

WESTERN VIRGINIA REGIONAL JAIL
5885 WEST RIVER ROAD
SALEM, VIRGINIA

PERSONAL HISTORY STATEMENT



Applicant Name: _____

Home Phone: _____

Cell Phone: _____

Additional Contact Numbers:

Accepted By: _____

Date: _____

Time: _____

Western Virginia Regional Jail

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

1. NAME _____
FIRST MIDDLE LAST Social Security Number

Any other names you are known by? _____

2. PRESENT MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

PERMANENT MAILING ADDRESS _____
NUMBER & STREET CITY STATE ZIP CODE PHONE NO.

3. HEIGHT _____ inches WEIGHT _____ lbs. SEX ___ male ___ female DATE OF BIRTH _____

4. PLACE OF BIRTH _____
CITY OR TOWN COUNTY STATE

5. COLOR OF EYES _____ COLOR OF HAIR _____

6. MARITAL STATUS ___ single ___ married ___ widowed ___ divorced ___ estranged

7. DATE OF PRESENT MARRIAGE _____

8. SPOUSE'S FULL NAME (maiden name if applicable) _____

Spouse's Social Security Number _____ Date of Birth _____

9. Were you married before present marriage? ___ Yes ___ No If yes, list ex-wife's or husband's present name, address & telephone #.

All ex-wife's or husband's must be listed. _____

10. If estranged or divorced, list present address and phone number of spouse/ex-spouses. _____

11. If divorced, name court _____, City of _____
State of _____ where divorce was obtained.

12. If widowed - what was cause of wife or husband's death? _____

13. 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

14. 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

15. SPECIAL SKILLS RELATED TO THE POSITION APPLIED FOR: _____

REFERENCES

16. Give the names of five responsible persons, other than relatives or past employers who could provide information about your character, ability, experience, personality, and other qualities. Please list complete mailing address, zip code and telephone number.

NAME	ADDRESS	TELEPHONE

RESIDENCES

17. List addresses for past 20 years starting with present address at top:

<u>FROM</u> MO. YR.	<u>TO</u> MO. YR.	ADDRESS OF RESIDENCE	CITY/STATE	LANDLORD

EDUCATION

18. List all schools attended:

Name of High School	Location City/State	Check if diploma received	
Name of College/University	Location City/State	Degrees Received	Major Field of Study

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

WORK HISTORY

20. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?

_____ Yes _____ No If yes, give details below:

21. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service give details:

22. Do you object to wearing a uniform? ___ Yes ___ No

23. Do you object to working nights? ___ Yes ___ No

24. Do you object to working shifts/weekends? ___ Yes ___ No

25. List all jobs you have held in the last fifteen years. Put your present or most recent job first. If you need more space you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address	Phone No
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address	Phone No
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address	Phone No
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address	Phone No
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

E. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed			Name & title of supervisor		No. employees supervised by you
Date separated			Employer	Address	Phone No
Full-time	Years	Months	Duties		
Part-time	Years	Months			
If part-time, number of hours worked per week			Reason for leaving		

F. Title of present or last position			Starting Salary	Last Salary
Date employed			Name & title of supervisor	
Date separated			Employer	Address
Full-time	Years	Months	Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

G. Title of present or last position			Starting Salary	Last Salary
Date employed			Name & title of supervisor	
Date separated			Employer	Address
Full-time	Years	Months	Duties	
Part-time	Years	Months		
If part-time, number of hours worked per week			Reason for leaving	

26. HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THIS AGENCY?

___ Yes ___ No APPROXIMATE DATE:

27. 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		Office Held
	From	To	

MILITARY SERVICE

28. WERE YOU EVER IN THE US MILITARY SERVICE OR ANY OTHER MILITARY ORGANIZATION?

____ Yes ____ No

Branch of Service _____ Unit _____ Date of Enlistment _____

Date of Discharge _____ Service No. _____ Highest Rank _____

29. Selective service status/Draft board number _____

Draft Board Address _____

Present draft status or classification _____ Date of classification _____

30. List medals and decorations: _____

31. Type of Discharge: _____

32. If you are presently a member of the National Guard or any military reserve give the unit, location, and describe your obligation: _____

33. What is your reserve obligation? _____

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

35. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces?

____ Yes ____ No If yes, explain below: _____

36. List any disciplinary action taken against you in the National Guard or other reserve unit:

ACTIVITIES

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

38. Have you ever been placed on probation? ____ Yes ____ No If yes, give details below:

39. Have you ever been required to pay a fine in excess of \$25.00? Yes No

If answer is yes, give details below: _____

40. Have you ever used any illegal substances such as marijuana, crack cocaine, or any or drug not prescribed by a physician?
 Yes No Comments:

41. Have you ever sold any amount of illegal drugs? _____ When? _____

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

43. Have you ever been arrested or detained for investigation by any law enforcement agency, either as a juvenile or adult?
 Yes No If yes, explain below.

Date	Charge	Enforcement Agency	City and State	Disposition

44. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answer will be checked with the F.B.I. and other agencies:

AGENCY _____ DATE _____ PURPOSE

AGENCY _____ DATE _____ PURPOSE

AGENCY _____ DATE _____ PURPOSE

DRIVING INFORMATION

45. Can you operate a motor vehicle? Yes No Number of years driving experience _____

46. Have you ever been the operator of a motor vehicle involved in an accident which resulted in injury or death to a passenger or pedestrian, or property damage of more than \$500 Yes No If yes, explain in detail and disposition of case _____

47. Do you possess a valid operator's license from the State of Virginia? Yes No

Operator's License Number _____

48. Do you possess an operator's license issued by any state other than Virginia?

Yes No If yes, give state and number _____

49. Was your license ever suspended or revoked? _____ Yes _____ No If yes, state which and give reasons?

50. Was your license ever restored? _____ Yes _____ No

51. Have you ever been refused an operator's license by any state? _____ Yes _____ No

52. Have your driving privileges ever been restricted? _____ Yes _____ No If yes, give details:

53. Has a motor vehicle being driven by you ever been involved in an accident? _____ Yes _____ No

If yes, give complete details for each accident whether collision or non-collision:

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

Date _____ Police Investigation? _____ Yes _____ No

Location _____ Cause of Accident _____

54. List any convictions for traffic violations:

LOCATION	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

ATTITUDES

55. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

56. What are your feelings about drug/alcohol usage? _____

CAREER OBJECTIVES

57. Explain briefly your reasons for applying for this position? _____

58. Do you know of anything that would disqualify you for appointment as a Correctional Officer or would prevent you from fully discharging the duties of such a position? ___Yes ___No If yes, explain _____

CITIZENSHIP

59. Are you a citizen of the United States or do you have a valid appropriate permit to work in the United States issued by the U. S. Department of Justice or U. S. Department of Labor?

_____ Yes _____ No

(Upon employment, proof of citizen status or work authorization will be required.)

Applicants for law enforcement positions - Are you a U. S. Citizen?

_____ Yes _____ No

FINANCIAL STATUS

60. Do you have any supplementary income other than your present salary? ___Yes ___No

If yes, give name of company, agency, or person _____

61. Do you own or are you buying your home? ___Yes ___No

62. Do you rent? ___Yes ___No If yes, give Landlord and address _____

63. Do you own an automobile? ___Yes ___No If yes, complete the description below listing all vehicles.

64. Have you ever had an account placed in the hands of a collection agency? ___Yes ___No If yes, explain _____

65. Have you or your wife/husband ever had your pay attached? ___Yes ___No If yes, explain _____

