

Smithfield Police Department  
1613 South Church St.  
Smithfield, Va. 23430  
757-357-3247

BACKGROUND INVESTIGATION FORM

This application must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, use page 14 of this application and refer to the questions answered.

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL INFORMATION

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
(First) (Middle) (Last)

Other names used (nicknames, aliases, maiden name, former names changed legally or otherwise) \_\_\_\_\_

Present address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

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

Social Security# \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

List all previous licenses held (# and state) \_\_\_\_\_  
\_\_\_\_\_

Selective Service Number \_\_\_\_\_ Draft Status \_\_\_\_\_

MILITARY SERVICE

Have you ever been a member of the armed forces, US or foreign? \_\_\_\_\_

Branch of Service \_\_\_\_\_ Service # \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Place of Discharge \_\_\_\_\_

Rank upon Entry \_\_\_\_\_ Rank upon Discharge \_\_\_\_\_

Reserve Obligation: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Until \_\_\_\_\_

Military Citations and Awards Received \_\_\_\_\_

\_\_\_\_\_

List any Disciplinary Actions or Military Courts Received:

Date	Command	Location	Nature of Charge	Disposition

FAMILY DATA

Present Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

If Married, Widowed or Divorced-List Present or Former Spouse Information:

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

If divorced, give date, name and location of court granting the decree:

Date \_\_\_\_\_ Name of Court \_\_\_\_\_

Location of Court \_\_\_\_\_

List the names, ages and relationship of all persons living with you:

Name	Age	Relationship

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Father-in-Law's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Mother-in-Law's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

List the names, ages, addresses and occupations of all brothers and sisters.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

List your addresses for the past 15 years. If you have served in the Armed Forces, list your duty stations while in the military. Start with your present address and work back.

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMPLOYMENT

Start with your current employer and work back for the past ten years, include periods of unemployment.

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From/To \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever received any disciplinary actions against you on any job? \_\_\_\_\_

If yes, explain in detail. \_\_\_\_\_

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If additional space is needed, use page 14.

### LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense? \_\_\_\_\_

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? \_\_\_\_\_

Have you ever been required to furnish bail or bond for appearance in any court of law?

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Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor? \_\_\_\_\_ If yes, explain. Include date, jurisdiction and disposition. \_\_\_\_\_

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Have you ever tried, used or experimented with any of the following illegal drugs or substances:

Marijuana\_\_\_\_\_

Heroin\_\_\_\_\_

Speed\_\_\_\_\_

LSD\_\_\_\_\_

Cocaine/Crack\_\_\_\_\_

Hashish\_\_\_\_\_

Other\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. This depends upon the type and extent of the use of these substances. However, willful concealment of drug use will be grounds for rejection of your application or for dismissal from the Town of Smithfield if you have been employed.

FINANCIAL STATEMENT

Are you currently meeting your financial obligations?\_\_\_\_\_

Have you ever been contacted by a collection agency regarding any outstanding unpaid debt?\_\_\_\_\_

Have you ever been contacted for the collection of any debt contracted by you?\_\_\_\_\_

Have you ever been declared officially bankrupt?\_\_\_\_\_

Have you ever had any judgments against you or pending at this time? \_\_\_\_\_

If yes, give date, name of court and location. \_\_\_\_\_

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List your current indebtedness.

Amount Owed	Monthly Payment	To Whom Owed (Company)	For What (Items Purchased)

MISCELLANEOUS INFORMATION

Have you previously served as a law enforcement officer? \_\_\_\_\_

If yes, state in what capacity, where, when and why you left? \_\_\_\_\_

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Have you ever applied for employment with any Fire, Rescue or Law Enforcement agency or department?\_\_\_\_\_

If yes, give date, agency, location and status of application.

Date	Agency	Location	Status of Application

Do you have any relatives, friends or acquaintances employed by any Law Enforcement, Fire or Rescue agency or department?\_\_\_\_\_

If so, give their name, agency location and position.

Name	Agency	Location	Position

### EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, name of institution, location and course of instruction. If you graduated, type of degree or diploma.

From/To\_\_\_\_\_ School\_\_\_\_\_

Location/Address\_\_\_\_\_

Course Pursued\_\_\_\_\_

Degree or Diploma\_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

From/To \_\_\_\_\_ School \_\_\_\_\_

Location/Address \_\_\_\_\_

Course Pursued \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

Do you have any special training or hold any special license or permit? \_\_\_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

List the name, address and phone number of three (3) personal references not related to you and who have known you for at least four years.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past. \_\_\_\_\_

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**BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS IT RELATES TO THE QUESTIONS ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Witnessed By) (Date)

