

**HERNDON POLICE**  
**VOLUNTEER APPLICATION**  
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## INSTRUCTIONS TO THE APPLICANT

ANSWERS ON THIS FORM MUST BE **PRINTED IN BLACK INK** BY THE APPLICANT AND EACH QUESTION ANSWERED ACCURATELY. IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" (NOT APPLICABLE) AS YOUR RESPONSE TO THAT QUESTION. INCOMPLETE AND/OR INACCURATE ANSWERS WILL SUBSTANTIALLY EXTEND THE TIME REQUIRED TO PROCESS YOUR APPLICATION. IF THE PERSONAL HISTORY STATEMENT IS INCOMPLETE AT THE TIME OF YOUR PERSONAL INTERVIEW, THE FORM WILL BE RETURNED TO YOU AND INSTRUCTIONS PROVIDED AT THAT TIME.

THE INFORMATION YOU PROVIDE IN THIS PERSONAL HISTORY STATEMENT WILL BE USED IN THE INVESTIGATION INTO YOUR BACKGROUND TO ASSIST IN DETERMINING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU HAVE APPLIED. **PLEASE FILL OUT THE QUESTIONNAIRE COMPLETELY AND ACCURATELY.** KEEP IN MIND THAT:

1. THE COMPLETION OF THIS FORM IS MANDATORY FOR YOU TO RECEIVE CONSIDERATION FOR APPOINTMENT;
2. ALL STATEMENTS ARE SUBJECT TO VERIFICATION;
3. DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS MAY BE CAUSE FOR REJECTION; AND

IT IS TO YOUR ADVANTAGE TO RESPOND OPENLY. ANY NEGATIVE FACTOR CONTAINED IN THE INFORMATION PROVIDED BY YOU WILL BE EVALUATED IN TERMS OF THE CIRCUMSTANCES AND FACTS SURROUNDING IT AND ITS DEGREE OF RELEVANCE TO THE POSITION. ON THE OTHER HAND, YOU MAY BE DISQUALIFIED IF YOU INTENTIONALLY MAKE A FALSE STATEMENT OF MATERIAL FACT OR INTENTIONALLY OMIT A MATERIAL FACT OR IF YOU PRACTICE OR ATTEMPT TO PRACTICE ANY FORM OF DECEPTION OR FRAUD IN THIS STATEMENT.

IF ADDITIONAL SPACE IS REQUIRED FOR AN ANSWER TO ANY QUESTION, CONTINUATION SHEETS ARE PROVIDED IN THE REMARKS SECTION (PART XII) AT THE END OF THE FORM. BE SURE TO IDENTIFY EACH ENTRY ON THE CONTINUATION SHEET(S) WITH THE APPROPRIATE SECTION AND QUESTION NUMBER.

**PERSONAL HISTORY STATEMENT  
PART I  
PERSONAL DATA**

1. YOUR PRINTED NAME (LAST, FIRST, MIDDLE)				2. DATE OF BIRTH MONTH      DAY      YEAR		
3. ALIASES, MAIDEN NAMES, AND NICKNAMES (SPECIFY WHICH)			4. PLACE OF BIRTH CITY                      COUNTRY                      STATE OR FOREIGN COUNTRY			
5. HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, TATTOOS, OR IDENTIFYING MARKS/FEATURES		
6. SOCIAL SECURITY NUMBER						

**CITIZENSHIP**

A. <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN		B. <input type="checkbox"/> BY BIRTH (ENTER N/A IN ITEMS C-J) <input type="checkbox"/> NATURALIZATION (COMPLETE C-J)		C. ALIEN REGISTRATION NUMBER	
D. DATE, PLACE, AND COURT			E. CERTIFICATION NO.	F. PETITION NUMBER	
G. COMPLETE THIS SECTION IF YOUR U.S. CITIZENSHIP WAS DERIVED FROM YOUR PARENT'S (S') NATURALIZATION.			NAME OF PARENT	CERTIFICATION NO.	CHECK ONE: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER
H. NATIVE COUNTRY		I. DATE, PLACE & PORT OF ENTRY INTO U.S.		J. SPONSOR	

8. PRESENT ADDRESS:			9. LEGAL RESIDENCE:		
HOUSE NUMBER AND STREET			HOUSE NUMBER AND STREET		
CITY/STATE/ZIP CODE			CITY/STATE/ZIP CODE		
10. HOME TELEPHONE NUMBER:			11. WORK TELEPHONE NUMBER:		
NUMBER			NUMBER		
HOURS DURING WHICH YOU CAN BE REACHED			HOURS DURING WHICH YOU CAN BE REACHED		

**MARITAL STATUS**

CHECK ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED			DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSE (S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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**MARRIAGE DATE (LIST PRESENT AND ALL FORMER MARRIAGES.)**

DATE OF MARRIAGE	LOCATION OF MARRIAGE (CITY AND STATE)

14. FULL NAME OF SPOUSE (IF CURRENTLY MARRIED):

LAST NAME      FIRST NAME      MIDDLE      MAIDEN

**PERSONAL HISTORY STATEMENT  
PART II  
SELECTIVE SERVICE INFORMATION**

1. HAVE YOU EVER APPLIED FOR ANY BRANCH OF THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. WHAT IS THE STATUS OF YOUR APPLICATION?	
3. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. PRESENT SELECTIVE SERVICE CLASSIFICATION	5. DATE OF CLASSIFICATION	6. SELECTIVE SERVICE NUMBER
7. LOCAL BOARD NUMBER	8. ADDRESS OF LOCAL BOARD (STREET NUMBER, CITY, STATE AND ZIP CODE)	
9. LIST ANY OTHER SELECTIVE CLASSIFICATION (S) YOU HAVE HAD		

**PART III  
MILITARY SERVICE**

1. BRANCH OF SERVICE							
ORGANIZATION	PRIMARY MOS/AFSC	CHECK ONE:		DATES OF ACTIVE DUTY		SERVICE NUMBER DURING THIS PERIOD	
		OFFICER	ENLISTED	DATE ENTERED	DATE RELEASED		
2. HIGHEST RANK ATTAINED		3. TYPE OF DISCHARGE (I.E., CHARACTER OF SERVICE)					
4. RANK AT TIME OF DISCHARGE		5. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN IN PART XIV)					
6. DID YOU RECEIVE HONORABLE DISCHARGE FROM THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
7. WERE YOU EVER SUBJECTED TO ANY DISCIPLINARY ACTIONS (JUDICIAL OR NON-JUDICIAL) WHILE IN THE ARMED FORCES? <input type="checkbox"/> YES (EXPLAIN IN PART XIV) <input type="checkbox"/> NO							
8. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS, WHICH WERE BEING CONDUCTED BY MILITARY AUTHORITIES; CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART? <input type="checkbox"/> YES (EXPLAIN IN PART XIV) <input type="checkbox"/> NO							
9. RESERVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", BRANCH OF RESERVE SERVICE	DATE OF MEMBERSHIP		CHECK ONE:		SERVICE NUMBER DURING THIS PERIOD		
	BEGAN	ENDED	OFFICER	ENLISTED			
10. NATIONAL GUARD MEMBERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECK ONE: <input type="checkbox"/> ARMY <input type="checkbox"/> AIR		DATE OF MEMBERSHIP		CHECK ONE:		SERVICE NUMBER DURING THIS PERIOD
			BEGAN	ENDED	OFFICER	ENLISTED	
	STATE						
NAME OF NATIONAL GUARD ORGANIZATION AND ADDRESS							

**PERSONAL HISTORY STATEMENT  
PART IV  
REFERENCES**

GIVE THE DATA REQUESTED BELOW ON THREE (3) REFERENCES WHO:

- A. ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE
- B. ARE NOT FORMER EMPLOYERS AND NOT MENTIONED ELSEWHERE IN THIS FORM
- C. ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, AND
- D. HAVE KNOWN YOU WELL FOR AT LEAST FIVE (5) YEARS

THESE REFERENCES MAY INCLUDE, BUT ARE NOT LIMITED TO: TEACHERS, COUNSELORS, HOUSEHOLDERS, PROPERTY OWNERS, MEMBERS OF THE CLERGY, AND BUSINESS PEOPLE

1. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
2. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
3. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP)		BUSINESS PHONE NUMBER

**PERSONAL HISTORY STATEMENT  
PART V  
ASSOCIATES/FRIENDS**

GIVE THE DATA REQUESTED BELOW ON THREE (3) PERSONS WITH WHOM YOU HAVE ASSOCIATED (I.E., PERSONS WITH WHOM YOU HAVE SEEN FREQUENTLY) DURING THE PAST THREE (3) YEARS. DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR ANY PERSONS MENTIONED ELSEWHERE IN THIS FORM.

1. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
2. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
3. CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER

**PERSONAL HISTORY STATEMENT  
PART VI  
RESIDENCE DATA**

1. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL YOUR RESIDENCES IN THE LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT RESIDENCE. GIVE ALSO, IN EACH CASE, THE NAME AND PRESENT CORRECT STREET ADDRESS OF ONE NEIGHBOR, (NOT NECESSARILY A PERSONAL ACQUAINTANCE), AND THE NAME AND ADDRESS OF THE REALTY COMPANY OR PROPERTY OWNER TO WHOM YOU PAY/PAID RENT, IF APPLICABLE, OR THE NAME AND ADDRESS OF THE MORTGAGE HOLDER. INCLUDE YOUR MAILING AND/OR STREET ADDRESSES DURING ALL PERIODS OF MILITARY SERVICE.

**START WITH YOUR PRESENT RESIDENCE**

**A.**

DATES OF RESIDENCE				LOCATION OF RESIDENCE
FROM			TO	STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)
MONTH	DAY	YEAR	PRESENT	
<b>NEIGHBOR'S NAME</b> (MR., MRS., MS., MISS)				<b>NEIGHBOR'S CURRENT ADDRESS</b>
NAME (LAST, FIRST, INITIAL)				STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)
<b>NEIGHBOR'S TELEPHONE NUMBER</b>				<b>REALTY COMPANY OR PROPERTY OWNER'S NAME</b>
AREA CODE				
<b>REALTY/OWNER'S TELEPHONE NUMBER</b>				<b>REALTY COMPANY OR PROPERTY OWNER'S ADDRESS</b>
AREA CODE				STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)

**B.**

DO YOU:  RENT OR  OWN THIS PROPERTY?

DO YOU RESIDE WITH:  SELF  SPOUSE AND CHILDREN, IF ANY OR

OTHER (IF OTHER, LIST WITH WHOM YOU RESIDE) \_\_\_\_\_

**LIST YOUR PREVIOUS RESIDENCE.**

**C.**

LOCATION OF RESIDENCE			
STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
FROM MONTH/YEAR	TO MONTH/YEAR	NEIGHBOR'S NAME	NEIGHBOR'S CURRENT TELEPHONE NUMBER
NEIGHBOR'S CURRENT ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
REALTY COMPANY OR PROPERTY OWNER'S NAME			REALTY/OWNER'S TELEPHONE NUMBER

**PERSONAL HISTORY STATEMENT  
PART VII  
EDUCATION**

1. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL THE SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9<sup>TH</sup>) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, OR TRADE SCHOOLS, AND, IF RELEVANT TO THE POSITION YOUR APPLYING, MILITARY SCHOOLS.

**A.**

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	TO			

**B.**

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	TO			

**C.**

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	TO			

**D.**

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	TO			

**E.**

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM	TO			

1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT TEST)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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3. DID YOU OBTAIN YOU G.E.D. CERTIFICATE FROM THE ARMED FORCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**PERSONAL HISTORY STATEMENT  
PART VIII  
EMPLOYMENT DATA**

**YOUR ANSWERS WILL BE SUBJECT TO VERIFICATION.**

**A. CURRENT EMPLOYER**

NAME AND ADDRESS OF EMPLOYING ORGANIZATION	DATES EMPLOYED (MONTH/DAY/YEAR)		IS THIS A U.S. OR STATE GOVT. AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	FROM	TO	
	YOUR ANNUAL SALARY	CHECK APPLICABLE BLOCK:	
	\$	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
		<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY
		<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED

EXACT TITLE OF YOUR JOB	WORK PHONE NUMBER	NAME OF SUPERVISOR	SUPERVISOR'S PHONE #
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BRIEFLY DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES:

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YOUR REASON FOR LEAVING?

WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER WAS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN MAY WE CONTACT?
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**B. PREVIOUS EMPLOYER**

NAME AND ADDRESS OF EMPLOYING ORGANIZATION	DATES EMPLOYED (MONTH/DAY/YEAR)		IS THIS A U.S. OR STATE GOVT. AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
	FROM	TO	
	YOUR ANNUAL SALARY	CHECK APPLICABLE BLOCK:	
	\$	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
		<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY
		<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED

EXACT TITLE OF YOUR JOB	WORK PHONE NUMBER	NAME OF SUPERVISOR	SUPERVISOR'S PHONE #
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BRIEFLY DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES:

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YOUR REASON FOR LEAVING?

**PERSONAL HISTORY STATEMENT  
PART VIII  
EMPLOYMENT DATA**

1. HAVE YOU:

**YES**

**NO**

A. EVER BEEN DISCHARGED FROM EMPLOYMENT(FIRED) FOR ANY REASON?

B. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER  
INTENDED ON DISCHARGING (FIRING) YOU FOR ANY REASON?

C. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER  
INTENDED ON TAKING ANY FORM OF DISCIPLINARY ACTION AGAINST YOU?

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS, GIVE FULL DETAILS IN THE SPACE BELOW.  
INCLUDE THE NAME AND ADDRESS OF THE EMPLOYER, APPROXIMATE DATE(S), AND THE CIRCUMSTANCES IN EACH  
CASE.

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**PERSONAL HISTORY STATEMENT  
PART IX  
DRIVING RECORDS**

1. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED. INCLUDE IN YOUR RESPONSE, BUT DO NOT LIMIT IT TO, SUCH VIOLATIONS AS: SPEEDING, RECKLESS DRIVING, CHANGING LANES WITHOUT CAUTION, DEFECTIVE EQUIPMENT, STOP SIGN VIOLATIONS, AND RED LIGHT VIOLATIONS. FOR EACH INCIDENT, GIVE THE FOLLOWING DATA:

DATE	VIOLATION/ CHARGE	LOCATION	POLICY AGENCY	FINAL DISPOSITION	AMOUNT OF FINE	POINTS

2. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL DRIVER'S LICENSES WHICH ARE NOW OR HAVE BEEN ISSUED TO YOU FROM ANY STATE (EVEN THOUGH THESE LICENSES MAY NOT BE EXPIRED OR HAVE BEEN REPLACED BY ANOTHER ISSUING AGENCY OR STATE).

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE

3. IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN:

- |                                                   | YES                      | NO                       |
|---------------------------------------------------|--------------------------|--------------------------|
| A. DENIED OR REFUSED                              | <input type="checkbox"/> | <input type="checkbox"/> |
| B. SUSPENDED                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| C. REVOKED                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| D. SUBJECT TO ANY OTHER SIMILAR PENALTY OR ACTION | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:






**PERSONAL HISTORY STATEMENT  
PART XI  
MISCELLANEOUS**

1. DO YOU NOW, OR HAVE YOU IN THE PAST, USED, TRIED, OR EXPERIMENTED WITH:		
A. MARIJUANA (IN ANY OF ITS FORMS)?		
B. NARCOTICS OF ANY KIND?		
C. DANGEROUS DRUGS OF ANY KIND?		
D. ANY OTHER ILLEGAL DRUGS?		
IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XIV).		
2. HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON?		
IF "YES", GIVE FULL DETAILS BELOW.		
4. IF YOU HAVE EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN, HAVE YOU EVER DISCHARGED YOUR WEAPON (OTHER THAN AT AN APPROVED RANGE), OR BEEN THE SUBJECT OF AN INVESTIGATION REGARDING THE DISCHARGE OF YOUR WEAPON? IF YES, GIVE FULL DETAILS BELOW.		

**PERSONNEL HISTORY STATEMENT  
PART XI  
MISCELLANEOUS**

5. LIST ANY SPECIAL SKILLS THAT YOU POSSESS THAT YOU BELIEVE MAY BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING (SKILLS WITH MACHINES; PUBLIC SPEAKING EXPERIENCE; MEMBERSHIP IN A PROFESSIONAL, SCIENTIFIC, COMMUNITY, OR OTHER SUCH ORGANIZATION'S, ETC.)

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	YES	NO
6. A. IS THIS THE FIRST TIME THAT YOU HAVE APPLIED FOR A POSITION WITH THE HERNDON POLICE DEPARTMENT?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE, LOCAL LAW ENFORCEMENT AGENCY OR ANY FIRE DEPARTMENT?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FEDERAL, STATE, OR LOCAL GOVERNMENT FOR WHICH A BACKGROUND INVESTIGATION WAS INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN DENIED EMPLOYMENT BY AN ORGANIZATION COVERED IN QUESTIONS "A" OR "B" (ABOVE)?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU HAD ANY PRIOR LAW ENFORCEMENT TRAINING OR EXPERIENCE?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE FIVE QUESTIONS (A THROUGH E), PLEASE PROVIDE COMPLETE DETAILS IN THE SPACE BELOW WITH REGARD TO ALL SUCH POSITIONS APPLIED FOR. BE SURE TO INCLUDE THE NAME AND ADDRESS OF EACH ORGANIZATION APPLIED TO, THE POSITION(S) APPLIED FOR, THE DATE(S) OF YOUR APPLICATION(S), AND THE REASON(S) YOU WERE DENIED EMPLOYMENT, EXCEPT IF YOU WERE DENIED DUE TO MEDICAL REASONS (IF SUCH WAS THE CASE). IF ADDITIONAL SPACE IS NEEDED, USE PART XIII.

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**SIGNATURE PAGE**

IF ANY INFORMATION SHOULD SURFACE DURING THE STAGES OF THIS INVESTIGATION, WHICH WOULD DISQUALIFY YOU FROM FURTHER CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED IMMEDIATELY AND YOU WILL BE NOTIFIED ACCORDINGLY.

YOU ARE ADVISED THAT EACH STATEMENT GIVEN ON THIS APPLICATION WILL BE INVESTIGATED AND ANY INACCURATE OR UNTRUTHFUL OR MISLEADING ANSWER WILL BE CAUSE FOR REJECTION.

*I HEREBY CERTIFY THAT ALL THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.*

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE

CITY/COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

