



**FAIRFAX COUNTY POLICE DEPARTMENT  
APPLICANT INITIAL SCREENING GUIDE**

NAME: \_\_\_\_\_  
(Last, First MI)

ADDRESS: \_\_\_\_\_  
( Street Address) (City) (State) (Zip Code)

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Note: Individuals applying for a Police Officer I position must be 20 years old at the time an application is submitted to enter the academy, and must have reached age 21 at the time of graduation.

Are you at least 20 years old?.....YES  NO

Are you currently a cadet?.....YES  NO

POSITION APPLIED FOR:  Police Officer 1.....YES  NO   
 Cadet.....YES  NO

**TO APPLICANT:** The purpose of this screening is to determine if you meet the minimum standards established by our Department. You must be truthful. False, misleading or incomplete responses will disqualify you from further consideration.

**CURRENT EMPLOYER:** \_\_\_\_\_

Have you applied to FCPD before? YES  NO  ; If YES, when: \_\_\_\_\_

Have you applied with any other law enforcement agencies? ..... YES  NO   
**If YES, list agencies on page 4.**

The applicant process includes a polygraph examination.

Have you ever taken a polygraph examination before? YES  NO  ; If yes, when and where:

Are you a United States citizen?.....YES  NO   
**If NO:** Have you applied for naturalization? ..... YES  NO

Do you have a High School Diploma or G.E.D.?..... YES  NO   
Do you have a College/University Degree?..... YES  NO   
**If YES** type:  AA (2 years)  BA/BS (4 years) MAJOR: \_\_\_\_\_

Have you ever served in the military?..... YES  NO   
**If YES:** Highest Rank: \_\_\_\_\_ Years of service: \_\_\_\_\_ Branch: \_\_\_\_\_

Discharge Type:  Honorable  General  Dishonorable ETS: \_\_\_\_\_  
Any Court Martial/ Article 15 proceedings? ..... YES  NO   
Any other disciplinary proceedings? ..... YES  NO   
**If YES, list on page 4**

Do you have any previous law enforcement experience? ..... YES  NO   
**If YES, list on page 4**

Any disciplinary actions; I.A. investigations, excessive force, etc.? ..... YES  NO   
**If YES, list on page 4**

Do you speak or write in a language(s) other than English?..... YES  NO   
**If YES, list language(s) and note ability level (1-10, 10=interpreter)**\_\_\_\_\_

Have you ever been licensed to drive in another state? YES  NO  ; If YES, where? \_\_\_\_\_

Has your license or privilege to drive ever been suspended, revoked or restricted?..... YES  NO   
**If YES, explain:**\_\_\_\_\_

How many traffic summonses/ tickets/ charges have you ever received? (Include moving/ accident/ traffic charges, omit parking tickets).....[total] \_\_\_\_\_

**List All Traffic Charges**

Date	Location	Charge	Disposition

Have you ever been charged with, or convicted of the following: Date/Location/Disposition

Reckless Driving or Improper Driving?..... NO / YES - \_\_\_\_\_

Driving Under the Influence?..... NO / YES - \_\_\_\_\_

Leaving scene of an accident (hit & run)?..... NO / YES - \_\_\_\_\_

Driving on Suspended/Revoked Driver’s License or CDL? NO / YES - \_\_\_\_\_

Have you ever been arrested or investigated for elder abuse, child abuse, any domestic violence related incidents or for violating a civil protective order? YES  NO  ; **If YES, explain in detail:**

Have you ever been charged with any criminal offense as a juvenile or adult, regardless of the disposition? YES  NO  ; **If YES, list charges/convictions:**

Have you ever been sued, or brought suit against another party, in any type of civil action? YES  NO  ; **If YES, explain:**

***Please answer YES or NO to the following questions:***

Have you at any time in the past illegally used, possessed or sold any of the following drugs?

	<u><b>NO</b></u>	<u><b>YES</b></u>			
		USED	POSSESSED	SOLD	LAST TIME (month/year)
Marijuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hallucinogen (such as...LSD, PCP, Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amphetamines/Barbiturates (such as...Speed, Crystal Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inhalants (such as...Whippits, Glue, Aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Synthetic/ Designer/ Club Drugs (such as.. Ecstasy, Ice, Fantasy, Roofies, Rohypnol, GHB, GBH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Opiates ( such as...Heroin, Opium )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other drugs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**APPLICANT SHALL RESPOND TO ITEMS NUMBERED 1 AND 2:**

1. Incumbents shall not use any tobacco products on and off duty starting at the time of appointment. The incumbent must be willing to sign a Condition of Employment Agreement acknowledging the prohibition of the use of tobacco products both on and off duty.

Do you use any tobacco products?..... NO YES; cigarettes  cigars pipe chew snuff

2. This agency has a policy that all employees are subject to random illegal drug use screening. If you are offered employment with this agency, do you now understand that you will be subject to random illegal drug use screening. Check here that you understand the policy on screening for illegal drug use.

***ALL INFORMATION GIVEN ON THIS STATEMENT WILL BE INVESTIGATED, AND ANY INACCURATE, UNTRUTHFUL, OR MISLEADING ANSWER(S) WILL BE CAUSE FOR DISQUALIFICATION.***

***YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU UNDERSTAND THE ABOVE STATEMENT AND THE INFORMATION YOU SUPPLIED IS ACCURATE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE.***

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

*Comments and Supplemental Information*

**1. OTHER LAW ENFORCEMENT APPLICATIONS:**

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**2. PREVIOUS LAW ENFORCEMENT EXPERIENCE:**

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**3. DISCIPLINARY ACTIONS/ IA INVESTIGATIONS, (IE: EXCESSIVE FORCE, ETC.) :**

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**4. MILITARY DISCIPLINE:**

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**5. COMMENTS AND ADDITIONAL INFORMATION:**

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