# Hampton Police Division
# Applicant Background Questionnaire

**Note: This questionnaire must be completed solely by the applicant and clearly handwritten in black ink.**

PRINT THE POSITION YOU ARE APPLYING FOR _____

All questions must be answered if applicable. If not, indicate N/A (Not Applicable). Questionnaires that are not complete may not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, go to page 10 or attach additional sheets of the same size paper as this application. Refer to the question being answered and answer each question in detail.

## CAUTION

Any willful omission or misrepresentation of fact on this questionnaire may be grounds for rejection of your application or for dismissal from city employment.

FULL LEGAL NAME:_____

HOME PHONE: (___) ___ _____WORK PHONE: (___)_____CELL/PAGER: (___)_____

E-MAIL/WEBSITE ADDRESS: _____

OTHER NAMES USED: (Aliases, maiden name, former names changed legally or otherwise, nicknames)_____

_____

PRESENT ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

SEX:_____HEIGHT:_____WEIGHT:_____SSN:_____-_____-_____

DOB_____CITY OF BIRTH_____STATE OF BIRTH_____

DRIVERS LICENSE NUMBER:_____STATE:_____EXPIRATION_____

## MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES IN THE UNITED STATES OR FOREIGN COUNTRY? **YES / NO**

BRANCH OF SERVICE:_____DATE OF ENTRY:_____DATE OF DISCHARGE:_____

RANK AT ENTRY:_____RANK AT DISCHARGE:_____TYPE OF DISCHARGE:_____ MOS _____

LIST ANY DISCIPLINARY ACTIONS (Article 15's, Court Martials, NJP's, Captains Mast, etc.)

| DATE | COMMAND | LOCATION | NATURE OF CHARGE | DISPOSITION/PUNISHMENT |
|---|---|---|---|---|
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# FAMILY DATA

MARITAL STATUS (Circle One): **SINGLE ENGAGED MARRIED SEPARATED DIVORCED**
*IF PREVIOUSLY MARRIED, PROVIDE THE SAME INFORMATION FOR ALL EX-SPOUSE(S) ON PAGE TEN.

SPOUSE NAME:_____PHONE: (___)_____SSN:_____-_____-_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

DOB:_____CITY OF BIRTH:_____STATE OF BIRTH:_____

CURRENT EMPLOYER:_____PHONE: (___)_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

IF DIVORCED, PROVIDE THE FOLLOWING INFORMATION:

NAME OF COURT:_____DATE OF DECREE:_____

ADDRESS OF COURT:_____CITY:_____ST:_____ZIP CODE:_____

PROVIDE THE FOLLOWING FOR ALL CHILDREN WHETHER LIVING WITH YOU OR NOT:

| NAME | AGE | RELATIONSHIP | ADDRESS |
|---|---|---|---|
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LIST ANY ADDITIONAL PERSON(S) LIVING WITH YOU:

| NAME | AGE | RELATIONSHIP |
|---|---|---|
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## FAMILY BACKGROUND

YOUR FATHER'S NAME_____DATE OF BIRTH:_____

ADDRESS:_____OCCUPATION:_____

YOUR MOTHER'S NAME:_____DATE OF BIRTH:_____

ADDRESS:_____OCCUPATION:_____

FATHER- IN-LAW:_____DATE OF BIRTH:_____

ADDRESS:_____OCCUPATION:_____

MOTHER-IN-LAW:_____DATE OF BIRTH:_____

ADDRESS:_____OCCUPATION:_____

PROVIDE THE FOLLOWING INFORMATION FOR ALL BROTHERS AND SISTERS:

| NAME | ADDRESS | AGE | OCCUPATION | PHONE |
|---|---|---|---|---|
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## FINANCIAL STATEMENT

**NOTE: AN APPLICANT'S PRIOR FINANCIAL HISTORY WILL NOT BE THE SOLE DETERMINATION FOR DISQUALIFICATION FROM THE HIRING PROCESS.**

ARE YOU CURRENTLY MEETING YOUR FINANCIAL OBLIGATIONS? **YES / NO**

ARE YOU CURRENTLY IN COLLECTION DUE TO AN UNPAID DEBT? **YES / NO**

HAVE YOU HAD A RECENT REPOSSESSION OR JUDGMENT? **YES / NO**

ARE YOU CURRENLTY UNDER BANKRUPTCY? **YES / NO**

IF YES: DATE:_____CHAPTER FILED UNDER:_____NAME OF COURT: _____

ADDRESS OF COURT:_____CITY:_____ST:_____ZIP CODE:_____

LIST YOUR CURRENT DEBT:

| AMOUNT | TO WHOM OWED | ITEMS PURCHASED | MONTHLY PAYMENT |
|---|---|---|---|
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# EMPLOYMENT

START WITH YOUR PRESENT EMPLOYER AND WORK BACK FOR THE PAST TEN YEARS. INCLUDE PERIODS OF UNEMPLOYMENT. FILL OUT IN DETAIL AND IF MORE ROOM IS NEEDED, GO TO PAGE TEN.

DATE: (FROM)_____ (TO)_____ ELIGIBLE FOR REHIRE:_____YES_____NO_____UNK

EMPLOYER:_____ PHONE NUMBER: (___)_____

ADDRESS:_____ CITY:_____ ST:_____ ZIP CODE:_____

POSITION:_____ SALARY: _____ SUPERVISOR:_____

REASON FOR LEAVING:_____ ANY DISCIPLINARY ACTIONS _____

DATE: (FROM)_____ (TO)_____ ELIGIBLE FOR REHIRE:_____YES_____NO_____UNK

EMPLOYER:_____ PHONE NUMBER: (___)_____

ADDRESS:_____ CITY:_____ ST:_____ ZIP CODE:_____

POSITION:_____ SALARY: _____ SUPERVISOR:_____

REASON FOR LEAVING:_____ ANY DISCIPLINARY ACTIONS _____

DATE: (FROM)_____ (TO)_____ ELIGIBLE FOR REHIRE:_____YES_____NO_____UNK

EMPLOYER:_____ PHONE NUMBER: (___)_____

ADDRESS:_____ CITY:_____ ST:_____ ZIP CODE:_____

POSITION:_____ SALARY: _____ SUPERVISOR:_____

REASON FOR LEAVING:_____ ANY DISCIPLINARY ACTIONS_____

DATE: (FROM)_____ (TO)_____ ELIGIBLE FOR REHIRE:_____YES_____NO_____UNK

EMPLOYER:_____ PHONE NUMBER: (___)_____

ADDRESS:_____ CITY:_____ ST:_____ ZIP CODE:_____

POSITION:_____ SALARY: _____ SUPERVISOR:_____

REASON FOR LEAVING:_____ ANY DISCIPLINARY ACTIONS_____

DATE: (FROM)_____ (TO)_____ ELIGIBLE FOR REHIRE: _____YES_____NO_____UNK

EMPLOYER:_____ PHONE NUMBER: (___)_____

ADDRESS:_____ CITY:_____ ST:_____ ZIP CODE:_____

POSITION:_____ SALARY: _____ SUPERVISOR:_____

REASON FOR LEAVING:_____ ANY DISCIPLINARY ACTIONS_____

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# LEGAL HISTORY

AS AN ADULT OR JUVENILE, HAVE YOU **EVER**? (Please Circle)

1. BEEN ARRESTED, CHARGED OR INDICTED WITH ANY CRIMINAL OFFENSE? **YES / NO**
2. BEEN CONVICTED OF ANY CRIMINAL CHARGE, WHETHER FELONY OR MISDEMEANOR? **YES / NO**
3. BEEN DETAINED FOR QUESTIONING IN CONNECTION TO A CRIMINAL ACT, EVEN IF NOT CHARGED? **YES / NO**
4. BEEN REQUIRED TO FURNISH BAIL OR BOND FOR AN APPEARANCE IN ANY COURT? **YES / NO**
5. RECEIVED A TRAFFIC TICKET OR SUMMONS FOR ANY VIOLATION OF TRAFFIC LAWS? **YES / NO**
6. BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT? **YES / NO**
7. HAD YOUR LICENSE SUSPENDED OR REVOKED? **YES / NO**

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

| DATE | CHARGE/VIOLATION | CITY, STATE | DISPOSITION/PUNISHMENT |
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TO THE BEST OF YOUR KNOWLEDGE, HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? IF SO, PROVIDE THE FOLLOWING INFORMATION:

| DATE | NAME | RELATION | OFFENSE | CITY, STATE |
|---|---|---|---|---|
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HAVE YOU EVER BEEN THE VICTIM OF A CRIME THAT WAS REPORTED TO AUTHORITIES? IF SO, EXPLAIN BELOW. INCLUDE THE DATE, CRIME, JURISDICTION AND DISPOSITION.

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**CAUTION:** THE USE OF ANY ILLEGAL DRUG OR SUBSTANCE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, WILLFUL CONCEALMENT OF THE USE MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR FOR DISMISSAL FROM CITY EMPLOYMENT.

HAVE YOU EVER USED OR EXPERIMENTED WITH ANY ILLEGAL DRUG OR SUBSTANCE SUCH AS, BUT NOT LIMITED TO THE FOLLOWING? (Circle your answers) **YES / NO**

***MARIJUANA STERIODS HEROIN LSD SPEED COCAINE PCP HASHISH ECSTACY***

LIST ANY OTHER DRUG OR SUBSTANCE USED, TO INCLUDE HALLUCINOGENS, EXOTIC DRUGS, AND MISUSE OF PRESCRIPTION DRUGS:

_____

_____

IF YOU USED ANY OF THE ABOVE, PROVIDE THE CIRCUMSTANCES AND THE WAY IT WAS OBTAINED.

_____

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_____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH ANY FIRE, RESCUE, OR LAW ENFORCEMENT AGENCY OR DEPARTMENT? **YES / NO** IF YES, PROVIDE THE FOLLOWING INFORMATION:

| DATE | AGENCY AND ADDRESS | STATUS OF APPLICATION | PHONE NUMBER |
|---|---|---|---|
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LIST ANY CLUBS, SOCIAL OR FRATERNAL ORGANIZATIONS, PROFESSIONAL TRADE UNIONS OR ASSOCIATIONS WHICH YOU CURRENTLY BELONG TO OR HAVE PREVIOUSLY BEEN A MEMBER OF.

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LIST ANY VOLUNTEER WORK, TO INCLUDE YOUTH GROUP ACTIVITIES, MARCH OF DIMES, SCOUT LEADERSHIPS, CHURCH, FIRE AND RESCUE, BIG BROTHERS/BIG SISTERS, ETC.

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DO YOU HAVE ANY RELATIVES, FRIENDS, OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT AGENCY OR FIRE AND RESCUE DEPARTMENT? IF SO, PROVIDE THE FOLLOWING INFORMATION:

| NAME | RANK | RELATIONSHIP | AGENCY/ADDRESS | PHONE NUMBER |
|---|---|---|---|---|
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## EDUCATION

LIST ALL HIGH SCHOOLS, COLLEGES, AND PROFESSIONAL TRADE SCHOOLS ATTENDED:

| START | FINISH | NAME OF SCHOOL/ADDRESS | MAJOR | DEGREE | #CREDITS | GRADUATE? |
|---|---|---|---|---|---|---|
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LIST ANY SPECIAL TRAINING, LICENSE(S), PERMIT(S) OR OTHER LANGUAGES. INCLUDE THOSE THAT MAY HAVE EXPIRED.

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# ADDRESS SHEET

LIST YOUR ADDRESSES FOR THE LAST FIFTEEN YEARS. IF YOU HAVE SERVED IN THE ARMED FORCES LIST YOUR DUTY STATIONS. START WITH YOU PRESENT ADDRESS AND WORK BACK.

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

FROM:_____ TO:_____ ADDRESS:_____

CITY:_____ COUNTY:_____ STATE:_____ ZIP:_____

# PERSONAL REFERENCES

LIST AT LEAST SIX PERSONAL REFERENCES, NOT INCLUDING RELATIVES OR PRESENT NEIGHBORS.

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

NAME:_____OCCUPATION:_____

ADDRESS:_____CITY:_____ST:_____ZIP CODE:_____

HOME PHONE: (___)_____WORK PHONE: (___)_____RELATIONSHIP:_____

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USE THIS SPACE TO CONTINUE ANSWERS FOR ANY PREVIOUS QUESTIONS. BE SURE TO IDENTIFY THE QUESTION AND PAGE NUMBER BEING CONTINUED.

HOW DID YOU HEAR ABOUT THIS POSITION? NEWSPAPER TV RADIO FRIEND JOB FAIR

IF OTHER, PLEASE STATE _____

DO YOU PLAN TO MAKE THE HAMPTON POLICE DIVISION YOUR CAREER? **YES / NO / MAYBE**

PLEASE EXPLAIN WHY, IN YOUR OWN HANDWRITING.

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## AFFIDAVIT

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS QUESTIONNAIRE FOR EMPLOYMENT WITH THE HAMPTON POLICE DIVISION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. I AUTHORIZE THE HAMPTON POLICE DIVISION AND ITS AGENTS TO CONDUCT A COMPLETE AND COMPREHENSIVE INVESTIGATION INTO MY BACKGROUND FOR THE PURPOSES OF DETERMINING MY FITNESS FOR SERVICE IN THAT DIVISION. I ALSO UNDERSTAND THAT MY OMISSION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND FOR DISMISSAL FROM CITY EMPLOYMENT.

_____ _____

APPLICANTS SIGNATURE DATE

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