



PERSONAL HISTORY QUESTIONNAIRE (PHQ) COVER SHEET AND INSTRUCTIONS

ACADEMY TELEPHONE NUMBER: (540) 853-2649
ACADEMY FAX: (540) 853-1114

Staff: Lieutenant, Academy Director
Sergeant, Assistant Academy Director
Background Investigator: (540) 853-5441
Background Investigator: (540) 853-5438
Range Master:
Recruiter: (540) 853-5646
Wellness Coordinator: (540)853-6406
Civilian Training Coordinator: (540) 853-2649

Instructions for Filling Out the PHQ: PLEASE READ THIS INFORMATION CAREFULLY

- It is imperative that you have your **application filled out NEATLY, COMPLETELY, & PROPERLY.**
- Please make sure there are no time periods which are unaccounted for.
- **DO NOT** sign the “Authorization for Release of Information” until you are in the presence of a Notary Public.
- **DO NOT** put any military service in the employment section. Your military or reserve service goes in the military section only.
- The PHQ is **due back within TWO (2) WEEKS** of the Police written testing date.
- Use all ELEVEN reference spots; giving the full **address** and **email** address for each reference.
- You must provide all your former and present employer information including; full address, phone number, time you worked at that employer, reason for leaving, etc.....
- If you need more space to write in any section, type the information on another sheet of paper (using the same format as in the PHQ) and attach it to the back of the PHQ application.
- There will be a delay in the pre-employment process, if you fail to complete the PHQ properly and attach the required documents.

PLEASE FURNISH COPIES; WE WILL NOT ACCEPT ORIGINAL DOCUMENTS, OF THE FOLLOWING:

- | | | | |
|--------------------------|----------|---|--|
| <input type="checkbox"/> | 3 COPIES | BIRTH CERTIFICATE | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| <input type="checkbox"/> | 3 COPIES | SOCIAL SECURITY CARD | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| <input type="checkbox"/> | 3 COPIES | DRIVERS PERMIT | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| <input type="checkbox"/> | 1 COPY | MILITARY DD-214 | <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> | 1 COPY | MARRIAGE LICENSE | <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> | 1 COPY | DIVORCE DECREE | <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> | 1 COPY | HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE | |
| <input type="checkbox"/> | 1 COPY | COLLEGE DIPLOMA | <i>(IF APPLICABLE)</i> |
| <input type="checkbox"/> | 1 COPY | OFFICIAL TRANSCRIPTS FROM EACH SCHOOL YOU ATTENDED
(HIGH SCHOOL & COLLEGE) | |

CALL THE HIGH SCHOOL AND ALL COLLEGES YOU ATTENDED. HAVE YOUR OFFICIAL TRANSCRIPTS MAILED TO: Roanoke Police Academy

Attn: Background Investigator
5401-B Barns Ave, NW,
Roanoke, VA 24019

*Hand carried transcripts **WILL NOT** be accepted unless they are sealed by the school with the school seal *Order your transcripts A.S.A.P. because this process can take 2 - 4 weeks

PHYSICAL FITNESS (AGILITY) TEST

*If you successfully pass the written test, the physical fitness test will be administered immediately afterwards

*Please be sure to bring comfortable, athletic attire to complete the physical fitness test.

PHYSICAL FITNESS (AGILITY) TEST INCLUDES:

Shuttle Run (Time Limit of 29.3 Seconds)
Obstacle Course (Time Limit of 1 Minute & 30 Seconds)

*The details of the test can be found as a link on the City's website, under the Police job description.

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's name:			
Address:			
	City	State	Zip Code
Date of Birth:		Social Security Number:	

TO WHOM IT MAY CONCERN: I am an applicant for the position of Police Officer with the Roanoke Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold 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 above department.

I hereby authorize any representative of the Roanoke Police Department bearing this release or copy hereof 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 Roanoke Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Roanoke Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal 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 service records, educational records, my financial status, my criminal history records, including any arrest records, any court records, any driving 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 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 damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records, 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 Roanoke City Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Roanoke Police Department's acceptance and processing of my application for employment. I agree to hold the City of Roanoke, Virginia, 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 Roanoke City Police Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regards to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Roanoke Police Department in conjunction with employment process.

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.

Given under my hand this _____ day of _____, 20____

Signature of Applicant: _____
(THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARY PUBLIC

State of _____, City or County of _____

This day _____

personally appeared before me and acknowledge his/her signature to the above statement.

My commission expires on the _____ day of _____, _____

Notary Public: _____ Date: _____

**PERSONAL HISTORY QUESTIONNAIRE
ROANOKE POLICE DEPARTMENT**

DATE: _____

Position Applied for: POLICE OFFICER

Instructions: This record will be used as a basis for a detailed investigation of your background. Please answer all questions in your own handwriting or print using pen and ink. Identify any additional statements by question number. If a question is not applicable write: N/A.

1. Your legal name _____ 2. Age: _____
Last First Middle
2. If known by other names, list them: _____
4. Your present address _____
Street Name & Number City State Zip Code
5. Home Telephone: () _____ 6. Business Telephone: () _____
7. Date of Birth: _____ 8. Place of Birth: _____
City or Town County State
9. U.S. Citizen ___ Yes ___ No ___ Native ___ Naturalized
10. If naturalized, date of naturalization _____ Place _____ Court _____
Mo. Day Year
Certificate Number _____
11. Social Security Number: _____
12. Height _____ Ft. _____ In. 13. Weight: _____ 14. Sex: ___ Male ___ Female
15. Color of Eyes: _____ 16. Color of Hair: _____
17. Martial Status ___ Single ___ Married ___ Widowed ___ Divorced ___ Estranged
18. Date of Present Marriage: _____
19. Spouses full name (Maiden Name if Applicable) _____
Spouses Social Security Number: _____ Date of Birth: _____
20. Were you married before present marriage? ___ Yes ___ No
21. If estranged, list present address of wife or husband:

Street Name & Number City State Zip Code
22. If divorced, name court _____, City of _____
State of _____ Where divorce was obtained.
23. If widowed - What was cause of wife or husbands death? _____

24. Do you have children? ____ Yes ____ No If yes, list full names and date of birth of each below and show address where they reside.

Name of Child	Date of Birth	Address

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

Name of Relative	Relationship	Date of Birth	Address

26. List each grammar school, junior/middle and high school, trade or night school attended to receive your high school diploma or G.E.D. *Start with most recent one attended and work back.*

Name of School	City & State	Date of Attendance		Graduation	
		From	To	Yes	No

27. Higher Education:

Name of School	City & State	Date of Attendance		Graduation	
		From	To	Yes	No

MILITARY STATUS

If you have not served in the military, move to question #37. *(Do Not List Military Service in the Employment Section of this Application.)*

28.

Branch of Service	Military Service Number	Highest Rank Held

29.

Dates Entered Duty	Date Released from Duty

30. What type of discharge did you received? _____

31. Total months active duty? _____

List name of any military reserve unit or National Guard that you are a member of at present: _____

Address: _____

Name of Commanding Officer: _____

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

33. Did you have any arrest and convictions under the Uniform Code of Military Justice (UCMJ)? When, and for what offense? _____

34. Did you receive any disciplinary actions under UCMJ? When, and for what offense? _____

35. Were you ever court-martialed while in the military service? Yes No If yes, state reason _____

36. What is your reserve obligation? _____

37. Selective service status: Give City and State where you registered for the draft.

City

State

Zip Code

38. List any languages other than English which you can understand or speak. _____

39. Do you have life insurance on your life? Yes No If so, give name of company, address and amount of coverage _____

40. Have you ever possessed or used any amount of the following illegal drugs? No Yes

Marijuana LSD Cocaine Crack Cocaine Speed/Crank Ecstasy

Mushrooms Peyote PCP Steroids Others _____

41. Have you ever sold any amount of illegal drugs? What and when? _____

42. Do you presently use any form of illegal drugs? _____

FINANCIAL STATUS

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

44. Do you have any supplementary income other than your present salary? Yes No

If yes, give name of company, agency, or person and amounts paid monthly: _____

45. What is your wife or husband's salary and for whom do they work? Include address of the employer:

Employer: _____

Address: _____

Street Name & Number

City

State

Zip Code

46. Do you own or are you buying your home? Yes No If yes, give the following information:

Mortgage Holder: _____

Address: _____

Unpaid Balance: _____ Monthly Payment: _____

47. Do you own any other real estate? Yes No If yes, give the following information:

Mortgage Holder: _____

Address: _____

Unpaid Balance: _____ Monthly Payment: _____

48. Do you own an automobile? Yes No If yes, complete the description below listing all vehicles:

Make and Model: _____ Year _____ Color _____

Amount of Monthly Payment _____ Unpaid Balance _____

Financed by _____

Address _____

Make and Model: _____ Year _____ Color _____

Amount of Monthly Payment _____ Unpaid Balance _____

Financed by _____

Address _____

Street Name & Number City State Zip Code

49. Do you own a trailer (camping or house)? Yes No

Make and Model: _____ Year _____ Color _____

Amount of Monthly Payment _____ Unpaid Balance _____

Financed by _____

Address _____

Street Name & Number City State Zip Code

50. Do you have a checking account? Yes No How many: _____

List name of bank(s), if yes.

Bank: _____ Address: _____

Bank: _____ Address: _____

51. How long have you had a checking account? _____

58. List name of insurance company that you have a Homeowners policy with:

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

60. Have you or your wife/husband ever had your pay attached? ___ Yes ___ No If yes, explain

61. Have you or your wife/husband ever been sued for any reason? ___ Yes ___ No If yes, explain

62. Have you or your wife/husband ever filed bankruptcy? ___ Yes ___ No If yes, explain

63. Have you or your wife/husband ever been under the wage earners plan? ___ Yes ___ No

If yes, explain _____

64. Have you or your wife/husband ever been a party in a civil action? ___ Yes ___ No

If yes, explain _____

ARREST RECORD

65. Have you ever received any traffic citation or summons? _____ Yes _____ No If yes, list all you have ever received below:

Date	Charge	Enforcement Agency	City and State	Disposition

66. Aside from information on Item 65, have you ever been arrested, confined or detained for investigation by any law enforcement agency, either as a juvenile or adult? _____ Yes _____ No
 Have you ever appeared in Court (other than for traffic citations) _____ Yes _____ No

Date	Charge	Enforcement Agency	City and State	Disposition

67. Have you ever been fingerprinted? _____ Yes _____ No If yes, state place, date and reason why _____

68. Has your spouse been arrested or fingerprinted? Yes No If yes, explain _____

69. Have you ever been the operator of a motor vehicle involved in an accident which resulted in injury or death to a passenger or pedestrian, or property damage of more than \$50? Yes No If yes, explain in detail and disposition of case: _____

70. Can you operate an automobile? Yes No Number of years driving experience _____

71. Do you have in your possession a valid Virginia Operators or Chauffeurs license? Yes No
If yes, complete item below:
License Number _____ Date Issued: _____
Expiration Date: _____

72. Do you have in your possession an operators or chauffeurs license from another state? Yes No
If yes, complete item below:
License Number _____ Date Issued: _____
Expiration Date: _____

73. Have your operators/chauffeurs license or privilege to operate a motor vehicle ever been suspended or revoked in the state of Virginia or any other state? Yes No If yes, explain below:

EMPLOYMENT RECORD

74. List **all employment, including part time.** Start with **present or last employer** and go backwards.

Do not list your Active or Reserve Military Service in this section.

A. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr.

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

B. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr.

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

C. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr.

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

D. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

E. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

F. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) _____

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

Name	Complete Street Address City, State, Zip Code	Phone Number + Area Code Email Address

78. If not listed in the above references, do you know any law enforcement officers? Who and what department? _____

79. Do you have any relative who is employed by the City of Roanoke? ____ Yes ____ No

80. Have you ever made application for employment to any other law enforcement agency? Yes No
 If yes, explain and give details below:

Agency/City & State	Date	Disposition
Agency: City/State:		
Agency: City/State		
Agency: City/State		
Agency: City/State:		
Agency: City/State		

81. If you have applied at another police agency, is the application still pending? Yes No

82. Have you ever been fired or discharged from any job you have held? Yes No

If yes, explain _____

83. Do you drink alcoholic beverages? Yes No If yes, how often? _____

84. Do you know of anything that would disqualify you for appointment as a POLICE OFFICER or would prevent you from fully discharging the duties of such a position? Yes No If yes, explain

CERTIFICATE

I hereby certify that all statements made in this application and any attachments are true and complete as far as I can determine, and I understand that any misstatement of materials facts may subject me to disqualification or dismissal.

In addition, I authorize all employers and other listed parties, in this application to provide information relative to my employment as requested by the City of Roanoke, Virginia releasing all parties concerned from damages or liability.

Dated: _____ **Print:** _____

Signature: _____

Revised: 10-03-06