

Roanoke E-911

A Nationally Accredited Public Safety Communications Agency

PLEASE FURNISH PHOTOSTATIC COPIES OF THE FOLLOWING DOCUMENTS:

Two (2) COPIES - SOCIAL SECURITY CARD

1 COPY - BIRTH CERTIFICATE

1 COPY - MARRIAGE LICENSE (if applicable)

1 COPY - HIGH SCHOOL DIPLOMA

1 COPY - DIVORCE DECREE or SEPARATION PAPERS (if applicable)

1 COPY - MILITARY DD-214 (if applicable)

INFORMATION CONCERNING THE ATTACHED QUESTIONNAIRE:

1. List all part-time and full time employment. Give the mailing address and zip code of these employers. If the questionnaire does not have enough space allotted, please use a lined sheet of paper and include any additional employment.
2. List full names, addresses, zip codes, and telephone numbers on all neighbors and character references you list. **DO NOT LIST THE SAME NAMES FOR NEIGHBOR REFERENCES AS THE CHARACTER REFERENCES.**
3. List all your former addresses from your date of birth to your present address. If the questionnaire does not have enough space allotted, use a lined sheet of paper to add the additional addresses. If you have moved around a lot, then list the city and state.

THE PERSONAL HISTORY QUESTIONNAIRE SHOULD BE BROUGHT TO THE INTERVIEW.

If you should have any questions about the above information, please call 540-853-2945.

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: _____

Address: _____

City

State

Zip Code

Date of Birth: _____ **Social Security Number:** _____

TO WHOM IT MAY CONCERN: I am an applicant for the position of Emergency Services Communications Officer with the Roanoke City Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Roanoke City Police Department bearing this release or copy hereof to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Roanoke City Police Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Roanoke City Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any court records, any driving records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request of the duly accredited representative of the Roanoke City Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Roanoke City Emergency Services Communications Department's acceptance and processing of my application for employment. I agree to hold the City of Roanoke, Virginia, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Roanoke Emergency Services Communication Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regards to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Roanoke City Police Department and the Emergency Services Communication Department in conjunction with employment process.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Given under my hand this _____ day of _____, _____

Signature of Applicant: _____

(THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

NOTARY PUBLIC

State of _____, City or County of _____

This day _____ personally appeared before me and acknowledge his/her signature to the above statement.

My commission expires on the _____ day of _____, _____

Notary Public: _____ Date: _____

PERSONAL HISTORY QUESTIONNAIRE
EMERGENCY SERVICES

DATE: _____

Position Applied for: _____

Instructions: This record will be used as a basis for a detailed investigation of your background. Please legibly print the answer to all questions using pen and ink. Use a separate sheet of paper if necessary and identify any additional statements by question number. If a question is not applicable write "NA".

1. Your legal name _____ 2. Age: _____
Last First Middle
3. If known by other names, list them: _____
4. Your present address _____
Street Name & Number City State Zip Code
5. Home Telephone: () _____ 6. Business Telephone: () _____
7. Date of Birth: _____ 8. Place of Birth: _____
City or Town County State
9. U.S. Citizen ___ Yes ___ No ___ Native ___ Naturalized
10. If naturalized, date of naturalization _____ Place _____ Court _____
Mo. Day Yr.
Certificate Number _____
11. Social Security Number: _____
12. Height _____ Ft. _____ In. 13. Weight: _____ 14. Sex: ___ Male ___ Female
15. Color of Eyes: _____ 16. Color of Hair: _____
17. Martial Status ___ Single ___ Married ___ Widowed ___ Divorced ___ Estranged
18. Date of Present Marriage: _____
19. Spouse's full name (Maiden Name if Applicable) _____
Spouse's Social Security Number: _____ Date of Birth: _____
20. Were you married before present marriage? ___ Yes ___ No
21. If estranged, list present address of wife or husband:

Street Name & Number City State Zip
Code
22. If divorced, name court _____, City of _____
State of _____ Where divorce was obtained.
23. If widowed - What was cause of wife or husband's death? _____

24. Do you have children? ____ Yes ____ No If yes, list full names and date of birth of each below and show address where they reside.

Name of Child	Date of Birth	Address

25. List below full names of all immediate relatives such as father, mother, sister, brothers, stepsisters, stepbrothers. If deceased, give date of death in address space and mark deceased. Give mother's maiden name as her middle name.

Name of Relative	Relationship	Date of Birth	Address

26. List each grammar school, junior/middle and high school, trade or night school attended to receive your high school diploma or G.E.D. **Start with most recent one attended and work back.**

Name of School	City & State	Date of Attendance		Graduation	
		From	To	Yes	No

27. Higher Education:

Name of School	City & State	Date of Attendance Graduation			
		From	To	Yes	No

MILITARY STATUS

If you have not served in the military, move to question #36. (***Do Not List Military Service in the Employment Section of this Application.***)

28.

Branch of Service	Military Service Number	Highest Rank Held

29.

Dates Entered Duty	Date Released from Duty

30. What type of discharge did you received? _____

31. Total months active duty? _____
 List name of any military reserve unit or National Guard that you are a member of at present: _____ Address: _____
 Name of Commanding Officer: _____

32. What special training did you receive in the armed services that would be relevant to this position:

33. Did you have any arrest and convictions under the Uniform Code of Military Justice (UCMJ)? When, and for what offense? _____

34. Did you receive any disciplinary actions under UCMJ? When, and for what offense?

35. Were you ever court-martialed while in the military service? ___ Yes ___ No If so, state reason

36. List any languages other than English which you can understand or speak. _____

37. Have you ever possessed or used any amount of the following illegal drugs? No ___ Yes _

 Marijuana 9 LSD 9 Cocaine 9 Crack Cocaine 9 Speed/Crank 9
 Ecstasy 9 Mushrooms 9 Peyote 9 PCP 9 Steroids 9 Others _____
38. If you checked any of the above listed drugs, when was the last time you used that substance? _____

39. Have you ever sold any amount of illegal drugs? _____ What and when? _____

40. Do you presently use any form of illegal drugs? _____

FINANCIAL STATUS

41. What is your present salary? Monthly _____ Annually _____
42. Do you have any supplementary income other than your present salary? ___ Yes___ No
 If yes, give name of company, agency, or person and amounts paid monthly: _____

43. Do you own an automobile? ___ Yes ___ No If yes, complete the description below listing all vehicles:
 Make and Model: _____ Year _____ Color _____
 Amount of Monthly Payment _____ Unpaid Balance _____
 Financed by _____
 Address _____
Code Street Name & Number City State Zip
- Make and Model: _____ Year _____ Color _____
 Amount of Monthly Payment _____ Unpaid Balance _____
 Financed by _____
 Address _____
Code Street Name & Number City State Zip
44. Do you have a checking account? ___ Yes ___ No How many: _____
 List name of bank (s), if yes.
 Bank: _____ Address: _____
 Bank: _____ Address: _____
45. How long have you had a checking account? _____
46. Do you have a savings account (s)? ___ Yes ___ No How many: _____

List name of bank (s), if yes.

Bank: _____ Address: _____
 Bank: _____ Address: _____

47. Have you or your spouse ever been a party in a civil action? ___ Yes ___ No
 If yes, explain _____

ARREST RECORD

48. Have you ever received any traffic citation or summons? _____ Yes _____ No If yes, list all you have **ever received** below:

Date	Charge	Enforcement Agency	City and State	Disposition

49. Aside from information on Item 48, have you ever been arrested, confined or detained for investigation by any law enforcement agency, either as a juvenile or adult? ___ Yes ___ No Have you ever appeared in Court (other than for traffic citations) ___ Yes ___ No

Date	Charge	Enforcement Agency	City and State	Disposition

50. Have you ever been fingerprinted? _____ Yes _____ No If yes, state place, date and reason why _____

51. Has your spouse been arrested or fingerprinted? _____ Yes _____ No If yes, explain _____

52. Do you have in your possession a valid Virginia Operator's or Chauffeur's license? Yes No
 If yes, complete item below:
 License Number _____ Date Issued: _____
 Expiration Date: _____

53. Have your operator's/chauffeur's license or privilege to operate a motor vehicle ever been suspended or revoked in the state of Virginia or any other state? Yes No If yes, explain below:

EMPLOYMENT RECORD

54. List **all employment, including part time.** Start with **present** or last employer and go backwards. **Do not list your Active or Reserve Military Service in this section.**

A. Dates of Employment: From _____ To _____ Telephone # () _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip
Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? Yes No (Amount of Notice) _____

B. Dates of Employment: From _____ To _____ Telephone # () _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip
Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? Yes No (Amount of Notice) _____

C. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip
Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) ____

D. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) ____

E. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip
Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ____ Yes ____ No (Amount of Notice) ____

F. Dates of Employment: From _____ **To** _____ **Telephone # ()** _____
Mo.Da.Yr. Mo.Da.Yr

Employer _____

Address _____
Street Name & Number City State Zip Code

Salary _____ Job Title & Duties: _____

Name of Immediate Supervisor: _____ Title: _____

Reason for Leaving: _____

Did you give a notice before leaving? ___ Yes ___ No (Amount of Notice) _____

(If you have more employers list them on a separate sheet of paper using the same format)

55. List all former addresses and date that you resided at each former address.

From	To	(Address) Street Number, City, State, Zip Code

56. List (3) neighbors names and addresses that presently live near you or have lived near you. (This can be neighbors also from when you were younger, who could give you a character reference.)

(DO NOT REPEAT THE NAMES IN #56 & #57).

Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

Continued..... Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

57. List below (3) three persons other than relatives or past employment supervisors who know you well enough to give information as to your character and reputation.

Name	(Address) Street Number, City, State, Zip Code	Area Code/Phone #

58. Have you ever made application for employment to any other City, County or State government as a law enforcement or communication officer? ___ Yes ___ No

If yes, provide the following information

Name of Agency	Date	Disposition

59. Have you ever been fired or discharged from any job you have held? Yes No
 If yes, explain

60. Do you drink alcoholic beverages? Yes No If yes, how often? _____

61. Do you know of anything that would disqualify you for appointment as an Emergency Communication Dispatcher or would prevent you from fully discharging the duties of such a position? Yes No If yes, explain _____

62. Do you have any computer skills? Yes No If yes, please explain _____

63. What is your spouses opinion of you selecting a position as communication dispatcher and working shift work? _____

64. List the names of all social, fraternal and professional organizations of which you are or have been a member. Indicate offices held, if any.

Name of Organization	Membership From	Membership To	Office Held

65. In the space below write on the topic ***“Why I want to enter the field of 9-1-1***

