate or Naturalization Certificate
- Marriage and/or Divorce Certificate
- College Degree or Transcript showing Graduation
- High School Diploma or G.E.D. Certificate
- DD-214 (If Veteran)
- Virginia or Current State Driver’s License
- Social Security Card



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### PERSONAL HISTORY

Legal Name at Birth: \_\_\_\_\_

All other names you have used, including nicknames: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Security Number: \_\_\_\_\_

City or County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

U.S. Citizen?     Yes     No        If Naturalized, date of Naturalization: \_\_\_\_\_

Naturalization Number: \_\_\_\_\_

If Divorced or Separated, list all previous Spouses and Dates of Separation or Divorce:

Spouse's Name	Date of Divorce/Separation
Spouse's Name	Date of Divorce/Separation
Spouse's Name	Date of Divorce/Separation
Spouse's Name	Date of Divorce/Separation

Bilingual?         Yes     No

If YES, list additional languages:

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



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### DRIVING HISTORY

**Have you ever received ANY traffic citations (excluding parking tickets) YES\_\_\_\_\_ NO\_\_\_\_\_**  
**If YES, list ALL citations (whether convicted or not) for the past ten (10) years:**

Date	Violation/Charge	Location/City	Issuing Agency	Guilty/Not Guilty, Prepaid Fine	Convicted of:

**Have you ever been involved in an automobile accident in which you were the driver?  Yes  No**  
**If YES, please explain (include any and ALL accidents, whether the police responded or not.)**

Date	Accident Location	Report Taken Y/N	Police Agency	Details
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### DRIVING HISTORY (CONTINUED)

Has your license to drive **EVER** been suspended or revoked by **ANY** state?     Yes     No

**If YES, please explain**

State	Dates	Reason

Have you ever been charged with Driving Under the Influence?     Yes     No

**If YES, please explain**

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**Give the below listed information on ALL operator's licenses that you have held:**

Type	State of Issue	License Number	Dates

**List ALL motor vehicles that you CURRENTLY own:**

Year	Make	Model	License Number	State	Insured
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**List ALL driving schools you have attended**

Year	City, State	Completed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### DRIVING HISTORY (CONTINUED)

**List all instances when you were stopped and detained by a law enforcement officer and DID NOT receive a citation (i.e. speeding, warning, field sobriety test, etc.)**

Approximate Date	Location	Police Agency	Details/Reason

### CRIMINAL HISTORY

**Have you ever been the victim or complainant in any crime or incident?**  Yes  No  
**If YES, please explain in detail including DATE & LOCATION:**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### CRIMINAL HISTORY (CONTINUED)

**Have you ever been charged with ANY criminal offense (whether misdemeanor or felony)?**

Yes  No

**If YES, please list ANY criminal charges either as a juvenile or adult  
(whether sealed or dismissed):**

Date	Charge	Location/City	Issuing Agency	Conviction	Disposition
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**If you checked YES to any of the above, please explain in detail in the space below.  
Include the DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### CRIMINAL HISTORY (CONTINUED)

**Have the police ever responded to investigate an incident in which you've been involved?**

Yes  No

**If YES, please explain in detail including DATES & LOCATIONS:**

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Have you ever been required to furnish bail or bond for an appearance in ANY court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been pardoned for any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused of a crime but not arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been placed on parole or probation for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been required to appear before a juvenile court judge for an act which would have been a crime if committed by an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any action pending against you at this time? (i.e. criminal, traffic, civil)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you checked YES to any of the above, please explain in detail in the space below.  
Include the DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### CRIMINAL HISTORY (CONTINUED)

**Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked YES or NO.**

Elder/Adult Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
False Alarm/Fire/Bomb Threats	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harassment or Threats (In person, via public airways, verbal, or in writing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hunting or Fishing Violations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indecent Exposure/Mooning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peeping Tom/Voyeurism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Robbery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impersonating a Police Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowingly Written a Bad Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowingly Misused a Credit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stolen Money From Someone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tampered with Another Individual's Food or Beverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intentionally Damaged someone Else's Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Altered/Switched Price Tags	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### CRIMINAL HISTORY (CONTINUED)

**Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked YES or NO.**

Vandalism/Tagging/Graffiti	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pedophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unauthorized Use of a Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft/Larceny	<input type="checkbox"/> Yes <input type="checkbox"/> No
Downloaded Child Pornography	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoplifted Merchandise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rape/Date rape/Sexual Assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lied or committed perjury in court or other proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lied to anyone in authority or made a false police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entered any building, business, dwelling, or house without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever received or paid money for any sex act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

CITY OF RICHMOND, VIRGINIA



## CRIMINAL HISTORY (CONTINUED)

**Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked YES or NO.**

Have you ever placed a wager/bet by telephone, internet or made a hand-to-hand transaction with a book maker (bookie or numbers man) on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding gambling debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever borrowed money to gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used an employer's money to gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever stolen money with which to gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stolen anything from your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involved in any college, fraternity hazing/initiation incident/ritual/program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involved in arson, a reckless burning/fire or similar conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been bonded or refused bond upon application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever participated in "street racing", "quick start racing", or racing another vehicle on a public highway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### CRIMINAL HISTORY (CONTINUED)

**Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked YES or NO.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever, for any reason, eluded a law enforcement official?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever purchased alcohol for someone less than 21 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever participated in underage drinking?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever consumed alcohol at work?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been under the influence of alcohol at work?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been disciplined as a result of consuming alcohol?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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- Do you or any member of your family belong to any organization with an anti-government agenda?  Yes  No
- Have you ever been an officer/member or made a contribution to an organization dedicated to the violent overthrow of the US Government?  Yes  No
- Have you ever been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)?  Yes  No
- Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)?  Yes  No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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**RICHMOND POLICE DEPARTMENT**  
**CITY OF RICHMOND, VIRGINIA**



**CRIMINAL HISTORY (CONTINUED)**

- Have you ever been denied a concealed weapon permit?  Yes  No
- Have you ever been involved in any physical confrontations?  Yes  No
- Have you ever intentionally injured anyone as a result of a fight?  Yes  No
- Have you ever used a weapon of any kind during a fight or altercation?  Yes  No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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**Have you ever committed or participated in or conspired to commit any of the following crimes or offenses, whether or not you were arrested, charged or detained? Each crime or offense must be checked YES or NO.**

Left a restaurant or food establishment without paying for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Helped anyone steal anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowingly received stolen property (regardless of values)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Falsified or lied on an employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided a discount at your place of employment without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used false, fraudulent, or borrowed identification of any kind for any purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you checked YES to any of the above, please explain in the space below or on the reverse side of this page. Include DATES & LOCATIONS of all events.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### DRUG USAGE

**Each drug must be checked YES or NO.**

Have you ever tried, used or experimented with:		Date First Used	Date Of Last Use	Total Times Used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Synthetic drug (salvia, Spice, K2, bath salts,)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hallucinogens/Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inhalants (i.e. whippets, nitrous oxide, huffing, sniffing?)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever used any prescription drug that was not specifically prescribed to you?  Yes  No  
 If so, please explain including dates of first and last use, and number of times used:

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Have you ever used any illegal drug not listed above?  Yes  No  
 If so, please explain including dates of first and last use, and number of times used:

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**Would you submit to a polygraph?**  Yes  No



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### EMPLOYMENT HISTORY

Begin with your **PRESENT** employment and work back. Please include **ALL** employments and all periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		Email
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		Email
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		Email
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor		Email



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	





# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### EMPLOYMENT HISTORY (CONTINUED)

Start with your **PRESENT** employment and work back. Please include **ALL** periods of unemployment:

to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		Did you give adequate notice?
Supervisor	Email	

***If additional space is needed, please use additional sheet.***

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# RICHMOND POLICE DEPARTMENT

CITY OF RICHMOND, VIRGINIA



## EMPLOYMENT HISTORY

**If you DID NOT provide adequate notice to any previous employment please explain why in the space below or on the reverse side of this page.**

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- Were you ever fired, laid off, or asked to resign from a job?  Yes  No
- Have you ever resigned (quit) while anticipating that your employer intended to discharge (terminate) you for any reason?  Yes  No
- Have you ever resigned (quit) from a job by mutual agreement following allegations of misconduct?  Yes  No
- Have you ever resigned (quit) from a job by mutual agreement following allegations of unsatisfactory work performance?  Yes  No
- Have you ever walked off (left) a job without giving proper notice?  Yes  No
- Have you ever been the subject of a citizen, client or co-worker complaint?  Yes  No

**If you checked YES to any of the above, provide which employer and detail the circumstances in the space below or on the reverse side of this page.**

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**Have you ever been disciplined or warned (either verbally or in writing) while working in any position?  Yes  No**

**If you checked YES, provide the DATE & EMPLOYER and detail the circumstances in the space below or on the reverse side of this page.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### MILITARY HISTORY

Have you ever been a member of the Armed Forces, U.S. or Foreign?  Yes  No  
 If yes, please list below:

Branch of Service:	_____	
Dates of Service:	to	_____
Service Number:	_____	Rank at Discharge: _____
Type of Discharge:	_____	
Reason for Discharge:	_____	

Branch of Service:	_____	
Dates of Service:	to	_____
Service Number:	_____	Rank at Discharge: _____
Type of Discharge:	_____	
Reason for Discharge:	_____	

List all **DATES** and **DUTY STATIONS**, including the City or County of the Duty Station

Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State
Dates	Duty Station	City/County, State



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### MILITARY HISTORY (CONTINUED)

**If you are a member of the National Guard or any Military reserve Unit, List the following;**

UNIT	ADDRESS	DESCRIBE OBLIGATION
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UNIT	ADDRESS	DESCRIBE OBLIGATION
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UNIT	ADDRESS	DESCRIBE OBLIGATION
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Were you ever subjected to any disciplinary action (judicial or non-judicial) while in the Armed Forces?  
 Yes  No

**If you checked YES, detail the circumstances in the space below or on the reverse side of this page.**

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Have you ever received a discharge which was less than Honorable?  
 Yes  No

**If you checked YES, detail the circumstances in the space below or on the reverse side of this page.**

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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### MISCELLANEOUS INFORMATION

Have you ever applied to another law enforcement agency?  Yes  No  
 If yes, list the approximate date, agency and disposition below.

Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Dates	Agency	Disposition
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Have you ever attended a criminal justice academy?  Yes  No  
 If yes, explain below:

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Have you ever applied for employment with the City of Richmond?  Yes  No  
 If yes, list date, department and disposition below:

Dates	Department	Disposition
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Dates	Department	Disposition
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# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



List all professional licenses and/or certifications that you currently hold or previously held:

Type	Issuing State/Agency	License Number	Date Issued	Status

### FINANCIAL INFORMATION

List your current indebtedness, including obligations for which you have co-signed:

NAME	COMPLETE ADDRESS	ACCOUNT #	AMOUNT



**RICHMOND POLICE DEPARTMENT**  
**CITY OF RICHMOND, VIRGINIA**



**RESIDENTIAL HISTORY**

Beginning with your PRESENT address, list all previous places of residence. Include dates, address and City/County and State:

FROM (MO/YR)	TO (MO/YR)	ADDRESS, CITY & STATE

**EDUCATIONAL HISTORY**

List all high schools and colleges/universities that you have attended:

DATES (Start/End)	NAME OF SCHOOL	COMPLETE ADDRESS	DEGREE OR DIPLOMA





# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### FAMILY AND HOUSEHOLD

	NAME	RACE	ADDRESS (INCLUDING ZIP CODE)	DATE OF BIRTH	DATE OF DEATH
<b>Father</b>					
<b>Mother</b>					
<b>Spouse/ Fiancé</b>					
<b>Brothers /Sisters</b>					
<b>Children</b>					

List all persons currently living with you not listed above.

NAME	RACE	SEX	DATE OF BIRTH

***Police Applicants ONLY:***

<b><i>Spouse Employer:</i></b> _____	<b><i>Telephone:</i></b> _____
<b><i>Address:</i></b> _____	



# RICHMOND POLICE DEPARTMENT

## CITY OF RICHMOND, VIRGINIA



### PERSONAL REFERENCES

List five (5) personal references. Do not include relatives or employers:

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>		
<b>Email:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>		
<b>Email:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>		
<b>Email:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>		
<b>Email:</b>		

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone #:</b>		
<b>Email:</b>		



**RICHMOND POLICE DEPARTMENT**  
**CITY OF RICHMOND, VIRGINIA**



**AFFIDAVIT**

I hereby certify that all statements contained in this questionnaire are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein.

I authorize the Richmond Police Department and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness and qualifications for the position(s) I am seeking.

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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**NOTARIZATION**

Commonwealth/State of \_\_\_\_\_

City/County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_



**CITY OF RICHMOND**  
 POLICE DEPARTMENT  
 PERSONNEL & RECRUITMENT UNIT  
 200 W. GRACE STREET  
 RICHMOND, VIRGINIA 23220  
 (804) 646-6733

**CONSUMER REPORT AUTHORIZATION**

“This shall authorize the procurement of a consumer report by the Richmond Police Department as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Richmond Police Department to procure consumer reports at any time during my employment period.”

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

**NOTARIZATION**

COUNTY/CITY OF \_\_\_\_\_  
 COMMONWEALTH/STATE OF \_\_\_\_\_  
 CERTIFIED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



**CITY OF RICHMOND**  
 POLICE DEPARTMENT  
 PERSONNEL & RECRUITMENT UNIT  
 200 W. GRACE STREET  
 RICHMOND, VIRGINIA 23220  
 (804) 646-6733

**AUTHORITY FOR RELEASE OF INFORMATION**

<b>Applicant's Name:</b>	
<b>Position:</b>	

I respectfully request and authorize you to furnish the City of Richmond Police Department, ANY and ALL information that you have concerning my employment record, educational record, military record, reputation, character, financial and credit status. Please include any and all polygraph results, application information and other information of a confidential nature, and Photostats or copies of same. This information is to be used to assist the Richmond Police Department in determining my qualification and fitness for the position I am seeking. A reproduction of this release form will be valid as an original hereof and shall expire twelve (12) months from the date of this acknowledgement.

I hereby release you, your organization or others from any and all liability or damage, which may result from furnishing the information requested. I further understand that the sources of information, as well as the information itself cannot be revealed to me.

Applicant's Signature	Date
Address	Date of Birth
City, State, Zip Code	Social Security #

Witnessed By

Investigator Richmond Police Department Personnel & Recruitment Division (804) 646-6733	County/City of <u>Richmond</u> Commonwealth/State of <u>Virginia</u> Certified this ____ day of _____, ____ Notary Public _____ My commission expires: Notary Registration:
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