Chesapeake Police Department

2020

Personal History Statement (PHS)

for

Police Officer Trainee
and Certified Police Officer
Applicants

Name: _____

Last Name, **First Name** **Middle Name**

Rev. 1/2020

Instructions on Completing This Packet

READ CAREFULLY

Thank you for your interest in joining the Chesapeake Police Department. All applicants for the position of Certified Police Officer & Police Officer Trainee must undergo a thorough background investigation, as part of our pre-employment selection process. Applicants must provide ALL information requested in this packet. This packet must be signed and notarized upon completion and prior to turning it in. **If your packet is incomplete** (not signed, not notarized, or missing **ANY** pages, to include this instruction page) **you will not be permitted to move to the next phase of our application process, the Physical Ability Test**. In addition to this packet, a signed and notarized release form (which is attached) must also be submitted.

Important Information on Completing this Packet:

- All responses must be truthful! A polygraph examination will be administered as part of the post conditional offer hiring process.
- Omissions or an incomplete Personal History Statement packet could disqualify you from further consideration for employment. It is YOUR responsibility to notify the Background Investigations Unit with ANY/ALL updates, throughout the application process. Submit information updates to: cpdbackgroundinvest@cityofchesapeake.net
- When completing this packet, if you are unsure of an exact date, use the approximate date. (Example: *Approximately March 2010*)
- All juvenile and adult incidents, citations, arrests, and/or illegal drug use must be listed on your application, regardless of whether or not it shows on your record or your age at the time of incident/offense. Omitting this information may disqualify you. P**ursuant to Virginia Code § 19.2 389.3 you are not required to disclose arrests, charges, or convictions for simple possession of marijuana, or its derivatives. No part of this application should be construed to require you to disclose such information.**
- Print legibly or type your responses. Use blue or black ink only
- If additional space is needed for your responses, use only the provided supplemental pages. Do not write on the back of the pages.
- When printing your PHS, print single sided. **Do not** print on both sides of one sheet.

- **YOU MUST HAVE PAGES 18 & 22 OF THIS PHS PACKET SIGNED AND NOTARIZED**
  - *A notary must witness you sign the form. Do not sign it yourself until you are with the notary.*
  - ***This must be done prior to your arrival for your Physical Ability Test. This Notary Service will not be available at the Academy.***

SECTION 1: PERSONAL / BIOGRAPHICAL INFORMATION

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
MAIDEN (or Other Names):	

DOB:	SSN:	U.S. CITIZEN:	PLACE OF BIRTH-CITY/STATE:
		☐ Yes ☐ No	

STREET ADDRESS:	
APT. NUMBER:	
CITY:	
STATE:	
ZIP:	

HOME PHONE:	
CELL PHONE:	
WORK PHONE:	
EMAIL ADDRESS:	@

ARE YOU CURRENTLY EMPLOYED AS A SWORN LAW ENFORCEMENT OFFICER?

☐ NO ☐ YES

AGENCY:	
STATE:	
TITLE:	
DCJS CERTIFICATION LEVEL:	

MARITAL STATUS

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED

NAME OF SPOUSE:	
SPOUSE'S DOB:	

List all persons that reside (live, stay) in the same residence as you:

NAME: LAST, FIRST MI	RELATIONSHIP TO YOU:	DATE OF BIRTH:

SECTION 2: DRIVING INFORMATION

DRIVER'S INFORMATION:

DO YOU HAVE A VALID DRIVER'S LICENSE?	☐ Yes ☐ No (Note: A valid driver's license is required for this job)
CURRENT DRIVER'S LICENSE #:	
STATE:	
EXPIRATION DATE:	

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE?	☐ No ☐ Yes _____ Year
If Yes, Which State?	
DRIVER'S LICENSE NUMBER (IF KNOWN):	

Have your driving privileges with Virginia or any other state ever been suspended or revoked for any reason?	☐ No ☐ Yes _____ Year
If Yes, Which State?	
Reason for Suspension	
Do you have any unpaid parking tickets in this or any other state?	☐ No ☐ Yes _____ Year
Reason for Tickets Not Being Paid?	

ACCIDENT INFORMATION:

Have you Ever Been Involved in a Motor Vehicle Accident as the Driver?	☐ No ☐ Yes		
If Yes, Complete the Following:			
Date: Month/Year	**City / State**	**Did the Police Respond to Scene?**	**Were You Determined to be at Fault? (By police or court)**
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes

TRAFFIC OFFENSES:

1. Have You Ever Received a Traffic Citation (ticket, summons)? ☐ No ☐ Yes

If YES Complete the Information Below:

DATE: Month and Year	CITY / STATE	CHARGE: If speeding, indicate the speed convicted of & posted speed limit (ex: 60/45mph)	GUILTY or NOT GUILTY DISPOSITION?	FINE PAID?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

2. Do you own an automobile? ☐ Yes ☐ No

If YES, plate state & #

3. Do you have automobile insurance, assigned risk or certification of compliance with the Uninsured Motor Vehicle Act? ☐ Yes ☐ No

Name of Insurance Company:

4. Do you drive a vehicle which you are not the registered owner? ☐ Yes ☐ No

If YES give make, model, year AND owner of vehicle:

SECTION 3: CRIMINAL HISTORY (excluding simple possession of marijuana, or any derivative of marijuana)

5. Have you EVER been arrested? ☐ Yes ☐ No

This includes offenses as a juvenile. Do not omit any offenses regardless of how minor they may seem.

6. Taken into physical custody? ☐ Yes ☐ No

7. Issued a misdemeanor summons? ☐ Yes ☐ No (Not including traffic citations already listed)

8. Released on your own signature or turned yourself in for any reason?

☐ Yes ☐ No

9. Are you currently under provisions of a Protective Order or any Court Orders?

☐ Yes ☐ No **If YES, give detailed summary on top of next page.**

If **Yes,** Complete the Following:

DATE	ARRESTING AGENCY	CHARGE	DISPOSITION

If you answered YES to any of the above questions, provide details below, including approximate dates. Explain in detail all entries above. Use the attached supplemental sheet if necessary.

10. Have you ever been a member of a gang or participated in gang activity?

☐ **Yes** ☐ **No** (If yes, list all details on separate supplemental page.)

11. Do you have any gang tattoos or gang related body markings? ☐ Yes ☐ No

If yes, list all details:

UNDETECTED CRIMES: (*excluding simple possession of marijuana, or any derivative of marijuana)

12. Have you ever committed, participated in, or been present when any of the crimes below were committed or attempted? ☐ Yes ☐ No

If YES - Check all that Apply:

MURDER	☐ Yes ☐ No	**BURGLARY**	☐ Yes ☐ No
MANSLAUGHTER	☐ Yes ☐ No	**LARCENY / THEFT**	☐ Yes ☐ No
ARSON	☐ Yes ☐ No	**SHOPLIFTING**	☐ Yes ☐ No
RAPE	☐ Yes ☐ No	**VANDALISM**	☐ Yes ☐ No
ROBBERY	☐ Yes ☐ No	**SELLING DRUGS ***	☐ Yes ☐ No
ASSAULT	☐ Yes ☐ No	**BUYING DRUGS ***	☐ Yes ☐ No
PEDOPHILIA	☐ Yes ☐ No	**MANUFACTURING * DRUGS(Growing, etc.)**	☐ Yes ☐ No
SALE OF STOLEN ITEMS	☐ Yes ☐ No		

If you answered YES to any of the above provide details below including approximate dates:

13. Have you ever had ANY contact with law enforcement? ☐ Yes ☐ No

This includes as a victim reporting a crime, a witness, or questioned by any law enforcement officer for any reason other than incidents already listed above in questions 1 - 9? If YES, provide details below:

CRIMINAL ASSOCIATIONS:

14. Do you know of, associate with, or reside with any known criminals, gang members or convicted felons? ☐ Yes ☐ No

If YES, give SPECIFIC details of your relationship with the individual(s) and the criminal conduct/acts they are responsible for. List Name and Date of Birth of any convicted felons that you reside with:

DRUG USE:

15. Have you ever used or taken any illegal drug or substance? ☐ Yes ☐ No

This includes experimentation and/or one time use.

This also includes prescription medication/drugs **not prescribed** to you AND steroids.

If YES, complete the following:

DRUG	DATE FIRST USED (Month/Year)	DATE LAST USED (Month/Year)
Marijuana (Cannabis)		
Spice		
Hashish		
Cocaine		
Crack Cocaine		
Methamphetamines		
LSD		
Mushrooms		
Heroin		
PCP		
Barbiturates		
Ecstasy		
Inhalants (Huffing)		
Anabolic Steroids		
Prescription Drugs (Not Prescribed to you)		
Other Illegal Drugs Not Listed Above:		

If you listed Prescription Drugs or Other Illegal Drugs, describe the drug and circumstances:

SECTION 4: EDUCATION

HIGH SCHOOL:

Virginia State Code requires Police Officers to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement.

High School Diploma	**Yes No**	
GED	**Yes No**	
Home School	**Yes No**	**If Yes, you must have met the requirements of Virginia for successful completion of home school program. See VA Code § 22.1-254.2**

POST SECONDARY EDUCATION (IF APPLICABLE):

TYPE		**DEGREE EARNED- Do NOT check YES unless you have actually been CONFIRMED to have received that degree status from your college. You must provide CERTIFIED transcript or Original Diploma.**
Some College	**Credit Hours: _____**	**List level of Degree and your Major (s) and/or Minor:**
Associates Degree	**Yes No**	**MAJOR:**
Bachelor's Degree	**Yes No**	**MAJOR:**
Master's Degree	**Yes No**	**MAJOR:**

SCHOOLS ATTENDED:

List all high schools and if applicable post-secondary (college or university) attended.
Do not list individual military training schools.
Note: For college or university education/credits you will be required to provide an original copy of your certified transcripts at a later time.

NAME	LOCATION	DATES	DIPLOMA \ DEGREE

SECTION 5: EMPLOYMENT HISTORY:

List ALL jobs held within the last ten (10) years. Do not leave out any employment regardless of how short it was. Include military, temporary and volunteer experience. Employment will be verified.

Omitting any employment could be cause for disqualification.

If necessary use supplement form at end of this document to list additional employment.

List in order of CURRENT EMPLOYER and then most recent employment.

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES, STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		Resigned / Quit Fired Laid Off Business Closed			
WERE YOU EVER DISCIPLINED?	Yes No	IF YES STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		Resigned / Quit Fired Laid Off Business Closed			
WERE YOU EVER DISCIPLINED?	Yes No	IF YES STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES STATE REASON:			

16. Have you ever been terminated or forced to resign from any employer <u>outside the 10 years</u> of listed employment history? ☐ Yes ☐ No

If yes, list employer, dates of employment and reason.

17. Have you ever taken, or given away, merchandise, supplies, or food from an employer <u>without their permission</u>? ☐ Yes ☐ No

EMPLOYER	ITEM TAKEN	VALUE OF ITEM(S)	DATE(S) OCCURRED

<u>LAW ENFORCEMENT APPLICATIONS:</u>

18. Have you ever made application for employment (<u>any position</u>) with <u>this</u> or <u>any</u> other law enforcement or corrections agency? ☐ Yes ☐ No

If YES, Complete the Following:

AGENCY NAME	POSITION APPLIED FOR	YEAR APPLIED	CURRENT STATUS OF APPLICATION	LAST PHASE COMPLETED

SECTION 6: MILITARY SERVICE

19. Male Applicants - Are you registered with the Selective Services?

☐ Yes ☐ No ☐ N/A

20. Have you ever joined any branch of military service for any period of time?

☐ Yes ☐ No

If YES Complete the Following:

BRANCH	DATES OF SERVICE	RANK AT DISCHARGE	TYPE OF DISCHARGE

Include expected discharge date : _____ **(Honorable, Dishonorable etc.)**

21. While in the service were you ever verbally reprimanded, written up, disciplined, been the subject of judicial or non-judicial punishment, charged with Article 15, Captain's Mast or court martialed? ☐ Yes ☐ No ☐ N/A

If YES Provide details below to include circumstance, charge and outcome including punishment.

SECTION 7: PREVIOUS ADDRESSES

Begin with your present address and list all previous places you have resided during the last ten (10) years: List the apartment number if applicable.

ADDRESS	CITY / STATE / ZIP	DATES

Please list all States you have lived in since the age of 18:

Ex. NJ		

SECTION 8: FINANCIAL

22. Have you ever filed for or declared bankruptcy? ☐ Yes ☐ No

If YES, please give details to include when, where, why and chapter filed.

23. Have any of your debts ever been turned over to a collection agency or have you ever been sued in civil court for debts? ☐ Yes ☐ No

If yes, give information for each account to include date(s), account name, why it went into collections and whether the debt(s) have been satisfied.

24. Have your wages ever been garnished? ☐ Yes ☐ No

If yes, please give details to include date(s), account name, and your employer at the time of garnishment.

25. Have you ever had any goods repossessed? ☐ Yes ☐ No

If yes, please explain date(s), what item(s) and circumstances.

26. Have you ever been delinquent on child support, alimony, income tax or other tax payments? ☐ Yes ☐ No

If yes, please give details to include when, where, why and whether the account(s) is/are paid in full and/or currently in good standing.

27. Do you currently have any outstanding judgments? ☐ Yes ☐ No

If yes, please give details to include when, where, why.

SECTION 9: SIGNATURE & NOTARY

THIS PAGE MUST BE NOTARIZED

I hereby certify that all statements made in this questionnaire are true and complete and authorize the verification of this fact by the Chesapeake Police Department. I understand that any misrepresentation of material facts, in addition to the omission of information, could subject me to disqualification.

_____ _____

Applicant's Signature **Date**

City/County of: _____
Commonwealth / State of: _____

The foregoing instrument was subscribed sworn before me this:
_____ **day of** _____ **,** _____
(Month) (Year)

By: _____
(Notary Public's Printed Name)

_____
(Notary Public's Signature)

My commission expires: _____

SUPPLEMENTAL EXPLANATION

Use this form to provide further explanation or details for any item within the Personal History Statement only as necessary.

_____

Applicant Initials- MUST initial, even if this page left BLANK

_____

Applicant Initials- MUST initial, even if this page left BLANK.

EMPLOYMENT SUPPLEMENT

Use this form (only if necessary) to list additional employment.

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES STATE REASON:			

NAME OF EMPLOYER					
ADDRESS					
CITY		STATE		ZIP	
PHONE NUMBER	DATES OF EMPLOYMENT	JOB TITLE		FULL TIME or PART TIME?	
SUPERVISOR AT TIME OF EMPLOYMENT	SALARY / RATE	CIRCUMSTANCES FOR LEAVING		REASON FOR LEAVING?	
		☐ Resigned / Quit ☐ Fired ☐ Laid Off ☐ Business Closed			
WERE YOU EVER DISCIPLINED?	☐ Yes ☐ No	IF YES STATE REASON:			

Chesapeake Law Enforcement Training Academy
1080 Sentry Drive
Chesapeake, Virginia
(757) 382-1525

RELEASE OF INFORMATION

To Whom It May Concern:

As an applicant for employment with the City of Chesapeake (VA) Police Department, I hereby authorize the release of such information as may be requested by the Chesapeake Police Department, or its agents. This information to include, but not be limited to my background, character, education, credit rating and such other information and supporting documents as may be authorized by the Chesapeake Police Department, or its agents.

I hereby authorize the photocopying of any and all such records or information that you may have concerning me.

_____ _____ _____
(Name of Applicant – Printed) **(Applicant's Signature)** **(Date)**

_____ _____
(Applicant's DOB) **(Applicant's SSN)**

City/County of: _____

Commonwealth / State of: _____

The foregoing instrument was subscribed sworn before me this:

_____ **day of** _____ **,** _____
(Month) (Year)

By: _____
(Notary Public's Printed Name)

_____ _____
(Notary Public's Signature) **(Date)**

My commission expires: _____