

Newport News Police Department

Applicant Background

Form # 139

Revised 07/15/2015

You have been selected to proceed to the next step of the selection process for a position with the Newport News Police Department. To avoid automatic disqualification for failing to submit required information and making scheduled appointments, please complete the attached background investigation form and submit the form no later than the date provided to you. You can assist us in providing prompt dispositions on the status of all applications by observing the following mandatory instructions:

- **Do contact the recruiter if the recruiter requests, if you relocate your residence, change jobs, are no longer interested in the process, or you have another job offer you wish to consider.**
- **Do not call the Newport News Police Department to ask about the status of your application. Due to the volume of applicants, you will be notified in writing or by phone of the disposition of your application if you are a police applicant.**
- **Do not ask the Background Investigator the status of your background investigation. They are not permitted to reveal any details to anyone other than supervisors within their chain of command.**

Your cooperation is imperative in this process. You will be contacted at the conclusion of the selection process which may take up to one year. Thank you.

****Please keep this page for your records**

Newport News Police Department
Recruitment Unit
9710 Jefferson Avenue
Newport News, Virginia 23605
757-928-4150

**BACKGROUND INVESTIGATION FORM
NEWPORT NEWS POLICE DEPARTMENT**

This form must be typewritten or clearly printed in black ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Forms 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, attach additional sheets of the same size as this form, and refer to the questions answered.

Name (first, middle, last):		Date:
Position Desired:		Home Phone:
Other Names Used*:		Other Phone:
*(nicknames, aliases, maiden name, former names changed legally or otherwise)		
Present Street Address:		City:
State:	Zip Code:	E-Mail:
Date of Birth (mm/dd/yy):	Place of Birth (City, State):	
Social Security #:		
Driver's License #:	State:	Expires
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Natural Hair Color:	Eye Color:	

REQUIRED DOCUMENTATION

Background/application processing cannot be completed without the following documentation. Originals must be reviewed for verification along with copies for inclusion in the applicant's file. **Official transcripts** are the only documentation accepted to substantiate education (no grade reports or unofficial transcripts will be accepted). Military members must submit copies of past military evaluations to document past performance during the last three years of military service. Applicants with prior law enforcement experience must provide evaluation/performance reports for the three most current years of employment, if applicable. Salary policy may allow for adjustment in base pay scale for sworn within 60 days of employment, provided documentation is made available and the Chief of Police has reviewed and approved such requests.

Applicants will be asked to provide copies of the following documentation:

- Driver's License
- High school transcript and College transcript
- Birth certificate
- Social security card
- DD214 for any military service and copies of military evaluation or performance reports
- Relevant training certificates; Any other documentation submitted for consideration at the discretion of the applicant

Copies must be submitted by the applicant upon request. Do not submit documentation until requested by the Background Investigator.

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:		
Place of Discharge:				
Rank Upon Entry:		Rank Upon Discharge:		
Reserve Obligation: <input type="checkbox"/> Active <input type="checkbox"/> Inactive Until:				
Type of Discharge:				
List any convictions in any military courts received:				
Date	Command	Location	Nature of conviction	Disposition

FAMILY DATA

Present marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				
If married, widowed, separated or divorced (present or former spouse):				
Name:			Social Security # :	
Address:		City:	State:	
Date of Birth:		Place of Birth:		
Date of Marriage:		Place of Marriage:		
Place of Spouse Employment:				
Business Address:				
Occupation:		Business Phone:		

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

Date: _____ City/State: _____

Name of Court Granting Decree: _____

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

Name	Age	Relationship

FAMILY DATA CONTINUED

Father's Name:	Date of Birth:
Address:	Occupation:
Mother's Name:	Date of Birth:
Address:	Occupation:

Father-in-Law's Name:	Date of Birth:
Address:	Occupation:
Mother-in-Law's Name:	Date of Birth:
Address:	Occupation:

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

Name:	Date of Birth:
Address:	Occupation:
Name:	Date of Birth:
Address:	Occupation:
Name:	Date of Birth:
Address:	Occupation:

List your addresses for the past ten years. If you have served in the Armed Forces, list your duty stations while in the military. Start with the present address and attach additional sheets of paper if necessary.

From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:
From:	To:	Street Address:
City:		State:

EMPLOYMENT

1. Start with your present employer and list all previous employment for the last 10 years, including periods of unemployment. If known, provide current phone numbers for past supervisors. Please attach additional sheets if needed.

From:	To:	Employer:
Phone:	Your Title:	
Address:		
Supervisor Name, Title and Phone number:		Salary:
Explain in detail the reason for leaving:		

From:	To:	Employer:
Phone:	Your Title:	
Address:		
Supervisor Name, Title and Phone number:		Salary:
Explain in detail the reason for leaving:		

From:	To:	Employer:
Phone:	Your Title:	
Address:		
Supervisor Name, Title and Phone number:		Salary:
Explain in detail the reason for leaving:		

From:	To:	Employer:
Phone:	Your Title:	
Address:		
Supervisor Name, Title and Phone number:		Salary:
Explain in detail the reason for leaving:		

2. Have you ever been fired or dismissed from a job?
<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please explain.

3. Have you ever quit a job before you were about to be fired?

Yes No If you answered yes, please explain.

4. Have you ever been reprimanded by any supervisor for being late or absent?

Yes No If you answered yes, please explain.

5. Have you ever been reprimanded for misconduct or for unsatisfactory performance?

Yes No If you answered yes, please explain.

6. Have you ever disclosed confidential information to an unauthorized person?

Yes No If you answered yes, please explain.

7. Have you ever falsified or altered any official document?

Yes No If you answered yes, please explain.

ACCIDENT AND TRAFFIC VIOLATION RECORD

1. Have you ever been ticketed, cited, summonsed for any violation of traffic laws, including traffic infractions such as speeding, or driving under the influence of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Date of Ticket:	City, State	Disposition:
2. Do you have any <u>unpaid</u> parking tickets in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		

3. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, State and license number:	Class of license:
How long have you been a licensed driver?	Date first issued a license:
Does your license contain any restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
List previous licenses from other states: (include dates)	
4. Has your driver's license ever been suspended or revoked in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	
5. Have you ever had to attend a training school because of a motor vehicle charge or criminal arrest?	
If yes, please explain.	

6. List all accidents you have had as the operator of a vehicle. Include dates, city and state, if investigated by the police, and if a ticket was issued.

Date of Accident:	City, State	Investigated by Police?		Ticket Issued?	
		<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

7. Were you under the influence of alcohol before any of the above listed accidents occurred?
 Yes No

8. Have you ever been involved in a hit and run accident? Yes No

If yes, please explain.

9. Do you have any lawsuits pending because of an accident? Yes No

If yes, please explain.

10. Have you ever been denied auto insurance? Yes No

If yes, please explain.

ARRESTS AND/OR UNDETECTED CRIMES

1. Have you ever had any contact with any police authority in any jurisdiction? (Victim, Reporting Person, Witness, Offender)
 Yes No

If yes, please explain.

2. Have you ever committed/participated in any of the following crimes? Include crimes you ever committed in which you were not caught?

Murder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burglary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manslaughter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Larceny	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sex Crimes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Robbery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sale of Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pedophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

Any Alcohol Related Offense (Drinking in Public, DUI, Drunk in Public, Underage Possession, Contributing to minors such as alcohol, drugs, etc.) Yes No

If yes, please explain.

3. Have you ever been involved in:		
Terrorism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gangs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A criminal enterprise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conspiracy to commit a serious crime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		

4. If you have ever been charged or arrested for any criminal offense (as a juvenile and/or as an adult), you must list below any charges or arrests (other than expungement), regardless of deferred findings or dismissal of charges for any reason.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been served a summons to appear in court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.	

6. Have you ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.

7. Have ever stolen anything in the following manner?					
Shoplifting/ Merchandise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Government	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive stolen goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	From other persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
From parents/ relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Money	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.					

8. Have you ever been involved in any type of situation for which someone could blackmail you?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.

GAMBLING

1. Have you ever placed a wager/bet by telephone or made a hand-to-hand transaction with a bookmaker (bookie or numbers man) on the results of a sports event? (i.e. football, basketball, baseball, hockey, horse race) <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.
2. Have you ever worked for a bookmaker? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.

3. Do you currently have any gambling debts? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and how much?

ILLEGAL SUBSTANCES

1. Are you currently using illegal drugs or other illegal controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.

2. Have you ever sold, bought or possessed (touch ed) marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: Include dates:

3. When was the last time you were in the presence of marijuana or other illegal drugs?
Include dates:

4. Have you ever sold, bought or possessed (touch ed) any of the following felony drugs or any illegal substance: Cocaine, LSD, Heroin, Psilocybin, Spice or Bath Salts. or any hallucinogen, designer drugs, speed or steroids. <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and how much?

3. Have you ever used, sold, bought or possessed someone else's prescription medication?
Include type of medication and dates: (ie. Pain medication, ADHD medication etc.)

FINANCIAL STATEMENT

1. Are you currently meeting your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been contacted by a collection agency regarding any outstanding unpaid debt, charge off account, collection account, foreclosure, delinquent account, civil judgment, repossession garnishment or tax lien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
3. Have you ever been sued in court for a collection of any debt contracted by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
4. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
5. Have you ever had any judgments against you, and/or is there any pending at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

6. List your current debts or financial obligations:			
Amount	To Whom Owed	Monthly Payment	Item(s) Purchased

GENERAL INFORMATION

1. List all other employment applications, to include previous applications to the Newport News Police Department, other law enforcement agencies, and fire or rescue departments to which you have applied for employment. List a point of contact and a telephone number and/or email address. Include the date of application and current status. (i.e. on list, failed written test, etc.)
A current application with other departments does not affect your application with Newport News Police Department. Failure to disclose other applications may eliminate you from the process.

2. Have you previously served as a law enforcement officer? Yes No
If yes, state in what capacity, where, when and why you left.

3. 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	City & State	Phone number	Position

4. Do you have any specialized training, police training or hold any special license or permit?
If so, please list.

5. Do you use or have you ever used any type of tobacco products? Yes No
If yes, what type?

6. Do you have any visible tattoos? Yes No

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.

High School & Trade School

From:	To:	School:
City:	State:	Graduated:
Course Pursued:	Type of Degree:	

From:	To:	School:
City:	State:	Graduated:
Course Pursued:	Type of Degree:	

From:	To:	School:
City:	State:	Graduated:
Course Pursued:	Type of Degree:	

Colleges & Universities

From:	To:	School:
City:	State:	Graduated:
Type of Degree:		
Credit Hours:	GPA:	

From:	To:	School:
City:	State:	Graduated:
Type of Degree:		
Credit Hours:	GPA:	

From:	To:	School:
City:	State:	Graduated:
Type of Degree:		
Credit Hours:	GPA:	

REFERENCES

1. List the name, address and phone number of FIVE personal references not related to you and have known you for at least four years: Do not use former supervisors as references.

Name	
Address	
Phone number	Years Known
Name	
Address	
Phone number	Years Known
Name	
Address	
Phone number	Years Known
Name	
Address	
Phone number	Years Known
Name	
Address	
Phone number	Years Known

2. List any clubs, social or fraternal organizations, civic or community groups, professional or trade unions or associations which you are currently a member of or have been involved with in the past.

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 IMMEDIATE GROUNDS FOR TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT. YOU MUST BE COMPLETELY CANDID, AND PROVIDE, WITHOUT ANY OMISSION WHATSOEVER, ANY INFORMATION REQUESTED VERBALLY OR IN WRITING BY THE POLICE DEPARTMENT OR THE CITY OF NEWPORT NEWS REGARDING YOUR APPLICATION. DO NOT OMIT ANY INFORMATION.

You are seeking employment with the City of Newport News and are subjected to a background investigation by a representative of the Newport News Police Department. Be advised of the following:

The Newport News Police Department Investigator is involved in the process to the extent of conducting background investigations and interviews. The Investigator assigned to conduct your background investigation is not authorized to release any information regarding this process to you or anyone outside of their chain of command. The Investigator is not authorized to offer employment to an applicant and no statement made by the Investigator shall be construed as a job offer to the applicant. I, the above named applicant, certify that I have filled out this background investigation form, and understand the questions and information requested, and that all information provided by me, as well as any information provided by me verbally or in any supplementary submission, is true, accurate and complete, to the best of my knowledge. I understand that providing false, misleading, or incomplete information, regardless when discovered, constitutes grounds for my disqualification for City employment or termination from City employment.

Signature of Applicant

Date

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

CITY OF NEWPORT NEWS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinic, Attorneys at Law.

U. S. Armed Forces, Maritime Service, Veteran Administration, or U. S. Selective Service.

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, Trade School, High School, Elementary School (public or private) or any institution involved in education.

Any State, Local, Federal Law Enforcement Agency.

Any Judge, Court, or Magistrate.; Any State, Local, City or County agency.

Any past or present employer.

Bank, Credit Union, Credit Bureau, Retail Merchants Association or Lending Institution.

Any person(s) having knowledge regarding my character or reputation.

I, _____
Name Address

City State Zip Code

have applied for employment with the Newport News Police Department. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and direct the release of any and all requested information you may have concerning me (including transcripts of records and copies of documents) to any City of Newport News Police Investigator or Human Resources Representative upon presentation of this release form. I understand that any such information is considered confidential by the Newport News Police Department and will not be released to me.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information. I also authorized the release of any and all information regardless of any agreement, expressed, verbal or in writing, I may have made with you previously to the contrary.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain original writing of my signature.

Signed this _____ day of _____ the year _____

Date of Birth _____ SSN# _____.

Signature (Include maiden or previous name)

E-Mail Address

FOR EMPLOYMENT PURPOSES ONLY