



City of Richmond, Virginia  
Police Department

**BACKGROUND QUESTIONNAIRE (PART I)**

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

***THIS QUESTIONNAIRE IS TO BE FILLED OUT COMPLETELY***



# 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: \_\_\_\_\_

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
_____	_____
_____	_____
_____	_____
_____	_____



## CRIMINAL HISTORY

Have you ever been the **VICTIM** of any criminal act, which was reported to the legal authorities? \_\_\_\_\_

If yes, please explain:



## DRIVING HISTORY

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

TYPE	STATE OF ISSUE	LICENSE NUMBER	DATES

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

YEAR	MAKE	MODEL	LICENSE #	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
					<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



# DRIVING HISTORY CONT'

List **ALL** the traffic violations or citations (excluding parking tickets) that you have received in the past **TEN (10)** years:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

List and Explain **ALL** motor vehicle accidents that **YOU**, as the driver of one of the vehicles, have been involved in:

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# EMPLOYMENT HISTORY

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
Reason for Leaving	Did you give adequate notice?	
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
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Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		

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



# EMPLOYMENT HISTORY CONT'

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
Reason for Leaving	Did you give adequate notice?	
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Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
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Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		

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



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Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		
to		
Employment Dates	Name of Employer	Telephone #
Complete Address Including Zip Code		Position Held
Reason for Leaving	Did you give adequate notice?	
Supervisor		

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



# 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:	_____

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



## MILITARY HISTORY CONT'

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
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
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



## MISCELLANEOUS INFORMATION

Have you ever applied to another law enforcement agency?  Yes  No

If yes, list the approximate date, agency and disposition below:

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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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*List any others on a separate piece of paper*

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:

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Dates	Department	Disposition
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Dates	Department	Disposition
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## 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>					

List all persons with whom you live. Exclude those listed above:

NAME	RACE	SEX	DATE OF BIRTH

***Police Applicants ONLY:***

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



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

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

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

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



**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

**NOTORIZATION**

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.”

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Date

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Applicant’s Signature

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Date

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Witness



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