

27. Do you have children? Yes _____ No _____ If yes, list all children's full name, date of birth and full name of the other parent or parents if stepchildren.

#1 Child's Full Name: _____

Date of Birth: _____

Father/Mother's Full Name: _____

#2 Child's Full Name: _____

Date of Birth: _____

Father/Mother's Full Name: _____

#3 Child's Full Name: _____

Date of Birth: _____

Father/Mother's Full Name: _____

#4 Child's Full Name: _____

Date of Birth: _____

Father/Mother's Full Name: _____

28. List each Trade or Night School, High School, Junior High School and Elementary School attended to receive your High School Diploma or G.E.D. certificate.

Elem. School: _____

City/State: _____ From: _____ To: _____

Elem. School: _____

City/State: _____ From: _____ To: _____

Elem. School: _____

City/State: _____ From: _____ To: _____

Jr. High School: _____

City/State: _____ From: _____ To: _____

Jr. High School: _____

City/State: _____ From: _____ To: _____

High School: _____

City/State: _____ From: _____ To: _____

High School: _____
City/State: _____ From: _____ To: _____

Trade or Night School: _____
City/State: _____ From: _____ To: _____

29. Higher Education:

Name of College: _____
City/State: _____ From: _____ To: _____

Name of College: _____
City/State: _____ From: _____ To: _____

Name of College: _____
City/State: _____ From: _____ To: _____

30. List all Degrees/Certificates/Certifications Received:

- 1. _____
- 2. _____
- 3. _____

MILITARY RECORD

31. Have you been or are you a member of the armed services? Yes _____ No _____

32. Branch of Service: _____ 33. Military Service Number: _____

34. Date Entered Duty: _____ 35. Date Released From Duty: _____

36. Highest Rank Held: _____ 37. Total months active duty: _____

38. Did you receive an honorable discharge? Yes _____ No: _____

39. What is your reserve obligation? _____

40. List name and address of any military unit or National Guard unit that you are a member of at present:

Name of Commanding Officer: _____

Address of Commanding Officer: _____

41. Have you ever been arrested or convicted under UCMJ? Yes _____ No: _____
If yes, list charges and dates of arrests or convictions.

42. Have you ever been subject of any disciplinary actions under UCMJ? Yes _____ No: _____
If yes, list type of disciplinary actions and dates.

43. What were your occupational specialties and assignments in the armed services?

44. What special training did you receive in the armed services that would be relevant to this position?

FINANCIAL STATUS

45. What is your present annual salary? _____

46. Do you have a supplemental income? _____ If yes, how much annually? _____

47. Is your spouse employed? _____ Firm/Agency: _____

48. List below 5 firms with which you have or have had charge accounts.

FIRM **TYPE OF BUSINESS** **CITY/STATE** **OPEN/CLOSED**

49. Have you ever had an account placed in the hands of a collection agency? Yes _____ No _____

If yes, explain:

50. Have you ever been a party in a civil action? Yes _____ No _____
If yes, explain:

51. Have your wages ever been garnished? Yes _____ No _____
If yes, explain:

52. Have you ever been sued for any reason? Yes _____ No _____
If yes, explain:

53. Have you ever filed bankruptcy or chapter 13? Yes _____ No _____
If yes, explain:

PRESENT/PAST EMPLOYMENT

54. Are you presently employed? Yes _____ No _____ Complete the following:
Present/Last Former Employer: _____ How long employed: _____
Address: _____
Reason for Leaving: _____
Next to Last Employer: _____ How long employed: _____
Address: _____
Reason for Leaving: _____

List Part-Time work performed for pay over the past year and provide dates worked.

DMV RECORD

55. Do you have a valid Virginia Operator's or Chauffeur's license? Yes _____ No _____
If yes, complete the following:

License Number _____ Date Issued _____ Expiration Date _____

56. Do you have any other operator's or chauffeur's license? Yes _____ No _____
If yes, complete the following: (May include license issued in another State.)

License Number _____ Date Issued _____ Expiration Date _____

57. Has your operator's/chauffeur's license or privilege to operate a motor vehicle ever been revoked in this State or any other State? Yes _____ No _____ If yes, explain:

58. List **all** traffic citations you have ever received.

<u>DATE</u>	<u>CHARGE</u>	<u>ENFORCEMENT AGENCY</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
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ARREST RECORD

59. Aside from traffic citations, have you ever been arrested, issued a summons, or detained as a witness for investigation by a law enforcement agency? Yes _____ No _____
If yes, explain below:

<u>DATE</u>	<u>CHARGE</u>	<u>ENFORCEMENT AGENCY</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
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60. Have you ever been fingerprinted? Yes _____ No _____ If yes, give the place, date and reason.

61. Have you committed an illegal act in the last five years? Yes _____ No _____ If yes, explain:

62. Are you presently or have you recently used illegal drugs? Yes _____ No _____

70. How often do you consume alcohol? _____
71. Are you able and willing to work rotating shifts? Yes _____ No _____
72. Are you able and willing to meet the grooming standards of the Sheriff's Office? Yes _____ No _____
73. Do you have relatives employed by the Sheriff's Office of the City of Roanoke? Yes _____ No _____ If yes, please give name and position.

74. Do you speak any foreign languages and, if so, to what proficiency? Yes _____ No _____

75. List the names of all social, fraternal and professional organizations of which you are or have been a member. Indicate offices held, if any.

76. List all former addresses and date that you resided at each former address.

FAMILY HISTORY

77. Father's Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Occupation: _____
78. Mother's Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Occupation: _____
79. Brother/Sister's Name _____ Date of Birth: _____
Address: _____ Phone: _____
Occupation: _____

80. Brother/Sister's Name _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

81. Brother/Sister's Name _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

82. Brother/Sister's Name _____ Date of Birth: _____

Address: _____ Phone: _____

Occupation: _____

DOCUMENTS REQUIRED

You shall be required to submit a copy of the following listed documents, if applicable to the Roanoke City Sheriff's Office when contacted. If you are unable to furnish a copy of those documents, which are numbered 7 through 10, a written explanation shall be substituted for the document to the Sheriff's Office.

- | | |
|--|---|
| 1. Social Security Card | 5. Virginia Operator's License |
| 2. High School Diploma or G.E.D. Certificate | 6. Divorce Decree or Separation Papers |
| 3. Birth Certificate | 7. Military DD-214 Form |
| 4. Marriage License | 8. Other awards/certificates |
| | 9. Contact the last high school or college attended and have them forward a certified copy of your grade transcripts to the Sheriff's Office. |

CERTIFICATION

I hereby certify that all statements made in this questionnaire and any attachments are true and complete as far as I can determine, and I understand that any misstatements of material facts may subject me to disqualification as a possible candidate for consideration of employment or dismissed from employment.

Signed (Full Name): _____

Date: _____