



# PERSONAL HISTORY QUESTIONNAIRE (PHQ) COVER SHEET AND INSTRUCTIONS

**ACADEMY TELEPHONE NUMBER:** (540) 853-2649  
**ACADEMY FAX:** (540) 853-1114

**Staff:** Lieutenant, Academy Director  
 Sergeant, Assistant Academy Director  
 Background Investigator: 540-853-5441  
 Background Investigator: 540-853-5438  
 Range Master: 540-853-2649  
 Recruiter: 540-853-2649  
 Wellness Coordinator: 540-853-6406  
 Training & Recruiting Coordinator: 540-853-5476

**Instructions for Filling Out the Application: PLEASE READ THIS INFORMATION CAREFULLY**

- It is imperative that you have your **application filled out NEATLY, COMPLETELY & PROPERLY.**
- Please make sure there are no time periods which are undocumented.
- **DO NOT** sign the “Authorization for Release of Information” until you are in the presence of a Notary Public.
- **DO NOT** put any military service in the employment section. Your military or reserve service goes in the military section only.
- P.H.Q. is **due back within TWO weeks** of the Human Resources testing date.
- Use all ELEVEN reference spots, giving the full address and email address for each reference.
- You must provide all your Former and Present Employer information including full address, phone number, time you worked at that employer, reason for leaving, etc.
- In any section of the P.H.Q., if you need more space, type the information on another sheet of paper (using the same format as in the P.H.Q.) and attach it to the back of the P.H.Q. application.
- Failure to fill out the P.H.Q. properly and/or failure to turn in the proper documents will delay the employment process.

**PLEASE FURNISH COPIES (WE WILL NOT ACCEPT ORIGINAL DOCUMENTS) OF THE FOLLOWING DOCUMENTS WITH YOUR P.H.Q. OR AS SOON AS POSSIBLE AFTER TURNING IN YOUR P.H.Q.:**

- |          |   |  |
|----------|---|--|
| 3 COPIES | BIRTH CERTIFICATE   | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| 3 COPIES | SOCIAL SECURITY CARD  | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| 3 COPIES | DRIVERS PERMIT  | <i>(USE FULL SIZE SHEET OF PAPER FOR EACH)</i> |
| 1 COPY   | MILITARY DD-214   | <i>(IF APPLICABLE)</i>                         |
| 1 COPY   | MARRIAGE LICENSE  | <i>(IF APPLICABLE)</i>                         |
| 1 COPY   | DIVORCE DECREE  | <i>(IF APPLICABLE)</i>                         |
| 1 COPY   | HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE                                     |  |
| 1 COPY   | COLLEGE DIPLOMA   | <i>(IF APPLICABLE)</i>                         |
| 1 COPY   | OFFICIAL TRANSCRIPTS FROM EACH SCHOOL YOU ATTENDED<br>(HIGH SCHOOL & COLLEGE) |  |

**CALL THE HIGH SCHOOL AND ALL COLLEGES YOU ATTENDED AND HAVE YOUR TRANSCRIPTS MAILED**

**TO: Roanoke Police Academy  
Attn: Background Investigator  
5401 – B Barns Ave NW  
Roanoke, VA 24019**

\*Hand carried transcripts WILL NOT be accepted unless they are sealed from the school with the school seal.

\*Order your transcripts A.S.A.P. because this process can take 2 - 4 weeks.

**PHYSICAL AGILITY TEST**

\*If you successfully pass the written test, the physical agility test will be administered immediately afterwards.

\*Please be sure to bring comfortable, athletic attire to complete the physical agility test.

**PHYSICAL AGILITY TEST INCLUDES:**

Shuttle Run (Time Limit of 24.4 Seconds)

Obstacle Course (Time Limit of 1 Minute & 30 Seconds)

\*For details of the physical agility test please see: police packet attachment.

## AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

<b>Applicant's name:</b>			
<b>Address:</b>			
	City	State	Zip Code
<b>Date of Birth:</b>		<b>Social Security Number:</b>	

TO WHOM IT MAY CONCERN: I am an applicant for the position of Police Officer with the Roanoke 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 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 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 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 Police 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 City Police 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 Police 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 \_\_\_\_\_, 20\_\_\_\_

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 acknowledged his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL HISTORY QUESTIONNAIRE  
ROANOKE POLICE DEPARTMENT**

DATE: \_\_\_\_\_

Position Applied for: **POLICE OFFICER**

**Instructions: This record will be used as a basis for a detailed investigation of your background. Please answer all questions in your own handwriting or print using pen and ink. Identify any additional statements by question number. If a question is not applicable write N/A.**

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 Year

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 of court \_\_\_\_\_ City of \_\_\_\_\_  
State of \_\_\_\_\_ Where divorce was obtained.

23. If widowed - What was the cause of wife or husband's death? \_\_\_\_\_

\_\_\_\_\_

24. Do you have children?  Yes  No  
 If yes, list full name 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, sisters, 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 the 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

28. Do you have any computer skills? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

---

29. Please list the names of all *school-related* clubs, organizations, sports, or extracurricular activities which you have participated or been a member. Indicate any leadership roles, if any.

Name of Organization	Membership From	Membership To	Leadership Role

30. List any languages other than English which you can understand or speak: \_\_\_\_\_

---

**MILITARY STATUS**

N/A

If you have not served in the military, move to question #40.

***(Do Not List Military Service in the Employment Section of this Application.)***

31.

Branch of Service	Military Service Number	Highest Rank Held

32.

Dates Entered Duty	Date Released from Duty

33. What type of discharge did you receive? \_\_\_\_\_

34. 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

36. Did you have any arrest and conviction under the Uniform Code of Military Justice (UCMJ)? If so, when and for what offense? \_\_\_\_\_

\_\_\_\_\_

37. Did you receive any disciplinary actions under UCMJ? If so, when and for what offense? \_\_\_\_\_

\_\_\_\_\_

38. Were you ever court-martialed while in the military service? \_\_\_\_ Yes \_\_\_\_ No

If yes, state reason: \_\_\_\_\_

39. What is your reserve obligation? \_\_\_\_\_

40. Selective service status: Give city and state where you registered for the draft.

\_\_\_\_\_  
City State Zip Code

**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. What is your wife or husband's salary and for whom do they work? Include address of the employer:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name & Number City State Zip Code

44. Do you own or are you buying your home? \_\_\_\_ Yes \_\_\_\_ No If yes, give the following information:

Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Unpaid Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

45. Do you own any other real estate?  Yes  No If yes, give the following information:

Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Unpaid Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

46. 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: \_\_\_\_\_

Street Name & Number City State Zip Code

Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Amount of Monthly Payment: \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Financed by: \_\_\_\_\_

Address: \_\_\_\_\_

Street Name & Number City State Zip Code

47. Do you own a trailer (camping or house)?  Yes  No

Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Amount of Monthly Payment: \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

Financed by: \_\_\_\_\_

Address: \_\_\_\_\_

Street Name & Number City State Zip Code

48. Do you have a checking account?  Yes  No How many: \_\_\_\_\_

List name of bank(s), if yes.

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

49. How long have you had a checking account? \_\_\_\_\_

50. Do you have a savings account?  Yes  No How many: \_\_\_\_\_

List name of bank(s), if yes.

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

51. Do you own securities or stocks?  Yes  No Check appropriate range.

Under \$500  \$5,000 to \$10,000

\$500 to \$1,000  Over \$10,000

\$1,000 to \$5,000  Contributions to Mutual Funds



52. Do you own bonds? \_\_\_\_ Yes \_\_\_\_ No If yes, give amounts below:

\_\_\_\_\_

53. Do you rent? \_\_\_\_ Yes \_\_\_\_ No If yes, give monthly payments: \_\_\_\_\_

54. Monthly Utilities – list cost of each.

A. Telephone \_\_\_\_\_ B. Water \_\_\_\_\_ C. Lights \_\_\_\_\_ D. Heat \_\_\_\_\_

55. List below all firms which you have or have had charge accounts:

Firm Name	Type of Business	City and State	Balance Amount	Account Open	Account Closed

56. List the name of the insurance company that you have a Homeowner’s policy with:

\_\_\_\_\_

57. Do you have life insurance on your life? \_\_\_\_ Yes \_\_\_\_ No

If so, give name of company, address and amount of coverage: \_\_\_\_\_

\_\_\_\_\_

58. Have you ever had an account placed in the hands of a collection agency? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

59. Have you or your wife/husband ever had your pay attached? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

60. Have you or your wife/husband ever been sued for any reason? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

61. Have you or your wife/husband ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

62. Have you or your wife/husband ever been under the wage earners plan?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

63. Have you or your wife/husband ever been a part in a civil action?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**ARREST RECORD**

64. 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

65. Aside from information on Item 65, 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

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

---

---

67. Has your spouse been arrested or fingerprinted?  Yes  No If yes, explain:

---

---

68. 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 \$50?  Yes  No

If yes, explain in detail and disposition of case: \_\_\_\_\_

---

---

69. Can you operate an automobile?  Yes  No Number of years driving experience \_\_\_\_\_

70. 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: \_\_\_\_\_

71. Do you have in your possession an operator's or chauffeur's license from another state?  Yes  No

If yes, complete item below:

License Number \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

72. Has your operator's/chauffeur's license or your 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: \_\_\_\_\_

---

---

---

---

## EMPLOYMENT RECORD

73. 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) \_\_\_\_\_

## PERSONAL HISTORY INFORMATION

74. Have you ever possessed or used any amount of the following illegal drugs? \_\_\_\_ Yes \_\_\_\_ No  
 \_\_\_\_ Marijuana \_\_\_\_ LSD \_\_\_\_ Cocaine \_\_\_\_ Crack Cocaine \_\_\_\_ Speed/Crank \_\_\_\_ Ecstasy  
 \_\_\_\_ Mushrooms \_\_\_\_ Peyote \_\_\_\_ PCP \_\_\_\_ Steroids \_\_\_\_ Heroin \_\_\_\_ Other: \_\_\_\_\_
75. If yes, when was the last time? \_\_\_\_\_ How many times? \_\_\_\_\_
76. Have you ever sold any amount of illegal drugs? \_\_\_\_\_ What and when? \_\_\_\_\_
- 
77. Do you presently use any form of illegal drugs? \_\_\_\_ Yes \_\_\_\_ No
78. Do you drink alcoholic beverages? \_\_\_\_ Yes \_\_\_\_ No
79. Have you ever driven after consuming alcohol, using illicit drugs or taking a prescription medication not prescribed to you? \_\_\_\_ Yes \_\_\_\_ No
80. If yes, when was the last time? \_\_\_\_\_ How many times? \_\_\_\_\_
81. List all former addresses and dates that you resided at each former address.

From	To	Complete Street Address, City, State, Zip Code

82. List (5) neighbor's 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 #82 & #83.)**

Name	Complete Street Address, City, State, Zip Code	Phone Number + Area Code Email Address

83. List below (6) six persons other than relatives or past employment supervisors who know you well enough to give information as to your character and reputation.

Name	Complete Street Address, City, State, Zip Code	Phone Number + Area Code Email Address

84. If not listed in the above references, do you know any law enforcement officers? Who and what department? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

85. Do you have any relative who is employed by the City of Roanoke? \_\_\_\_ Yes \_\_\_\_ No

86. Have you ever made application for employment to any other law enforcement agency?  Yes  No

If yes, explain and give details below:

Agency / City & State	Date	Disposition
Agency: City / State:		
Agency: City / State:		
Agency: City / State:		
Agency: City / State:		
Agency: City / State:		

87. If you have applied at another police agency, is the application still pending?  Yes  No

88. Have you ever been fired or discharged from any job you have held?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

89. Do you know of anything that would disqualify you for appointment as a POLICE OFFICER or would prevent you from fully discharging the duties of such a position?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

90. If married, does your spouse approve of you selecting a career as a POLICE OFFICER? Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**CERTIFICATE**

I hereby certify that all statements made in this application and any attachments are true and complete as far as I can determine. I understand that any misstatement of materials facts may subject me to disqualification or dismissal.

In addition, I authorize all employers and other listed parties in this application to provide information relative to my employment as requested by the City of Roanoke, Virginia, releasing all parties concerned from damages or liability.

**Dated:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

Revised: 5/15/2020