



Augusta County Sheriff's Office
P. O. Box 860
127 Lee Highway
Verona, VA 24482
540-245-5333

Sheriff Donald L. Smith

PERSONAL HISTORY QUESTIONNAIRE

Deputy Sheriff Position

The attached forms must be completed and returned to the Augusta County Sheriff's Department for processing.

Section 15.2-1705 of the Code of Virginia authorizes the sheriff's office to conduct a background investigation on candidates prior to employment. The information requested in this questionnaire is required to properly conduct a thorough background investigation.

Instructions to the Applicant:

The information you provide in this personal history statement will be used in your background investigation to assist in determining your suitability for the position of Deputy Sheriff for Augusta County.

- It is your responsibility to complete this form and provide all required information.
- If you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions, if the question does not apply please enter N/A (not applicable) in the space provided for the answer.

- If you need more space for your responses please use the last page of this document which is purposely blank for this reason. Please identify the additional information by the question number.

Disqualification:

There are very few automatic bases for rejection. Even issues of prior misconduct; however, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reasons for the misstatements/omissions. Generally, the number one reason applicants fail a background investigation is because they deliberately withhold or misrepresent job relative information from their prospective employer.

Please understand you are solely responsible for providing complete, accurate, and truthful responses.

Along with the completed questionnaire please provide copies of the following:

- Birth Certificate
- High School Diploma or Equivalence Certificate
- Driver's License
- Military Discharge (if applicable)

Please return the completed application and supplemental questionnaire with all copies to our department in person or by mail to the address above.

Do not misstate, falsify or omit material facts. The facts and statements will be verified to determine your qualifications for employment. Any misrepresentations, falsifications or omissions of material will be justification for rejection.

It is the policy of this agency to not discriminate against anyone and to afford equal employment opportunity to all applicants.

PLEASE USE THE LAST PAGE OF THIS FORM TO DOCUMENT ADDITIONAL DETAILS, TO ANY QUESTION, IF NEEDED

PERSONAL INFORMATION:

1. NAME:
2. ADDRESS:
3. OTHER NAMES USED: (nicknames, aliases, former names changed, maiden name ...)

4. HOW LONG AT PRESENT ADDRESS:
5. ARE YOU A U.S.CITIZEN? YES NO DATE OF BIRTH:
6. PLACE OF BIRTH:
7. SCARS, MARKS, TATTOOS:
8. PHONE NUMBERS (home, cell, other ...)

MOTOR VEHICLE & OPERATOR'S LICENSE

9. DRIVERS LICENSE #
- ISSUING STATE:
- LICENSE TYPE: EXP. DATE:
10. HAS YOUR LICENSE TO DRIVE EVER BEEN REFUSED, SUSPENDED,
CANCELLED OR REVOKED? YES NO
IF YES GIVE DETAILS:

11. DO YOU OWN A MOTOR VEHICLE? YES NO MAKE:
- MODEL: TAG: STATE:

FAMILY INFORMATION

12. FATHER'S NAME: DOB:
- ADDRESS:
- OCCUPATION/EMPLOYER:

13. MOTHER'S NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

14. BROTHER/SISTER NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

BROTHER/SISTER NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

BROTHER/SISTER NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

15. SPOUSE'S NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

16. EX SPOUSE'S NAME: DOB:

ADDRESS:

OCCUPATION/EMPLOYER:

LEGAL HISTORY

18. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? YES NO

BRANCH OF SERVICE: PRESENT STATUS:

DATE OF ENTRY: DATE OF EXIT:

19. WERE YOU EVER SUBJECTED TO MILITARY DISCIPLINE? YES NO

IF YES, GIVE DETAILS:

20. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY? YES NO
IF YES, GIVE DETAILS:

21. HAVE YOU EVER BEEN INVOLVED IN ANY LITIGATION; CIVIL OR CRIMINAL, THAT IS NOT A
MATTER OF PUBLIC RECORD? YES NO
IF YES, GIVE DETAILS:

22. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY UNDER THE SUPERVISION OF A PAROLE OR
PROBATION AGENT? YES NO
IF YES, GIVE DETAILS:

23. HAS ANYONE RESIDING WITH YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, GIVE DETAILS:

24. HAVE YOU EVER RECEIVED A TRAFFIC SUMMONS? YES NO
IF YES, GIVE DETAILS:

DRUG USAGE:

25. HAVE YOU EVER POSSESSED, SOLD, OR USED ILLEGAL DRUGS (This includes experimentation)?
YES NO
IF YES, GIVE DETAILS AND TYPE OF DRUG:

26. HAVE YOU EVER POSSESSED OR USED ANY PRESCRIPTION DRUGS ILLEGALLY? YES NO
IF YES GIVE DETAILS:

27. HAVE YOU EVER BEEN INVOLVED IN THE PURCHASE OF ANY ILLEGAL DRUGS IN ANY AMOUNT?
YES NO
IF YES, GIVE DETAILS:

28. WHAT IS THE TOTAL AMOUNT OF MONEY YOU HAVE SPENT ON ILLEGAL DRUGS IN YOUR
LIFETIME?

29. HAVE YOU EVER STOLEN MONEY FOR DRUGS? YES NO
IF YES, GIVE DETAILS:

MISCELLANEOUS INFORMATION

30. HAVE YOU EVER APPLIED OR HAVE A PENDING APPLICATION FOR A POSITION WITH THIS DEPARTMENT OR ANY OTHER POLICE OR FIRE DEPARTMENT? YES NO
DEPARTMENT: STATUS:

31. DO YOU HAVE ANY RELATIVES OR FRIENDS EMPLOYED BY ANY POLICE DEPARTMENT OR SHERIFF'S OFFICE? YES NO
IF YES, GIVE DETAILS:

32. LIST ANY ORGANIZATIONS WHICH YOU HAVE OR NOW BELONG TO:

33. WHAT EXPERIENCE DO YOU HAVE WITH FIREARMS?

34. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH MIGHT REQUIRE FURTHER EXPLANATION?
YES NO
IF YES, GIVE DETAILS:

35. BRIEFLY STATE ANY QUALIFICATIONS THAT YOU HAVE WHICH WOULD BE AN ASSET TOWARDS YOUR EMPLOYMENT WITH THIS OFFICE:

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS FORM, WHICH IS PART OF MY APPLICATION WITH AUGUSTA COUNTY SHERIFF'S OFFICE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT EACH OF THE STATEMENTS GIVEN IN THIS QUESTIONNAIRE WILL BE INVESTIGATED AND ANY INACCURATE, UNTRUTHFUL OR MISLEADING STATEMENT WILL BE SUFFICIENT CAUSE FOR IMMEDIATE REJECTION OF THE APPLICATION WITHOUT APPEAL. I UNDERSTAND AND HEREBY AGREE THAT AN ELECTRONIC SIGNATURE HAS THE SAME LEGAL EFFECT AND CAN BE ENFORCED IN THE SAME WAY AS A WRITTEN SIGNATURE.

Signature:

Date:

USE THE SPACE BELOW TO DOCUMENT ADDITIONAL DETAILS, TO ANY QUESTION, IF NEEDED.