



County of Frederick, Virginia  
Human Resources Department  
Public Safety Application for Employment  
107 North Kent Street, Winchester, Virginia, 22601  
(540) 665-5668

## **PERSONAL HISTORY STATEMENT**

Please read carefully the contents of this application. All information given will be used only for the purpose of determining your suitability for employment. This packet is part of the initial phase of the application process. It is imperative that all questions are completely answered in detail.

For questions that require a “YES” or “NO” response, place a check in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, please continue a written statement on the provided “Additional Information” page(s) at the end. Number each answer to correspond with the appropriate question. If you need more space when completing the residential history or employment history sections, make additional copies of the pages prior to completing them.

All enclosed documents to include the Personal History Statement must be typed or printed in black ink completed by the applicant, and each question answered accurately. Please be sure to review all sections in detail, including signature required forms, as an incomplete package or resume only submissions will also disqualify you from the application process.

Should you have any inquiries do not hesitate to contact the Human Resource Department.

## Personal Data

If at any time any of the information provided on this Personal History Statement changes, you must make your background investigator aware of it (i.e. phone numbers, address, marital status, traffic violations).

Name (First, Middle, Last): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Have you ever legally changed your name? (Yes or No): \_\_\_\_\_

List other name(s) you have used if different from above (include nicknames):

\_\_\_\_\_

Court/Jurisdiction of Name Change: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**All Sworn Officers are required to be United States Citizens.**

If applicable, list the place of Naturalization: \_\_\_\_\_

Date of Naturalization: \_\_\_\_\_ Naturalization Certificate Number: \_\_\_\_\_

## Education

Name of last High School attended: \_\_\_\_\_ Did you graduate? (Yes or No) \_\_\_\_\_

Address (Include City & State): \_\_\_\_\_

Year Graduated: \_\_\_\_\_ If you did not graduate, highest year completed: \_\_\_\_\_

If you obtained a GED, provide date and state of issuance: \_\_\_\_\_

Have you ever been suspended, dismissed or expelled from any school or academy? (Provide response and explanation) \_\_\_\_\_

Please provide additional information regarding any colleges, universities, or schools attended:

Name	Address	Dates Attended	Degree Awarded



# Military Data

Have you ever been a member of any branch of the Armed Forces? (Yes or No): \_\_\_\_\_

If "Yes", which branch: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged/Pending: \_\_\_\_\_

Rank when discharged: \_\_\_\_\_ Number of Enlistments: \_\_\_\_\_

Circle the option that best describes your type of discharge:      Honorable      General      Dishonorable      Uncharacterized

Are you a member of any military reserve unit or National Guard? (Yes or No): \_\_\_\_\_

If "Yes", which branch: \_\_\_\_\_ Active or Inactive?: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you ever been a member of any military service other than the United States? (Yes or No): \_\_\_\_\_

If "Yes", what country? \_\_\_\_\_ Identification Number: \_\_\_\_\_

Length of service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Please list your duty stations in chronological order starting with boot camp until the end of your military service with dates:

Duty Station	Dates

*During your military service as outlined above:*

Were you ever disciplined, or did you ever receive an Article 15, or court martial? (Yes or No): \_\_\_\_\_

Did you ever appear before any command personnel for discipline reasons? (Yes or No): \_\_\_\_\_

Were you ever the subject of a criminal investigation concerning alleged misconduct? (Yes or No): \_\_\_\_\_

Were you ever arrested by military police concerning alleged misconduct? (Yes or No): \_\_\_\_\_

If you answered "Yes" above, please provide the following details:

Date	Location	Charges	Disposition

Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason? (Yes or No): \_\_\_\_\_

If you answered "Yes" above, please provide the following details:

Date	Branch	Reason

# Employment History

Start with your current employer and, in reverse chronological order, list your entire work history. Include any periods of unemployment, employment from unclaimed income, volunteer work, military service, and part-time work.

## Most Recent Employer

Name of Employer:		Address:	
Title/Role:		Salary:	
Dates of Employment:		Phone Number:	
Supervisor Name & Title:			
Additional Contacts for Reference (Names & Numbers):			
Is this employer still in business? (Yes or No):			
Describe your duties and reason for leaving:			

## Previous Employer

Name of Employer:		Address:	
Title/Role:		Salary:	
Dates of Employment:		Phone Number:	
Supervisor Name & Title:			
Additional Contacts for Reference (Names & Numbers):			
Is this employer still in business? (Yes or No):			
Describe your duties and reason for leaving:			

# Employment History Continued

## Previous Employer

Name of Employer:		Address:	
Title/Role:		Salary:	
Dates of Employment:		Phone Number:	
Supervisor Name & Title:			
Additional Contacts for Reference (Names & Numbers):			
Is this employer still in business? (Yes or No):			
Describe your duties and reason for leaving:			

## Previous Employer

Name of Employer:		Address:	
Title/Role:		Salary:	
Dates of Employment:		Phone Number:	
Supervisor Name & Title:			
Additional Contacts for Reference (Names & Numbers):			
Is this employer still in business? (Yes or No):			
Describe your duties and reason for leaving:			

# Arrest Record

In your life, have you ever been investigated, detained, charged, or arrested for any criminal offense as a Juvenile or Adult? (Yes or No - Include records that have been expunged or dismissed): \_\_\_\_\_

If you answered "Yes" above, please provide the following details:

Date	Jurisdiction	Charge	Disposition

*Disposition- i.e. Found Guilty, Dismissed, Nolle Prosequi, No Contest Plea, etc.*

# Motor Vehicle Driving History

Do you have a valid Driver's License? (Yes or No): \_\_\_\_\_

In what state are you currently licensed to drive?: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is your address current on your operator's license? (Yes or No): \_\_\_\_\_

Have you ever attended a driver improvement course? (Yes or No): \_\_\_\_\_

If "Yes", please provide details regarding date, location and reason: \_\_\_\_\_

Has your license ever been denied, suspended or revoked? (Yes or No): \_\_\_\_\_

If "Yes", please provide details regarding date, state and reason: \_\_\_\_\_

Has your automobile insurance ever been canceled? (Yes or No): \_\_\_\_\_

If "Yes", please provide details regarding date and reason: \_\_\_\_\_

Are there any restrictions or special conditions regarding your license? (Yes or No): \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

List all tickets, summonses and citations that you have received regardless of the disposition to include parking tickets. Give a chronological listing, starting with the most recent offense:

Date	Jurisdiction	Charge(s)	Disposition

*Disposition- i.e. Found Guilty, Dismissed, Nolle Prosequi, No Contest Plea, etc.*

# References

Please list five (5) persons you have known for at least one (1) year who are not related to you by blood or marriage and who are not already listed under employment history.

## Reference One

Name:		Phone Number:	
Address:		City:	
State:		Zip Code:	
Email:			

## Reference Two

Name:		Phone Number:	
Address:		City:	
State:		Zip Code:	
Email:			

## Reference Three

Name:		Phone Number:	
Address:		City:	
State:		Zip Code:	
Email:			

## Reference Four

Name:		Phone Number:	
Address:		City:	
State:		Zip Code:	
Email:			

## Reference Five

Name:		Phone Number:	
Address:		City:	
State:		Zip Code:	
Email:			







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107 North Kent Street, Second Floor  
Winchester, VA 22601

## PERSONAL HISTORY STATEMENT ACKNOWLEDGMENT

*(Sign this page in the presence of a Notary Public)*

I, \_\_\_\_\_, have read the above statements and understand what is expected of me. The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements, material omissions, misleading or incomplete responses will disqualify me from the application process.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

### **Please Note:**

**You MUST furnish copies of the following documents upon submission of your Personal History Statement:**

- 1. Birth certificate or other proof of United States citizenship
- 2. High school diploma or equivalent certificate, **plus** certified high school transcripts
- 3. Social Security card
- 4. Driver's license and driver transcripts if out-of-state

**If applicable, furnish copies of:**

- 5. Military discharge (DD214) Member 1 and 4 forms
- 6. Name change documentation from court
- 7. Marriage certificate
- 8. Divorce decree(s) or legal separation papers
- 9. College diplomas, plus certified copies of college or university transcript(s)

**You MUST sign and return the following original documents upon submission of your Personal History Statement:**

- 1. Signed Personal History Statement
- 2. Signed Informed Consent Form
- 3. Signed Notification and Authorization for Employment Credit Report Form
- 4. Signed & Notarized Authorization of Release of Information Form
- 5. Signed Change of Information Form



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## INFORMED CONSENT

I, \_\_\_\_\_, as a candidate to work with the Frederick County Sheriff's Office, understand that all personal information for the position will be seen only by those people directly involved in my recruitment.

I also understand that some or all of this information, as well as information pertaining to employment; appraisal ratings; accident and illness records; and other information about my employment record may be used for the purposes of authorized access to the County of Frederick information for administrative purposes.

Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## NOTIFICATION AND AUTHORIZATION FOR EMPLOYMENT CREDIT REPORT

I, \_\_\_\_\_, authorize the Frederick County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Sign this page in the presence of a Notary Public**

# AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO THE FREDERICK COUNTY SHERIFF'S OFFICE, OR ITS AUTHORIZED AGENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSITS, WITHDRAWALS AND BALANCES OR CHECKING AND SAVINGS ACCOUNT, AND LOANS AND ALSO THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; PUBLIC UTILITY COMPANIES; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, DISCIPLINARY, PERFORMANCE, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND SALARY RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS; AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINTS OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE COUNTY OF FREDERICK TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THAT AGENCY.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY ENUMERATED ABOVE IS NOT INTENDED TO DENY ACCESS TO ANY RECORDS NOT SPECIFICALLY IDENTIFIED HEREIN. THIS ACCESS IS TO INCLUDE BUT NOT LIMITED TO; INVESTIGATIONS BY OTHER LAW ENFORCEMENT AGENCIES INCLUDING RESULTS OF POLYGRAPH TESTS, PSYCHOLOGICAL EVALUATIONS AND ANY AND ALL PRE-EMPLOYMENT APPLICATION TESTS.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE FREDERICK COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Signature \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_.

Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_



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## CHANGE OF INFORMATION

To: All Applicants

As applicants, you are responsible for:

- notifying the Frederick County Sheriff's Office applicant section if you change your address, phone number, employment, marital status, education, training and/or any other information previously provided to the Frederick County Human Resource Office.
- notifying the Frederick County Sheriff's Office applicant section if you apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies.
- notifying the Frederick County Sheriff's Office applicant section if you are cited for any traffic violations, are arrested for any reason, have a motor vehicle accident or have any involvement with a law enforcement agency.

Remember that any postponement or rescheduling of required appointments with the applicant section may jeopardize your ability to successfully gain employment.

**I HAVE READ THE ABOVE STIPULATIONS  
AND FULLY UNDERSTAND THEM.**

Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_