



Fairfax County Police Department

Personal History Statement (PHS) Important Instructions

This Personal History Statement (PHS) is part of the initial phase of your employment process with the Fairfax County Police Department and will be used to verify your background. It is imperative that questions are answered in detail. You will be disqualified from this process if you supply untruthful responses to any questions or if you omit any material information.

I confirm that all information I relate in this Personal History Statement is accurate and true.

Signature

Date

1. Read over the PHS carefully prior to making any marks on it. If needed, make copies of the page that refers to your Employment History, Applications to other Law Enforcement Agencies, and Residences, and insert them in the appropriate sequence.
2. All information must be typed or neatly printed by you using black ink only. If your PHS is not legible, it will be returned to you with a requirement that you make it legible.
3. All information provided will be treated as CONFIDENTIAL.
4. Questions that require a yes or no response shall be checked in the space provided.
5. Not Applicable (N/A) should be used in a category or question that does not apply.
6. Should you need additional space to respond to any question, place that information on the Additional Information Sheet. Each addition to that area should be numbered to correspond with the appropriate question.
7. List Zip Codes and Area Codes for all requested addresses and telephone numbers.

~ Documents ~

SECTION I: You must submit copies of these documents at the time you submit your Personal History Statement (PHS). Original documents will be inspected later during the investigative process.

SECTION I: Documents Submitted with PHS		
Document	Check when in your possession	
	Original	Copy
1. United States Citizen: Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
2. Naturalized or Non-US Citizen:		
a.) Copy of Permanent Resident Alien card, or;	<input type="checkbox"/>	<input type="checkbox"/>
b.) Naturalization Certificate	<input type="checkbox"/>	<input type="checkbox"/>
c.) Documents that show you are currently in the process to become a United States citizen	<input type="checkbox"/>	<input type="checkbox"/>
3. High School Diploma or General Educational Development Certificate (G.E.D.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>
5. Military Discharge (DD214) Member 1 and 4 (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: You will be required at a later date to provide the documents listed in SECTION II to the Detective who is conducting your background investigation.

SECTION II: Documents Needed at a Later Date		
Document	Check when in your possession	
	Original	Copy
1. Official, sealed copies of all military records		
2. Official, sealed copies of all school transcripts (High School, College, etc.)		
3. Copy of two most recent paycheck statements	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of Federal and State Tax Returns including W-2 forms for the past two years	<input type="checkbox"/>	<input type="checkbox"/>
5. Marriage Certificate /Divorce Decree(s)	<input type="checkbox"/>	<input type="checkbox"/>
6. Copy of name change document(s)	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of lawsuit (s); whether filed by you or against you	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of liens	<input type="checkbox"/>	<input type="checkbox"/>
9. Copy of bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
10. Copy of any civil action by you or against you	<input type="checkbox"/>	<input type="checkbox"/>
11. An official, sealed transcript of ALL motor vehicle records of states in which you are currently, or have been licensed, other than the following: Virginia, Maryland, and the District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>



Fairfax County Police Department Personal History Statement

~ Personal ~

~ Personal ~												
Position Applied for:												
1. Full Legal Name and Descriptors.												
Last Name				First Name				Middle Name				
Gender		Race		Height		Weight		Hair Color		Eye Color		
SSN							Date of Birth					
Place of Birth (City, State)						Where did you grow up? (City, State)						
Have you ever legally changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list below.												
2. List ALL names (name changes, aliases and nicknames)												
Last Name			First Name			Middle Name			Type		Year(s) Used / Changed	
									<input type="checkbox"/> Name Change <input type="checkbox"/> Alias <input type="checkbox"/> Nickname			
									<input type="checkbox"/> Name Change <input type="checkbox"/> Alias <input type="checkbox"/> Nickname			
3. List the current address where you physically reside (not a mailing address), County, and Telephone Numbers.												
Number, Street, and Apt. Number												
City						State				Zip Code		
Name of the County where you live					<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> With Parent <input type="checkbox"/> Other				How long have you resided there?			
										Years:		Months:
List your residence, work, cellular, and pager numbers. Include Area Code and extension if applicable.		Home		()				Work		()		
		Pager(s)		1.() 2.()				Cellular Phone(s)		1.() 2.()		
Email Address(es)		Personal: Work:										
4. List a mailing address if you are unable to receive mail at your residence.												
Mailing Address												
City						State				Zip Code		

5. Are you a citizen of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes If you are a non-U.S. citizen, what country are you a citizen of?	If you are a non-U.S. citizen, have you applied for citizenship? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please give the date of application, and the date you anticipate you will become a citizen of this country.
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If you were a non-U.S. citizen, and have since become a U.S. citizen, please provide the following:

Citizenship Date		Place of Naturalization (if applicable) City/State	
Date of Naturalization		Naturalization Certificate Number	

~ Family Members ~

6. During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position for which you have applied. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

Name		Residence Address (include Zip Code), if Address is the same as yours write "Same"	Telephone (Include Area Code)	
Father			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				
Mother			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				
Stepfather			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				
Stepmother			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				
Father-In-Law			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				
Mother-In-Law			Home	()
			Work	()
			Cell	()
			Date of Birth	
Occupation				

~ Family Members (continued) ~

7. List the Names, Date of Birth (DOB), and Addresses of your brothers, half-brothers, stepbrothers, sisters, half-sisters, stepsisters.

1.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()
2.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()
3.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()
4.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()
5.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()
6.	Name	DOB	Address (include Street, City, State, and Zip Code)		Relationship
Occupation		Home	()	Work	()

~ 8. Marital Status ~

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated : Date _____	<input type="checkbox"/> Annulled	<input type="checkbox"/> Divorced
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Full Name of Spouse		Maiden Name	Other Names Spouse has Used	Date of Birth	Age
Date of Marriage	Location of Marriage (City, State, County, and Country)				
Spouse's Employer			Occupation or Position	How Long Employed?	
Address of Spouse's Employer (include Street, City, State, and Zip Code)			Telephone	Co-worker Name	Co-worker Name
			()		
Current Mailing Address of Spouse (if not living with you)			Telephone at this Address	Spouse's Cellular	
			()	()	

9. If divorced, widowed, or had an annulment, provide the following information.

1. Full Name of Former Spouse		Maiden Name	Other Names Former Spouse has Used	Date of Birth	Age
Date of Marriage	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled		Location of Marriage (City, State, County, and Country)		
	Date				
Former Spouse's Employer			Occupation or Position	How Long Employed?	
Address of Former Spouse's Employer (include Street, City, State, and Zip Code)				Telephone	
				()	
Current Mailing Address of Former Spouse or Last Known Address			Telephone at this Address	Former Spouse's Cellular	
			()	()	
2. Full Name of Former Spouse		Maiden Name	Other Names Former Spouse has Used	Date of Birth	Age
Date of Marriage	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled		Location of Marriage (City, State, County, and Country)		
	Date				
Former Spouse's Employer			Occupation or Position	How Long Employed?	
Address of Former Spouse's Employer (include Street, City, State, and Zip Code)				Telephone	
				()	
Current Mailing Address of Former Spouse or Last Known Address			Telephone at this Address	Former Spouse's Cellular	
			()	()	

~ Children ~

10. List ALL of your children (include biological children, step-children, adopted children, foster children, etc.)

Name	Sex		Date of Birth	Other Parent's Name	Living With You?	
	Male	Female			No	Yes
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

11. Have you ever been ordered by a court to pay child support?

No

Yes

If Yes, what is or was the monthly amount?

Have you ever been required to pay alimony?

No

Yes

If Yes, what is or was the monthly amount?

12. Have you ever been delinquent making payments for child support or alimony? No Yes If Yes, explain.

13. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco, or snuff? No Yes. The Fairfax County Police Department requires that all newly hired Police Officers and Police Cadets refrain from tobacco product use. If hired, you will be required to sign a non-tobacco use employment contract. Breach of this contract is grounds for termination.

14. Are you now, or have you ever been a member of or had any affiliation with the Communist Party, any subversive organization, or any organization which advocates the overthrow of the United States Government?
 No Yes If Yes, explain.

15. Are you now, or have you ever been affiliated in any capacity (i.e. member, supporter, fundraiser, sympathizer, etc.) with any group, society, association or organization which advocates violence toward, supremacy over any person or group of persons because of race, religion, gender, lifestyle, or ethnic origin? No Yes If Yes, explain.

16. Have you ever been requested to take a Polygraph Examination? No Yes If Yes, the reason, where and when.

~ Residences ~

17. List ALL of your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies etc., of those that collect the rent.

Current Address (include Street, City, State, Zip Code and Apartment Number if applicable)					Since (Month/Year)
Number	Street, include Apt. Number if applicable	City	State	Zip Code	
With whom do you live?		If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.			
1. Name and Address of neighbor					
2. Name and Address of neighbor					
Previous Address (include Street, City, State, and Zip Code)				From (Month/Year)	To (Month/Year)
With whom did you live?		If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.			
Reason for moving					
1. Name and Address of neighbor					
2. Name and Address of neighbor					
Previous Address (include Street, City, State, and Zip Code)				From (Month/Year)	To (Month/Year)
With whom did you live?		If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.			
Reason for moving					
1. Name and Address of neighbor					
2. Name and Address of neighbor					

~ Residences (continued) ~

Previous Address (include Street, City, State, and Zip Code)		From (Month/Year)	To (Month/Year)
With whom did you live?	If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.		
Reason for moving			
1. Name and Address of neighbor			
2. Name and Address of neighbor			
Previous Address (include Street, City, State, and Zip Code)		From (Month/Year)	To (Month/Year)
With whom did you live?	If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.		
Reason for moving			
1. Name and Address of neighbor			
2. Name and Address of neighbor			
Previous Address (include Street, City, State, and Zip Code)		From (Month/Year)	To (Month/Year)
With whom did you live?	If renting, give Name, Address (include Street, City, State, and Zip Code), and Telephone Number and email of the person, or company that collected the rent.		
Reason for moving			
1. Name and Address of neighbor			
2. Name and Address of neighbor			

18. Have you ever possessed, used, tried, experimented with, or sold any illegal drug; or have you ever abused prescription medication, or used prescription drugs not prescribed to you?

Drug Used	If you've NEVER Possessed, Used, Tried, Experimented, or Sold, check No	Method or Contact (Check ALL that Apply)	Date Last Used	Number of Times Used
Marijuana	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Hashish	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Cocaine	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Crack	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
LSD or Acid	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
PCP	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Mescaline	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Mushrooms	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Peyote	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Any other Hallucinogen	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Opium	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Heroin	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Morphine	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Codeine	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Speed (Methamphetamine)	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Barbiturates	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Designer/Synthetic/Club Drugs				
Ecstasy	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Fantasy	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
GHB	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Ice	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Ketamine	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Methadone	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Rohypnol	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Steroids	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold If Yes, please specify Method and Number of: Cycles _____; Injections _____; Ingestions _____		
Inhalants				
Nitrous Oxide	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Glue	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Whippits	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Other Inhalants	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		
Other Drugs	<input type="checkbox"/> No	<input type="checkbox"/> Possessed <input type="checkbox"/> Used, Tried, or Experimented <input type="checkbox"/> Sold		

If there are any other drugs that you have possessed, used, tried, experimented with or sold, and are not listed above because you may know them by a different name, you must list them in the Additional Information Sheet at the back of this document. Please indicate the name of substance, date last used, and number of times you used the substance. Check here if there is additional information

~ Military Service ~

19. Have you ever served in any of the Armed Forces? No Yes

If yes, what is your current status with the military? Active Active/Inactive Reserve Discharged

Branch of Service	Enlistment Date	Discharge Date	Type of Discharge
Rank at Discharge	Highest Rank Attained	Service Number	Separation Code
Re-enlistment Code	If you are on Active Duty, please provide the name of your Commanding Officer.		

If you did not complete basic training, active, or reserve commitment, specify why.

Starting with most recent, list all duty stations to include basic training, tours overseas, etc., while in the military.

From (Month/Year)	To (Month/Year)	Location	Duties/Purpose

Are you a member of the National Guard or any Reserve Unit? No Yes Active Inactive

Branch of Service	Enlistment Date	Discharge Date	Type of Discharge
Rank at Discharge	Highest Rank Attained	Service Number	Separation Code
Reenlistment Code	Name of Commanding Officer		

Starting with most recent, list ALL duty stations to include basic training, tours overseas, etc., while in the Reserves or National Guard.

From (Month/Year)	From (Month/Year)	Location	Duties/Purpose

20. During your military service as outlined above:

- A) Did you ever receive any disciplinary action, summary or deck court martial, or Article 15? No Yes
- B) Did you ever appear before any Command Personnel for disciplinary reasons? No Yes
- C) Were you ever the subject of any criminal investigation or arrested by military authority concerning any alleged misconduct?
 No Yes

If you answered Yes to any of the questions in 20, please explain in the Additional Information Sheet provided by including the question number and letter, the date, charges, allegation(s), location, and the disposition/findings of those allegation(s) and/or charges.

~ Military Service (continued) ~

21. Were you ever rejected or denied entry by any branch of the Armed Forces, Reserves, or National Guard for any reason?

No Yes If Yes, please provide the following:

Branch	Date	Reason

22. Were you ever a member of a foreign country's military service? No Yes If Yes, please provide the following:

Country	Branch	Dates	Rank	Serial Number

~ Education ~

23. The County of Fairfax, Virginia requires you to possess a High School Diploma, or its equivalent. Please indicate the highest level of education you have attained. Check ALL boxes that apply.

- I possess a High School Diploma from a United States institution.
- I possess a High School Diploma or its equivalent from a foreign institution.
- I possess a two-year degree from an accredited College or University.
- I possess a four-year degree from an accredited College or University.
- I passed the General Education Development Certification (G.E.D.) test.

G.E.D. Information: Date: _____ State of Issuance: _____

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and Address of High School(s) attended and/or graduated from	From (Month/Year)	To (Month/Year)	Did you Graduate?
1. 			<input type="checkbox"/> No <input type="checkbox"/> Yes
2. 			<input type="checkbox"/> No <input type="checkbox"/> Yes

Have you ever attended an institution of higher learning? No Yes
If Yes, list ALL Colleges and Universities attended, and provide sealed copies of transcripts.

1. Name of College or University		Address (include Street, City, State, and Zip Code)		
Major	From (Month/Year)	To (Month/Year)	Type Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned
2. Name of College or University		Address (include Street, City, State, and Zip Code)		
Major	From (Month/Year)	To (Month/Year)	Type Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned

3. Name of College or University		Address (include Street, City, State, and Zip Code)		
Major	From (Month/Year)	To (Month/Year)	Type Degree Earned (None, AA/AS, BA/BS, MA/MS, PhD)	Total Credits Earned

~ Education (continued) ~

24. Have you ever attended a trade, vocational, or business school? No Yes If Yes, please provide the following information:

Name of School	Address (include Street, City, State, and Zip Code)	Type of School or Training	Dates Attended	Did you complete the course?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

25. Have you ever been placed on academic probation, suspended, been the subject of a suspension or expulsion hearing, or expelled from any institution of learning? No Yes If Yes, please explain in detail.

~ Finances ~

26. List ALL debts, including home mortgage(s), car payment(s), credit card account(s), and personal loan(s). Additionally, list debt collection actions against you. (If you need to add additional accounts, use the Additional Information Sheet; please reference the question number on that sheet.)

Type of Account	Monthly Payment	Present Balance	To Whom Owed : Name and Full Address (include Street, City, State, and Zip Code)

27. Have you ever filed for or been adjudicated bankrupt? No Yes If Yes, provide copies and documentation.

Reason for filing (summarize):

Amount claimed:

Date Bankruptcy Discharged:

Court of Jurisdiction:

28. Are you a member of any club, society, or sorority/fraternal organization? No Yes If Yes, please list.

29. List any hobbies or part-time interests.

30. Do you have any special talents, skills, trades, (i.e. licensed pilot, martial arts, scuba certified, foreign language proficiency -- can you speak/read/write the language? If Yes, please note ability level on a scale of 1-10 (10 =Interpreter)) If Yes, please list.

~ Experience and Employment ~

31. Beginning with your most current employment, list EVERY job, including military service. Account for ALL time periods. Jobs you worked include, self-employment, full-time, part-time, volunteer, internships, and temporary. You must list ALL employment regardless of the length of employment. Addresses must include Street, City, State, and Zip Code. If you have periods of unemployment, list those time periods in sequence in the space specifically provided.

(1) Present Employer						
Name of Business						
Email						
Complete Address						
Dates of Employment	From Month/Year		To Month/Year		Telephone	()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)						
Job Title or Position			Describe your Duties			
Salary or Hourly Rate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary			
Supervisor's Name					Telephone	()
Email						
List another Supervisor					Telephone	()
Email						
List a Co-worker					Telephone	()
Email						
Reason for leaving (be specific)						

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
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~ Experience and Employment(continued) ~

(2) Name of Business						
Email						
Complete Address						
Dates of Employment	From Month/Year		To Month/Year		Telephone	()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)						
Job Title or Position			Describe your Duties			
Salary or Hourly Rate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary			
Supervisor's Name					Telephone	()
Email						
List another Supervisor					Telephone	()
Email						
List a Co-worker					Telephone	()
Email						
Reason for leaving (be specific)						

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
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(3) Name of Business					
Email					
Complete Address					
Dates of Employment	From Month/Year		To Month/Year		Telephone ()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)					
Job Title or Position			Describe your Duties		
Salary or Hourly Rate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary		
Supervisor's Name				Telephone ()	
Email					
List another Supervisor				Telephone ()	
Email					
List a Co-worker				Telephone ()	
Email					
Reason for leaving (be specific)					

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
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(4) Name of Business					
Email					
Complete Address					
Dates of Employment	From Month/Year		To Month/Year		Telephone ()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)					
Job Title or Position		Describe your Duties			
Salary or Hourly Rate		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary			
Supervisor's Name				Telephone ()	
Email					
List another Supervisor				Telephone ()	
Email					
List a Co-worker				Telephone ()	
Email					
Reason for leaving (be specific)					

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------	-------------	--	-----------	--	---

(5) Name of Business					
Email					
Complete Address					
Dates of Employment	From Month/Year		To Month/Year		Telephone ()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)					
Job Title or Position			Describe your Duties		
Salary or Hourly Rate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary		
Supervisor's Name				Telephone ()	
Email					
List another Supervisor				Telephone ()	
Email					
List a Co-worker				Telephone ()	
Email					
Reason for leaving (be specific)					

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------	-------------	--	-----------	--	---

(6) Name of Business					
Email					
Complete Address					
Dates of Employment	From Month/Year		To Month/Year		Telephone ()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)					
Job Title or Position			Describe your Duties		
Salary or Hourly Rate			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary		
Supervisor's Name				Telephone ()	
Email					
List another Supervisor				Telephone ()	
Email					
List a Co-worker				Telephone ()	
Email					
Reason for leaving (be specific)					

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------	-------------	--	-----------	--	---

(7) Name of Business					
Email					
Complete Address					
Dates of Employment	From Month/Year		To Month/Year		Telephone ()
Work Schedule (i.e., Monday thru Friday 9 to 5, etc.)					
Job Title or Position		Describe your Duties			
Salary or Hourly Rate		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Temporary			
Supervisor's Name				Telephone ()	
Email					
List another Supervisor				Telephone ()	
Email					
List a Co-worker				Telephone ()	
Email					
Reason for leaving (be specific)					

<input type="checkbox"/> Unemployed	From		To		While unemployed, did you obtain public assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------	-------------	--	-----------	--	---

~ Experience and Employment (continued) ~

32. Have you ever attended a police academy or a law enforcement training center? No Yes

33. Have you ever been a Police Cadet, Explorer, Auxiliary Officer, or Reserve Officer? No Yes

If Yes, please provide the following information:

Agency	Address (include Street, City, State, and Zip Code)	Position	Date Started	Date Ended

~ Prior Fairfax County Police Department Applications ~

34. Have you ever applied to the Fairfax County Police Department before (for any position)? No Yes
 If Yes, please provide the date, the position, and results. Check ALL boxes that apply.

(1) Date Applied	Position Applied For	If you were not selected, please provide reason

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

(2) Date Applied	Position Applied For	If you were not selected, please provide reason

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

(3) Date Applied	Position Applied For	If you were not selected, please provide reason

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

(4) Date Applied	Position Applied For	If you were not selected, please provide reason

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

~ Applications with Other Public Safety Agencies ~

35. Have you ever applied for any other Public Safety Agency (City, State, or Federal Government)? No Yes
If Yes, list EVERY Law Enforcement and Fire Department you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.

(1)Name of Agency		Date Applied	
-------------------	--	--------------	--

Address (include Street, City, State, and Zip Code)	
---	--

Position applied for		Background Investigator's Name	
		Telephone	

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

Reason Not Selected	
---------------------	--

(2)Name of Agency		Date Applied	
-------------------	--	--------------	--

Address (include Street, City, State, and Zip Code)	
---	--

Position applied for		Background Investigator's Name	
		Telephone	

- Submitted Application Only
 Took Written Test
 Failed Written Test
 Oral Interview
 Failed Oral Interview
 Took Physical Abilities Test
 Failed Physical Ability Test
 Submitted Personal History Form
 Background Investigation Conducted
 Background Pending
 Polygraph
 Disqualified
 Was Not Selected
 Hired or Job Offer Made
 Withdrew Application or Declined
 List Expired
 Other
 Denied

Reason Not Selected	
---------------------	--

(3)Name of Agency		Date Applied	
Address (include Street, City, State, and Zip Code)			
Position applied for	Background Investigator's Name		
	Telephone		
<input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Took Physical Abilities Test <input type="checkbox"/> Failed Physical Ability Test <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired or Job Offer Made <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> List Expired <input type="checkbox"/> Other <input type="checkbox"/> Denied			
Reason Not Selected			
(4)Name of Agency		Date Applied	
Address (include Street, City, State, and Zip Code)			
Position applied for	Background Investigator's Name		
	Telephone		
<input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Took Physical Abilities Test <input type="checkbox"/> Failed Physical Ability Test <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired or Job Offer Made <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> List Expired <input type="checkbox"/> Other <input type="checkbox"/> Denied			
Reason Not Selected			
(5)Name of Agency		Date Applied	
Address (include Street, City, State, and Zip Code)			
Position applied for	Background Investigator's Name		
	Telephone		

<input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Took Physical Abilities Test <input type="checkbox"/> Failed Physical Ability Test <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired or Job Offer Made <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> List Expired <input type="checkbox"/> Other <input type="checkbox"/> Denied			
Reason Not Selected			
(6)Name of Agency		Date Applied	
Address (include Street, City, State, and Zip Code)			
Position applied for	Background Investigator's Name		
	Telephone		
<input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Took Physical Abilities Test <input type="checkbox"/> Failed Physical Ability Test <input type="checkbox"/> Submitted Personal History Form <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Was Not Selected <input type="checkbox"/> Hired or Job Offer Made <input type="checkbox"/> Withdrew Application or Declined <input type="checkbox"/> List Expired <input type="checkbox"/> Other <input type="checkbox"/> Denied			
Reason Not Selected			

~ Motor Vehicle Operation and Insurance ~

36. Please list ALL vehicles which are registered to you, your spouse (if married), and those in which you have a joint interest.

Vehicle	Year	Color	Make	Model	State & License Plate Number
1.					
2.					
3.					
4.					
5.					

37. Please list your vehicle's insurance company or companies.

Company	Telephone	Policy Number	Expiration Date

38. Has your automobile insurance ever been cancelled? No Yes If Yes, explain on Additional Information Sheet.

39. In what state are you currently licensed to drive?	Expiration Date
--	-----------------

Permit Number	
---------------	--

Are there any restrictions or special conditions attached with your operator's license? No Yes If Yes, please explain.

List any other state in which you have been licensed to drive.

40. Starting with the most recent violation, please provide a chronological listing of ALL tickets, summonses, and citations that you have received for any moving, non-moving or administrative traffic violation, regardless of the disposition, (found guilty or not guilty, dismissed, nolle prosequi, set aside, etc.). If needed, continue on Additional Information Sheet, referencing this question number.

Ticket	Month/Year	Jurisdiction	Charge (s)	Disposition
1.				
2.				
3.				
4.				
5.				
6.				

41. Has your privilege to drive ever been suspended, revoked, or restricted? No Yes If Yes, give date, place, and reason.

42. Have you ever been required, or volunteered to attend, a driver improvement class? No Yes If Yes, complete the following:

Date	Jurisdiction	Reason	Volunteered	Required	Points Removed
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

~ Motor Vehicle Operation and Insurance (continued) ~

43. As a driver, have you ever been involved in a motor vehicle accident? No Yes

1. Date	Location	General Questions	No	Yes
		Were you at fault?	<input type="checkbox"/>	<input type="checkbox"/>
		Was a police report taken?	<input type="checkbox"/>	<input type="checkbox"/>
	Police Agency that Filed Report	Were there any injuries <input type="checkbox"/> or death(s) <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
		Were you cited or arrested?	<input type="checkbox"/>	<input type="checkbox"/>
		Was the accident a hit and run?	<input type="checkbox"/>	<input type="checkbox"/>
2. Date	Location	General Questions	No	Yes
		Were you at fault?	<input type="checkbox"/>	<input type="checkbox"/>
		Was a police report taken?	<input type="checkbox"/>	<input type="checkbox"/>
	Police Agency that Filed Report	Were there any injuries <input type="checkbox"/> or death(s) <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
		Were you cited or arrested?	<input type="checkbox"/>	<input type="checkbox"/>
		Was the accident a hit and run?	<input type="checkbox"/>	<input type="checkbox"/>

3. Date	Location	General Questions	No	Yes
		Were you at fault?	<input type="checkbox"/>	<input type="checkbox"/>
		Was a police report taken?	<input type="checkbox"/>	<input type="checkbox"/>
Police Agency that Filed Report		Were there any injuries <input type="checkbox"/> or death(s) <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
		Were you cited or arrested?	<input type="checkbox"/>	<input type="checkbox"/>
		Was the accident a hit and run?	<input type="checkbox"/>	<input type="checkbox"/>

~ Legal ~

44. Have you ever been charged, arrested, convicted, or appeared in court as a defendant, for any criminal offense, to include domestic violence related incidents, either as a juvenile or adult, regardless of the disposition? No Yes If Yes, describe below. You must include any charge(s) where the record: 1) was sealed, 2) the finding was set aside, 3) the charge was dismissed, 4) you were acquitted of the charge.
 Have you ever had a criminal charge expunged? If so, would you be willing to discuss this? (Optional) No Yes, I am willing to discuss this.

1. Date	Jurisdiction	Charge	Disposition

Explain:

2. Date	Jurisdiction	Charge	Disposition

Explain:

3. Date	Jurisdiction	Charge	Disposition

Explain:

4. Date	Jurisdiction	Charge	Disposition

Explain:

5. Date	Jurisdiction	Charge	Disposition

Explain:

45. Have you ever applied for a permit to carry a concealed weapon? No Yes If Yes, for what purpose? Explain below and provide a copy of the permit.

Date Applied	Permit Granted	Weapon	Name and Address of Agency Where Applied (Street, City, State, and Zip Code)
	<input type="checkbox"/> No <input type="checkbox"/> Yes		

	<input type="checkbox"/> No <input type="checkbox"/> Yes		
--	--	--	--

46. Are you now, or have you ever been involved as a Plaintiff, or Defendant in any civil action? No Yes

Has there ever been a judgment rendered against you? No Yes

Date	Location of Court (Street, City, State, and Zip Code)	Plaintiff	Defendant
		<input type="checkbox"/>	<input type="checkbox"/>

Details:

Date	Location of Court (Street, City, State, and Zip Code)	Plaintiff	Defendant
		<input type="checkbox"/>	<input type="checkbox"/>

Details:

47. Are you currently an owner, partner, or investor in any business enterprise that requires federal, state, county, or city permit/license to operate? No Yes If Yes, please provide information.

Name	Type of Business	Address (Street, City, State, and Zip Code)	Permit/License Number

48. Have you ever had any contact with a representative of Department of Family Services, Child Protective Services, Adult Protective Services, or any other division of a Social Service Agency? No Yes If Yes, please provide information including Department Name and Address.

~ Medical Information ~

This information will be used to assess your ability to undergo testing procedures, and to identify factors which may impede your performance on such tests. Candidates who have medical conditions which may impede their ability to perform a specific test will be offered reasonable accommodations.

If a response is YES to any of the following questions, please explain in detail. If necessary, use Additional Information section.

49. Are you currently under the care of a doctor? No Yes

50. Have you ever had any heart problems or do you experience hypertension? No Yes

51. Have you ever experienced seizures? No Yes

52. Have you ever been treated for asthma or other respiratory disorders? No Yes

~ Personal References~
 (Law Enforcement References, if any, Are to be Listed In Next Section)

53. Please provide information on six (6) individuals you have known for at least one year. They must not be related to you by blood or marriage, or already included in the Employment and Residential History, or Law Enforcement Reference Sections of this document.

1.	Name	Age	Address (include Street, City, State, and Zip Code)			Relationship
			Home ()	Cell	()	
Occupation				Work	()	

How long have you known this individual?

Email Address (Required)

2.	Name	Age	Address (include Street, City, State, and Zip Code)			Relationship
			Home ()	Cell	()	
Occupation				Work	()	

How long have you known this individual?

Email Address (Required)

3.	Name	Age	Address (include Street, City, State, and Zip Code)			Relationship

Occupation		Home	()	Cell	()
				Work	()

How long have you known this individual?

Email Address (Required)

4.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship

Occupation		Home	()	Cell	()
				Work	()

How long have you known this individual?

Email Address (Required)

5.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship

Occupation		Home	()	Cell	()
				Work	()

How long have you known this individual?

Email Address (Required)

6.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship

Occupation		Home	()	Cell	()
				Work	()

How long have you known this individual?				
Email Address (Required)				
~ Law Enforcement References ~				
54. Please list any current or former members of law enforcement agencies who have knowledge of you and your qualifications. The address provided can be their home or place of employment. ALL addresses must be complete. List additional individuals on the Additional Information Sheet.				
1.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation		Home	()	Cell ()
				Work ()
How long have you known this individual?				
Email Address (Required)				
2.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation		Home	()	Cell ()
				Work ()
How long have you known this individual?				
Email Address (Required)				
3.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation		Home	()	Cell ()
				Work ()
How long have you known this individual?				

Email Address (Required)	
---------------------------------	--

4.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation			Home ()	Cell ()
				Work ()

How long have you known this individual?

Email Address (Required)	
---------------------------------	--

5.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation			Home ()	Cell ()
				Work ()

How long have you known this individual?

Email Address (Required)	
---------------------------------	--

6.	Name	Age	Address (include Street, City, State, and Zip Code)	Relationship
Occupation			Home ()	Cell ()
				Work ()

How long have you known this individual?

Email Address (Required)	
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ALL APPLICANTS
PLEASE READ THE FOLLOWING CAREFULLY

You are responsible for notifying the Detective conducting your background investigation of **ANY** of the following:

- I. A change in:
 - Address
 - Home
 - Email
 - Telephone Number
 - Home
 - Work
 - Cellular
 - Employment
 - Marital Status
 - Other pertinent information
- II. Applications to other law enforcement agencies or the receipt of results from an active application to other law enforcement agencies.
- III. **ANY** traffic violation you are charged with (moving, non-moving, or administrative).
- IV. **ANY** criminal offense you are charged with (regardless if you are taken into custody, released on a summons or other similar document).
- V. Involvement in **ANY** motor vehicle accident regardless of severity.
- VI. **ANY** involvement or contact with a law enforcement officer or agency.

ANY postponement or rescheduling of required appointments with the Applicant Section or Public Safety Occupational Health Center may jeopardize your ability to successfully gain employment.

If you are appointed to a position with the Fairfax County Police Department, you must fully resign from your present employer. A leave of absence is not acceptable.

I understand that ALL of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE** or **INCOMPLETE** data or information that has been **OMITTED** will disqualify me from employment with the Fairfax County Police Department.

I confirm that all information in this Personal History Statement is accurate and true.

Signature

Date