

Newport News Police Department
Applicant Background Form

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

Instructions

This form must be typewritten or clearly printed in black ink. All questions must be answered. Incomplete and illegible forms will not be considered. If the 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, check the box indicating that there is an attachment for that question, and refer to the question answered on the attachment.

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 the base pay scale for sworn within 60 days of employment, provided documentation is made available and the Chief of Police approves the request.

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.

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Section 1: Applicant Information

1 Name (first middle last):	Date:
Position Applying For:	Preferred Phone #:
Other Names Used:	Other Phone #:
nicknames, aliases, maiden name, former names changed legally or otherwise	
Present Street Address:	Email:
City:	State: Zip Code:
Date of Birth (mm/dd/yyyy):	Place of Birth (City, State):
Social Security #:	
Driver's License #:	State: Expires (mm/dd/yyyy):
Natural Hair Color:	Eye Color: Race:

Attachment added for Section 1

<i>Investigator Notes:</i>

Section 2: Military Service

2 Have you ever been a member of the Armed Forces (US or foreign)?	Yes	No
Branch of Service:	Services #:	
Date of Entry:	Date of Discharge:	
Place of Discharge:		
Rank Upon Entry:	Rank Upon Discharge:	
Reserve Obligation: Active Inactive	Until:	
Type of Discharge:		
List any convictions received in any military courts?		
<u>Date</u>	<u>Command</u>	<u>Location</u>
		<u>Nature of Conviction</u>
		<u>Disposition</u>

Attachment added for Section 2

<i>Investigator Notes:</i>

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Section 3: Family Data

3a

Present marital status:	Single	Married	Widowed	Separated	Divorced
If married, widowed, separated or divorced, provided information for present and/or all former spouses.					
Name:					Social Security #:
Address:				City:	State:
Contact Information:					
Date of Birth:	Place of Birth:				
Date of Marriage:	Place of Marriage:				
Place of Employment:					
Employer's Address:					
Occupation:	Work Phone #:				
If divorced, give date, name and location of the court granting the decree:					
Date:	City/State:				
Name of Court Granting Decree:					

Attachment added for Section 3a

3b

List the names, ages and relationship of all persons living with you:	N/A – Live Alone	
<u>Name</u>	<u>Age</u>	<u>Relationship</u>

Attachment added for Section 3b

3c

List parent information (if no longer living, state “deceased” in the occupation field):	
Name:	Date of Birth:
Address:	Occupation:
Name:	Date of Birth:
Address:	Occupation:

Attachment added for Section 3c

3d

List in-law information (if no longer living, state “deceased” in the occupation field):	
Name:	Date of Birth:
Address:	Occupation:
Name:	Date of Birth:
Address:	Occupation:

Attachment added for Section 3d

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3e	List sibling information (if no longer living, state "deceased" in the occupation field):	
	Name:	Date of Birth:
	Address:	Occupation:
	Name:	Date of Birth:
	Address:	Occupation:
	Name:	Date of Birth:
	Address:	Occupation:

Attachment added for Section 3e

3f	List your addresses <i>for the past ten years</i> . If you have served in the Armed Forces, list your duty stations while in the military. Start with the present address. Include temporary residences. If you lived without a residence for more than one month, indicate "no residence" in the street address.	
	From:	To:
	Street Address:	State:
	City:	State:
	From:	To:
	Street Address:	State:
	City:	State:
	From:	To:
	Street Address:	State:
	City:	State:
	From:	To:
	Street Address:	State:
	City:	State:
	From:	To:
	Street Address:	State:
	City:	State:
	From:	To:
	Street Address:	State:
	City:	State:

Attachment added for Section 3f

<i>Investigator Notes:</i>

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Section 4: Employment

4a List all current and previous employment *for the last 10 years*, including periods of unemployment. If known, provide current phone numbers for past supervisors.

From:	To:	Employer:
Job Title:		Salary:
Address:		Phone #:
Supervisor Name, Title and Phone #:		
Explain (in detail) your reason for leaving:		
From:	To:	Employer:
Job Title:		Salary:
Address:		Phone #:
Supervisor Name, Title and Phone #:		
Explain (in detail) your reason for leaving:		
From:	To:	Employer:
Job Title:		Salary:
Address:		Phone #:
Supervisor Name, Title and Phone #:		
Explain (in detail) your reason for leaving:		
From:	To:	Employer:
Job Title:		Salary:
Address:		Phone #:
Supervisor Name, Title and Phone #:		
Explain (in detail) your reason for leaving:		

Attachment added for Section 4a

4b Have you ever been fired or dismissed from a job?

No Yes *If you answered yes, please explain.*

Attachment added for Section 4b

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

No Yes *If you answered yes, please explain.*

Attachment added for Section 4c

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4d Have you ever been reprimanded for misconduct or unsatisfactory performance?

No Yes *If you answered yes, please explain.*

Attachment added for Section 4d

4e Have you ever disclosed confidential information to an unauthorized person?

No Yes *If you answered yes, please explain.*

Attachment added for Section 4e

4f Have you ever falsified or altered any official document?

No Yes *If you answered yes, please explain.*

Attachment added for Section 4f

Investigator Notes:

Section 5: Traffic Accident & Violation Record

5a Do you have a valid driver's license?

No Yes

How many years have you been licensed to drive?

Does your current driver's license have any restrictions?

No Yes *If you answered yes, please explain.*

List your current and previous driver's licenses, including those from previous states, starting with your first issued license.

Issued Date	State	Class of License	Ever Suspended or Revoked? <i>(answer "yes" with and explanation or "no")</i>

Attachment added for Section 5a

5b Have you ever had to attend a training school because of a motor vehicle charge or criminal arrest?

No Yes *If you answered yes, please explain.*

Attachment added for Section 5b

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5c Have you ever been ticketed, cited, or summonsed for any violation of traffic laws, including traffic infractions such as speeding, or driving under the influence of drugs or alcohol?

No Yes *If you answered yes, list the date the ticket was issued, the city and state it was issued in, the charge, and disposition for each ticket.*

Date of Ticket

City, State

Charge & Disposition

Attachment added for Section 5c

5d List all motor vehicle accidents/crashes you have been involved in as the operator of a vehicle that were reported to/investigated by a law enforcement agency.

N/A – Never been involved in a motor vehicle accident/crash as an operator of a vehicle

Date Occurred

City, State

Was anyone injured?

Answer "yes" or "no".

Were you issued a ticket?

Answer "yes" or "no". If "yes", what was the charge?

Attachment added for Section 5d

5e Were you under the influence of alcohol before any of the above listed motor vehicle accident/crashes occurred?

No Yes *If you answered yes, please explain.*

Attachment added for Section 5e

5f Have you ever been involved in as the operator of a vehicle accident/crash that was not reported to law enforcement?

No Yes *If you answered yes, please explain.*

Attachment added for Section 5f

5g Do you have any lawsuits pending because of a motor vehicle accident/crash?

No Yes *If you answered yes, please explain.*

Attachment added for Section 5g

5h Have you ever been denied auto insurance?

No Yes *If you answered yes, please explain.*

Attachment added for Section 5h

Investigator Notes:

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Section 6: Involvement in Criminal Activity

6a Have you ever had any contact with any police authority in any jurisdiction as either a victim, reporting person, witness, or offender?

No Yes *If you answered yes, please explain.*

Attachment added for Section 6a

6b Have you ever committed or participated in any of the following crimes, including those you committed and were not caught?

Murder	No	Yes	Burglary	No	Yes	Manslaughter	No	Yes
Rape	No	Yes	Larceny	No	Yes	Sex Crimes	No	Yes
Robbery	No	Yes	Arson	No	Yes	Sale of Drugs	No	Yes
Pedophilia	No	Yes	Alcohol Related Offense (<i>drinking in public, drunk in public, underage possession of alcohol, DUI, providing alcohol to minors, etc.</i>)				No	Yes

If you answered yes to any of the above crimes, please explain.

Attachment added for Section 6b

6c Have you ever been charged or arrested for any criminal offense as either a juvenile or an adult?

No Yes *If you answered yes, you must list all charges or arrests (other than expungements), regardless of deferred findings or dismissal of charges for any reason.*

Attachment added for Section 6c

6d Have you ever been involved in:

Terrorist activity	No	Yes	A militia group	No	Yes
A criminal enterprise	No	Yes	An illegal sex act	No	Yes
Child pornography	No	Yes	Conspiracy to commit a serious crime	No	Yes
A criminal gang	No	Yes			

If you answered yes to involvement with any of the above, please explain.

Attachment added for Section 6d

6e Have you ever been served a summons to appear in court?

No Yes *If you answered yes, please explain.*

Attachment added for Section 6e

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6f Have you ever been in jail or prison?
No Yes *If you answered yes, please explain.*

Attachment added for Section 6f

6g Have you ever stolen anything in the following manner?

Shoplifting/Merchandise	No	Yes	Money	No	Yes
Receiving stolen goods	No	Yes	From the government	No	Yes
From a residence	No	Yes	From other persons	No	Yes
From relatives	No	Yes	Through fraud or deception	No	Yes

If you answered yes to any of the above, please explain.

Attachment added for Section 6g

6h Have you ever been involved in any type of situation for which someone could blackmail you?
No Yes *If you answered yes, please explain.*

Attachment added for Section 6h

6i Have you ever engaged in illegal gambling, including animal fights?
No Yes *If you answered yes, please explain.*

Attachment added for Section 6i

Investigator Notes:

Section 7: Illegal Substances

7a Are you currently using illegal drugs or other illegal controlled substances?
No Yes *If you answered yes, please explain.*

Attachment added for Section 7a

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7b Have you ever possessed, tried, used, experimented with, or sold any type of illegal drugs, narcotics, or controlled substances to include any of the following?

Drug/Substance	Possessed?		Used?		Experimented?		Sold?	
	Yes	No	Yes	No	Yes	No	Yes	No
1) Prescribed Marijuana								
2) Marijuana – no prescription								
3) Hash/Hash Oil (DAB)								
4) Cocaine								
5) Crack								
6) Heroin								
7) Prescribed Steroids								
8) Steroids – no prescription								
9) Speed/Methamphetamine								
10) Mushrooms								
11) Acid/LSD								
12) PCP								
13) Crystal Meth								
14) Inhalants (glue, gasoline, paint)								
15) Mescaline								
16) Ketamine								
17) Prescribed Xanax/Valium								
18) Xanax/Valium – no prescription								
19) Date Rape (DMX, GHB, Rohyphonol)								
20) Ecstasy								
21) Spice								
22) Bath Salts								
23) Prescription drugs, not prescribed to you.								

If you answered yes to any of the above, please explain.

Attachment added for Section 7b

Investigator Notes:

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Section 8: Financial Statement

8a Are you currently meeting your financial obligations?

No Yes *If you answered yes, please explain.*

Attachment added for Section 8a

8b Have you ever been contacted by a collection agency regarding any outstanding unpaid debt, charge off account, collection account, foreclosure, delinquent account, civil judgement, repossession, garnishment or tax lien?

No Yes *If you answered yes, please explain.*

Attachment added for Section 8b

8c Have you ever been sued in court for a collection of any debt contracted by you?

No Yes *If you answered yes, please explain.*

Attachment added for Section 8c

8d Have you ever filed for bankruptcy?

No Yes *If you answered yes, please explain.*

Attachment added for Section 8d

8e Have you ever had any judgements against you or are there any pending judgments against you at this time?

No Yes *If you answered yes, please explain.*

Attachment added for Section 8e

8f List your current debts or financial obligations:

<u>Amount</u>	<u>To Whom Owed</u>	<u>Monthly Payment</u>	<u>Item(s) Purchased</u>

Attachment added for Section 8f

Investigator Notes:

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Section 9: General Information

9a List all other employment applications, to include previous applications to the Newport News Police Department, other law enforcement agencies, and fire or rescue department to which you have applied for employment. A current application with other departments does not affect your application with the Newport News Police Department. Failure to disclose other applications may eliminate you from the process.

<u>Date of Application</u>	<u>Agency</u>	<u>Contact Information</u>	<u>Application Status</u>

Attachment added for Section 9a

9b Have you previously served as a law enforcement officer?
 No Yes *If you answered yes, explain in what capacity, where, when and why you left.*

Attachment added for Section 9b

9c Do you have any relatives, friends, or acquaintances employed by an public safety (including law enforcement and fire/rescue) agency or department?
 No Yes *If you answered yes, please provide the following information*

Name:	Position:	Contact Number:
Agency:	City, State:	
Name:	Position:	Contact Number:
Agency:	City, State:	
Name:	Position:	Contact Number:
Agency:	City, State:	

Attachment added for Section 9c

9d Do you have any specialized training, police training or hold any special licenses or permits?
 No Yes *If you answered yes, please list.*

Attachment added for Section 9d

9e Do you no or have you ever used any type of tobacco products?
 No Yes *If you answered yes, explain what type of products and your usage (i.e. currently using, quit, etc.).*

Attachment added for Section 9e

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9f

Do you have any tattoos?

No

Yes *If you answered yes, please list the location and a brief description of each tattoo.*

Location

Brief Description

Attachment added for Section 9f

Investigator Notes:

Section 10: Education

10a

List all high schools and trade schools attended.

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

Attachment added for Section 10a

10b

List all colleges and universities attended:

From: To: Institution/School:

City: State: Date Graduated:

Major/Area of Study: Credit Hours:

Type of Degree: GPA:

From: To: Institution/School:

City: State: Date Graduated:

Major/Area of Study: Credit Hours:

Type of Degree: GPA:

From: To: Institution/School:

City: State: Date Graduated:

Major/Area of Study: Credit Hours:

Type of Degree: GPA:

Attachment added for Section 10b

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10c

List any professional certification programs completed:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		

Attachment added for Section 10c

Investigator Notes:

Section 11: Bias-Based Activity

11a

Have you ever posted any comments or pictures on a social networking site, whether yours or another person's, that may contain material considered inappropriate or derogatory based on race, color, sex, religion, national origin, age or disability?
No Yes *If you answered yes, please explain.*

Attachment added for Section 11a

11b

Have you ever been investigated, reprimanded or terminated from employment for any ethnic or racially biased activity?
No Yes *If you answered yes, please explain.*

Attachment added for Section 11b

Investigator Notes:

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Section 12: References

12a List the names, addresses and contact numbers of FIVE personal references who are not related to you and have known you for at least four years. Do not use former supervisors as references. You may provide up to five more references on an attachment, in case the background investigator is unable to contact the first five people listed.

Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	

Attachment added for Section 12a

12b 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.

Attachment added for Section 12b

12c List any organizations for whom you have done volunteer work in the past 10 years.

<u>Organization/Contact Info</u>	<u>Dates of Volunteer Work</u>	<u>Type of Volunteer Work</u>

Attachment added for Section 12c

<i>Investigator Notes:</i>

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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 subject 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.

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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