

Personal History Packet



Surry County Sheriff's Office
45 School Street
Post Office Box 233
Surry, VA 23883

Phone: (757) 294-5264 • Fax: (757) 294-5111

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Personal History Statement

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability with the Sheriff's Office. It is your responsibility to complete this form and provide all required information. You must respond to all items and questions. If a question does not apply to you, write "N/A" in the space provided for your response. Please fill out the enclosed forms to the best of your ability using black ink and in your own handwriting. Be sure to sign and date each form in the required space. Be mindful that all information you enter will be thoroughly researched. Any false or misleading information provided in these documents will be grounds for immediate termination of employment or disqualification of the applicant from the selection process.

Please return the enclosed documents to:

Attn: Sheriff Carlos Turner
Post Office Box 233
Surry, VA 23883

In addition to the provided documents you should also include copies of the following documents:

1. A photocopy of your driver's license
 2. A photocopy of your social security card
 3. A photocopy of your birth certificate
 4. A photocopy of your high school diploma or GED
 5. A photocopy of your college diplomas
 6. A transcript from any college attended
 7. A copy of Military Discharge Certificate, DD214 (if applicable)
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AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY FOR CONSUMER CREDIT REPORT

In applying for employment with the Surry County Sheriff's Office, I hereby authorize the Surry County Sheriff's Office, or any designated agent(s) working in the Sheriff's Office behalf to obtain and review my consumer credit report and or any other credit related information pertaining to me. I understand that information contained in the report may be utilized in a decision about my employment with the Surry County Sheriff's Office.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights pursuant to the Fair Credit Reporting Act

I hereby fully release the Surry County Sheriff's Office, and any and all of its employees, directors, agents, successors and assigns, and all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any subsequent investigation(s) of my credit history.

I hereby state that all information I have provided to the Surry County Sheriff's Office, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Surry County Sheriff's Office by me will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Surry County Sheriff's Office if hired or advanced by the Surry County Sheriff's Office before such misrepresentation is identified. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment by the Surry County Sheriff's Office. It is also understood that the Surry County Sheriff's Office operates under an AT-WILL EMPLOYMENT POLICY and this authorization and release does not alter or affect this policy in any manner.

Full Name (Typed or Printed): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ Phone: _____

Given under my hand this ____ day of _____, 20__

Signature

Commonwealth of Virginia, County/City of _____

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

My commission expires on the ____ day of _____, 20__

Notary Public

Notary Registration # _____

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AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any law enforcement officer or other authorized representative of the Surry County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment (including any grievance records), military, educational records, medical records, credit records, (including credit card and payment device numbers), and law enforcement records. I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Surry County Sheriff's Office. Consent is granted for the Surry County Sheriff's Office to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. 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 am furnishing my Social Security Account Number on a voluntary basis. I have been advised the Surry County Sheriff's Office will utilize this number only to facilitate the location of employment, military, medical, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name (Typed or Printed): _____

Social Security Account Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____ Phone: _____

Given under my hand this ____ day of _____, 20____

Signature

Commonwealth of Virginia, County/City of _____

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

My commission expires on the ____ day of _____, 20____

Notary Public

Notary Registration # _____

BACKGROUND INVESTIGATION FORM

If space provided is not sufficient for complete answers, or you wish to furnish additional information, use page 14 of this application and refer to the questions answered.

Position Communications Officer Date _____

PERSONAL INFORMATION

Name _____ Phone# _____
(First) (Middle) (Last)

Other names used (nicknames, aliases, maiden name, former names changed legally or otherwise) _____

Present address _____

City _____ State _____ Zip _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Date of Birth _____ Place of Birth _____

Social Security# _____

Drivers Lic. # _____ State _____ Expires _____

List all previous licenses held (# and state) _____

MILITARY SERVICE

Have you ever been a member of the armed forces, US or foreign? _____

Branch of Service _____ Service # _____

Date of Entry _____ Date of Discharge _____

Type of Discharge _____ Place of Discharge _____

Rank upon Entry _____ Rank upon Discharge _____

Reserve Obligation: Active _____ Inactive _____ Until _____

Military Citations and Awards Received _____

List any Disciplinary Actions or Military Courts Received:

Date	Command	Location	Nature of Charge	Disposition

FAMILY DATA

Present Marital Status: Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

If Married, Widowed or Divorced-List Present or Former Spouse Information:

Name _____ Soc. Sec. # _____
(First) (Middle) (Last)

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

Place of Employment _____

Business Address _____

Occupation _____ Business Phone _____

If divorced, give date, name and location of court granting the decree:

Date _____ Name of Court _____

Location of Court _____

List the names, ages and relationship of all persons living with you:

Name	Age	Relationship

Father's Name _____ DOB _____

Address _____

Occupation _____

Mother's Name _____ DOB _____

Address _____

Occupation _____

Father-n-Law's Name _____ DOB _____

Address _____

Occupation _____

Mother-n-Law's Name _____ DOB _____

Address _____

Occupation _____

List the names, ages, addresses and occupations of all brothers and sisters.

Name _____ Age _____

Address _____

Occupation _____

Name _____ Age _____

Address _____

Occupation _____

Name _____ Age _____

Address _____

Occupation _____

Name _____ Age _____

Address _____

Occupation _____

List your addresses for the past 15 years. If you have served in the Armed Forces, list your duty stations while in the military. Start with your present address and work back.

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

From/To _____ Address _____

City _____ State _____ Zip _____

EMPLOYMENT

Start with your current employer and work back for the past 15 years, include periods of unemployment.

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Position Held _____ Salary _____

Reason for Leaving _____

From/To _____ Name of Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____ Position Held _____ Salary _____
Reason for Leaving _____

From/To _____ Name of Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____ Position Held _____ Salary _____
Reason for Leaving _____

From/To _____ Name of Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____ Position Held _____ Salary _____
Reason for Leaving _____

From/To _____ Name of Employer _____
Address _____
City _____ State _____ Zip _____
Supervisor _____ Position Held _____ Salary _____
Reason for Leaving _____

Have you ever received any disciplinary actions against you on any job? _____

If yes, explain in detail. _____

If additional space is needed, use page 14.

LEGAL HISTORY

Have you ever been arrested and charged with any criminal offense? _____

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act? _____

Have you ever been required to furnish bail or bond for appearance in any court of law?

Have you ever been convicted in any court of law of any criminal charge, felony or misdemeanor? _____ If yes, explain. Include date, jurisdiction and disposition. _____

Have you ever tried, used or experimented with any of the following illegal drugs or substances:

Marijuana_____

Heroin_____

Speed_____

LSD_____

Cocaine/Crack_____

Hashish_____

Other_____

NOTE: The past use of an illegal drug or substance will not necessarily disqualify an applicant from consideration. This depends upon the type and extent of the use of these substances. However, willful concealment of drug use will be grounds for rejection of your application or for dismissal from the Surry County Sheriff's Office once you have been employed.

FINANCIAL STATEMENT

Are you currently meeting your financial obligations?_____

Have you ever been contacted by a collection agency regarding any outstanding unpaid debt?_____

Have you ever been contacted for the collection of any debt contracted by you?_____

Have you ever been declared officially bankrupt?_____

Have you ever had any judgments against you or pending at this time? _____

If yes, give date, name of court and location. _____

List your current indebtedness.

Amount Owed	Monthly Payment	To Whom Owed (Company)	For What (Items Purchased)

MISCELLANEOUS INFORMATION

Have you previously served as a Communications Officer? _____

If yes, state in what capacity, where, when and why you left?

Have you ever applied for employment with any Fire, Rescue or Law Enforcement agency or department?_____

If yes, give date, agency, location and status of application.

Date	Agency	Location	Status of Application

Do you have any relatives, friends or acquaintances employed by any Law Enforcement, Fire or Rescue agency or department?_____

If so, give their name, agency location and position.

Name	Agency	Location	Position

EDUCATION

List all high schools, colleges, universities, professional and trade schools attended. Give dates of attendance, name of institution, location and course of instruction. If you graduated, type of degree or diploma.

From/To_____School_____

Location/Address_____

Course Pursued_____

Degree or Diploma_____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

From/To _____ School _____

Location/Address _____

Course Pursued _____

Degree or Diploma _____

Do you have any special training or hold any special license or permit? _____

If yes, please list _____

REFERENCES

List the name, address and phone number of three (3) personal references not related to you and who have known you for at least four years.

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

List any clubs, social or fraternal organizations, professional or trade unions, or associations to which you are currently a member of or have been in the past. _____

List any Social Media groups that you are associated with.. Also, list any other alias names or user names that you have utilized.

BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS SHERIFF'S OFFICE REPRESENTS THE ENTIRE TRUTH AS IT RELATES TO THE QUESTIONS ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT.

(Signature of Applicant)

(Date)

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.

(Witnessed By)

(Date)