

PERSONAL HISTORY STATEMENT

MANASSAS CITY POLICE DEPARTMENT

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INFORMATION COLLECTED IN THIS BOOKLET WILL BE USED FOR INVESTIGATION PURPOSES ONLY. THE MANASSAS CITY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER, AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RELIGION, RACE, MARITAL STATUS, ETC.
ALL INFORMATION COLLECTED IS CONFIDENTIAL.

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Chief of Police

Lieutenant John P. Bisek
Director - Recruitment
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APPLICANT NAME:

PERSONAL HISTORY STATEMENT

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**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

INSTRUCTIONS TO THE APPLICANT

This form must be PRINTED IN 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 the personal interview, the form will be returned to you and the interview will be postponed until the application is in compliance with the instructions provided herein.

The information you provide in your 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 to receive consideration for appointment;
- (2) All statements are subject to verification;
- (3) Deliberate inaccuracies or incomplete statements may bar or remove you from employment;
- (4) All time periods in your background must be accounted for.

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 job. 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 questions, continuation sheets are provided in the Remarks Section (Part XIV) at the end of this form. Be sure to identify each entry on the continuation sheet(s) with the appropriate section and question number.

The Manassas City Police Department conducts background investigations on all potential employees, inquiring into their suitability for employment. The information requested in this form is needed in order to conduct these investigations. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by this department. We may not be able to offer employment if you do not answer these questions.

We must have your Social Security Number (SSN) to keep records straight because other people may have the same name and birthdate. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. The Manassas City Police Department may also use your SSN to make requests for information about you from employers, schools, banks, law enforcement agencies, credit agencies, and others who know you, but only where that is allowed by law. The information we collect by using your SSN will be used for employment purposes and also for studies and statistics that will not identify you.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or other unlawful purposes.

**MANASSAS CITY POLICE DEPARTMENT
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PART I – PAPERS – DOCUMENTS THAT ARE REQUIRED

SUBMIT COPIES OF ALL APPLICABLE DOCUMENTS WITH THE COMPLETED PERSONAL HISTORY STATEMENT

- (1) BIRTH CERTIFICATE
- (2) HIGH SCHOOL DIPLOMA OR GED (GED'S MUST BE ACCOMPANIED BY THE TEST SCORES)
- (3) DD-214(S) FOR EACH PERIOD OF MILITARY SERVICE
- (4) NATURALIZATION CERTIFICATE (THIS FORM CANNOT BE REPRODUCED.) INFORMATION FROM IT WILL BE TAKEN BY THE INTERVIEWER.
- (5) COURT ORDERS (as appropriate) SUCH AS:
 - (a) DIVORCE(S)
 - (b) LEGAL SEPARATION(S) (c) NAME CHANGE(S)
 - (d) ADOPTION(S)
 - (e) BANKRUPTCY(IES)
- (6) ALL OTHER LEGAL DOCUMENTS WHICH PERTAIN TO YOUR PRESENT AND / OR PREVIOUS MARRIAGE(S) (SUCH AS MARRIAGE LICENSES, ETC)

****ORIGINAL DOCUMENTS MAY NOT BE RETURNED****

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PART II – PERSONAL DATA

1. YOUR NAME:

Last *First* *Middle*

2. ALIASES, MAIDEN NAMES AND NICKNAMES (SPECIFY WHICH):

3. DATE OF BIRTH:

4. PLACE OF BIRTH:

City *County* *State or Foreign Country*

5. HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:

SCARS, TATTOOS OR IDENTIFYING MARKS OR FEATURES:

6. SOCIAL SECURITY NUMBER: - -

(See information on page 1 regarding disclosure of an SSN under applicable law.)

7. RESIDENCE STATUS : U.S. CITIZEN: BY BIRTH BY NATURALIZATION

*If a naturalized citizen complete
7a and 7b.*

7a. DATE, PLACE, AND COURT:

Certificate No.: Petition No.:

7b. DERIVED – PARENT(S)’ CERT. NO(S). SPECIFY WHICH OR BOTH:

ALIEN Alien Registration No.

7c. NATIVE COUNTRY:

Date, Place and Port Of Entry Into U.S.:

Sponsor:

8. PRESENT ADDRESS:

Street
City *State* *Zip*

9. LEGAL RESIDENCE

Street
City *State* *Zip*

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PART II – PERSONAL DATA

10. CONTACT PHONE NUMBERS - (INCLUDE AREA CODE AND BEST HOURS FOR CONTACT)

Home: - - Hours: A.M. to: P.M.
 Work: - - ext: Hours: A.M. to: P.M.
 Cell: - - Hours: A.M. to: P.M.

11. E-MAIL CONTACT INFO:
(List e-mail info only if this is a viable method of contact.)

12. CURRENT MARITAL STATUS:
 Married Single Divorced Widowed Separated

13. FULL NAME OF SPOUSE/DOMESTIC PARTNER:

Last First Middle

DATE OF BIRTH OF SPOUSE/DOMESTIC PARTNER:

SOCIAL SECURITY NUMBER OF SPOUSE/DOMESTIC PARTNER: - -

14. HAVE YOU EVER BEEN WIDOWED SEPARATED DIVORCED?

15. MARRIAGE DATA (INCLUDE PRESENT AND ALL FORMER MARRIAGES)

Date(s) of Marriages(s)	Location Of Marriage (City And State)
A. to	City State
B. to	City State
C. to	City State

16. SPOUSE/DOMESTIC PARTNER’S EMPLOYMENT:

COMPANY NAME:
 ADDRESS:

Street

City State Zip

17. CONTACT PHONE NUMBERS - (INCLUDE AREA CODE AND BEST HOURS FOR CONTACT)

Home: - - Hours: A.M. to: P.M.
 Work: - - ext: Hours: A.M. to: P.M.
 Cell: - - Hours: A.M. to: P.M.

18. IF CURRENTLY LEGALLY SEPARATED, please provide the following information:

DATE OF PRESENT LEGAL SEPARATION:

If applicable, date finalization of divorce is expected:

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PART II – PERSONAL DATA

19. IF PREVIOUSLY OR CURRENTLY DIVORCED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF FINAL DIVORCE DECREE:
(If additional space is needed, enter remarks here.)

20. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSE(S)?
YES NO

21. LIST BELOW THE NAME(S) OF EACH OF YOUR CHILDREN, THE NAME AND ADDRESS OF EACH CHILD'S OTHER PARENT, THE NAME AND ADDRESS OF EACH CHILD'S GUARDIAN (IF OTHER THAN A PARENT), AND EACH CHILD'S DATE AND PLACE OF BIRTH, AND CURRENT RESIDENCE, IF ADDITIONAL SPACE IS NEEDED, GO TO PART XIV.

Name of Child	Date of Birth	Place of Birth	Current Residence of Child
A.			
B.			
C.			
D.			
E.			

22. NAME AND ADDRESS OF OTHER PARENT OR GUARDIAN OF EACH CHILD LISTED ABOVE.

Name of Child	Parent or Guardian's Info			Parent	Guardian
A.	<i>Name</i>				
	<i>Street</i>				
	<i>City</i>	<i>State</i>	<i>Zip</i>	-	
Name of Child	Parent or Guardian's Info			Parent	Guardian
B.	<i>Name</i>				
	<i>Street</i>				
	<i>City</i>	<i>State</i>	<i>Zip</i>	-	
Name of Child	Parent or Guardian's Info			Parent	Guardian
C.	<i>Name</i>				
	<i>Street</i>				
	<i>City</i>	<i>State</i>	<i>Zip</i>	-	

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PART II – PERSONAL DATA

Name of Child	Parent or Guardian's Info		
	<i>Parent</i>	<i>Guardian</i>	
D.	<i>Name</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -
Name of Child	Parent or Guardian's Info		
	<i>Parent</i>	<i>Guardian</i>	
E.	<i>Name</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -

23. DO YOU HAVE ANY DEPENDENTS OTHER THAN THOSE LISTED ABOVE? YES NO IF YES, LIST THE FC

Name of Child	Address		
A.	<i>Name</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -
B.	<i>Relationship</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -
C.	<i>Relationship</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -

24. IF ANY OF THE CHILDREN LISTED IN QUESTION #21 ARE NOT SUPPORTED BY YOU, LIST THE FOLLOWING INFORMATION:

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR SUPPORT

Name of Dependent	Address		
A.	<i>Name of Responsible Person</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -
B.	<i>Name of Responsible Person</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -

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PART II – PERSONAL DATA

C.	<i>Name of Responsible Person</i>		
	<i>Street</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i> -

25. ARE YOU RECEIVING AND / OR RESPONSIBLE FOR PAYING ANY COURT ORDERED CHILD SUPPORT? YES NO If Yes, Answer The Following:

To Whom Paid Or From Whom Received	Amount Paid		Frequency Paid Or Received
	<i>Paid</i>	<i>Received</i>	
	<i>Paid</i>	<i>Received</i>	
	<i>Paid</i>	<i>Received</i>	

26. HAVE YOU EVER BEEN INVOLVED AS A COMPLAINANT OR DEFENDANT IN A PATERNITY PROCEEDING? Yes No
If Yes, Enter Full Details.

27. PARENTS – APPLICANTS MUST PROVIDE ALL INFORMATION REQUESTED BELOW CONCERNING THEIR MOTHER AND FATHER. IF YOUR PARENTS ARE DECEASED, THE INFORMATION REQUESTED IN SECTIONS A, D, E, AND F, MUST STILL BE PROVIDED.

A. NAME OF **FATHER**:

Last *First* *Middle*

B. FATHER’S ADDRESS:

Street

City *State* *Zip* -

C. HOME TELEPHONE NUMBER: - - D. PLACE OF BIRTH – CITY AND STATE:

City *State*

E. DATE OF BIRTH:

F. IF DECEASED, LIST DATE OF DEATH:

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PART III – MILITARY DATA

29. BRANCH OF SERVICE PRIMARY
LAST ORGANIZATION, IF KNOWN M.O.S. / A.F.S.C.

DATES OF ACTIVE DUTY ENTERED ON: RELEASED ON:

CHECK ONE: Officer Enlisted
Service Number During This Period:

RESERVE SERVICE If None, Check: None

BRANCH OF RESERVE SERVICE:

Date membership Began: Ended:

CHECK ONE: Officer Enlisted
Service Number During This Period:
Date Membership Began: Ended:

NATIONAL GUARD MEMBERSHIP

If None, Check: None
Check Branch | Army | Air | State
Date Membership Began: Ended:

CHECK ONE: Officer Enlisted
Service Number During This Period:
Date Membership Began: Ended:

LIST YOUR ORGANIZATION AND ADDRESS:

Name of Organization	Address		
A.	Street		
	City	State	Zip -

30. TYPE OF DISCHARGE (I.E., CHARACTER OF SERVICE):

31. RANK AT DISCHARGE (FOLLOWING MOST RECENT PERIOD OF MILITARY SERVICE):

32. HIGHEST PAID ATTAINED:

33. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY?

Yes No

If no, explain here:

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PART III – MILITARY DATA

34. HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES WHICH WAS OTHER THAN HONORABLE? Yes No

IF YOU ANSWERED “YES” TO QUESTION NO. 33, WHAT TYPE OF DISCHARGE DID YOU RECEIVE?

Explain the circumstances here:

35. WERE YOU EVER SUBJECTED TO ANY DISCIPLINARY ACTIONS (JUDICIAL OR NON-JUDICIAL) WHILE IN THE ARMED FORCES? Yes No

Explain the circumstances here:

36. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART? Yes No

Explain the circumstances here:

37. IF YOU STILL HAVE A NATIONAL GUARD OR A RESERVE OBLIGATION, DESIGNATE THE TYPE OF SERVICE OBLIGATION YOU CURRENTLY HAVE AND LIST THE DATE SUCH OBLIGATION IS SCHEDULED TO TERMINATE.

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PART IV – SELECTIVE SERVICE**

38. PRESENT SELECTIVE SERVICE CLASSIFICATION

39. DATE OF CLASSIFICATION

40. LIST YOUR SELECTIVE SERVICE NUMBER

41. LOCAL BOARD NUMBER

42. ADDRESS OF LOCAL BOARD

Street

City

State

Zip

43. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES?

Yes

no

If yes, explain the basis of your denial.

44. LIST ANY OTHER SELECTIVE CLASSIFICATION YOU HAVE HAD.

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PART V – FINANCIAL DATA**

45. DO YOU PRESENTLY HOLD ACTIVE OR SILENT CONTROLLING INTEREST IN ANY COMPANY?
Yes No

If yes, explain your interest.

46. DO YOU NOW HAVE (OR HAVE YOU EVER HAD) ANY WAGE GARNISHMENTS ON YOUR SALARY?
Yes No

If yes, explain here.

DO YOU NOW HAVE (OR HAVE YOU EVER HAD) ANY WAGE ASSIGNMENTS ON YOUR SALARY?
Yes No

If yes, explain here.

47. HAVE YOU EVEN BEEN FOUND DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?

Include only those situations where your delinquency was discovered and brought to your attention before you actually made payment.

Yes No
If yes, explain here.

48. HAVE YOU EVER HAD A COURT ORDERED FINANCIAL JUDGEMENT AGAINST YOU?
Yes No

If yes, explain here.

49. DO YOU PRESENTLY HAVE A FINANCIAL JUDGEMENT PENDING IN COURT?
Yes No

IF YES, EXPLAIN HERE.

50. HAVE YOU EVER HAD ANY REAL OR PERSONAL PROPERTY REPOSSESSED?
Yes No

If yes, explain here.

51. HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY OR UTILIZED A WAGE EARNERS / PLAN?
Yes No

If yes, explain here.

51. WHAT IS YOUR MONTHLY INCOME?

52. SPOUSE'S MONTHLY INCOME?

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PART V – FINANCIAL DATA

53. DO YOU OR YOUR SPOUSE HAVE ANY OTHER SOURCE(S) OF INCOME?

Yes No

If yes, list the source(s) of such income and the monthly amount(s). Convert to monthly amounts any income received on other than a monthly basis.

	Source of Income	Monthly Income
Self Spouse		\$
Self Spouse		\$
Self Spouse		\$
Self Spouse		\$

54. CURRENT ASSETS

List below all pertinent information concerning your present assets

Type Of Asset	Total Amount
SAVINGS ACCOUNT	\$
CHECKING ACCOUNT	\$
REAL ESTATE OWNED	\$
STOCKS AND BONDS	\$
LIFE INSURANCE (CASH VALUE OF WHOLE LIFE POLICY)	\$
AUTOS CASH VALUE	\$
OTHER ASSETS	\$
	\$
TOTAL ASSETS	\$

55. CURRENT LIABILITIES

List below all pertinent information concerning your current liabilities

(accounts (i.e. mortgage loans, personal loans, credit cards, auto loans, etc.)

Creditor's Name	Account Number	Creditor's Address
A.		
B.		
C.		
D.		
E.		
F.		

Date Account Opened	Original Amount	Present Balance	Monthly Payment	Purpose
A.	\$	\$	\$	
B.	\$	\$	\$	
C.	\$	\$	\$	
D.	\$	\$	\$	
E.	\$	\$	\$	
F.	\$	\$	\$	
<i>OTHER OBLIGATIONS:</i>		\$	\$	
		\$	\$	
TOTAL LIABILITIES	\$	\$	\$	

56. HOW DO YOU RATE YOUR PRESENT FINANCIAL STATUS?

Excellent Good Fair Poor Other (Explain below) Enter remarks here:

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PART VI - REFERENCES

57. GIVE THE DATA REQUESTED BELOW ON THREE (3) REFERENCES, NOT RELATED BY BLOOD OR MARRIAGE, NOT FORMER EMPLOYERS AND NOT MENTIONED ELSEWHERE IN THIS FORM, WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, WHO 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.

Mr. Mrs. Ms. Name:

Last *First* *Middle*

Address:

Street

City

State

Zip

Occupation:

Place of Employment:

Address of Employment:

Street

City

State

Zip

Home: - -

Hours:

A.M. to:

P.M. Work: - -

ext:

Hours: A

Cell: - -

Hours:

A.M. to:

P.M.

Mr. Mrs. Ms. Name:

Last *First* *Middle*

Address:

Street

City

State

Zip

Occupation:

Place of Employment:

Address of Employment:

Street

City

State

Zip

Home: - -

Hours:

A.M. to:

P.M.

Work: - -

ext:

Hours:

A.M. to:

P.M. Cell: - -

Hours: A

**MANASSAS CITY POLICE DEPARTMENT
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PART VI - REFERENCES

Mr. Mrs. Ms. Name:

<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:		

Street

<i>City</i>	<i>State</i>	<i>Zip</i>
		-

Occupation:

Place of Employment:

Address of Employment:

Street

<i>City</i>	<i>State</i>	<i>Zip</i>
		-

Home:	Hours:	A.M. to: P.M.
- -		

Work:	Hours:	A.M. to: P.M.
- - ext:		

Cell:	Hours:	A.M. to: P.M.
- -		

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART VII - ASSOCIATES / FRIENDS

58. GIVE THE DATA REQUESTED BELOW ON THREE (3) PERSONS WITH WHOM YOU HAVE ASSOCIATED (I.E., PERSONS WHOM YOU HAVE SEEN FREQUENTLY DURING THE PAST THREE (3) YEARS. EXCLUDE RELATIVES, FORMER EMPLOYERS AND PERSONS MENTIONED ELSEWHERE IN THIS FORM.

Mr. Mrs. Ms. Name:

Last *First* *Middle*
Address:

Street

City *State* *Zip*
Occupation:
Place of Employment:
Address of Employment:

Street

City *State* *Zip*
Home: - - Hours: A.M. to: P.M. Work: - - ext: Hours: A
Cell: - - Hours: A.M. to: P.M.

Mr. Mrs. Ms. Name:

Last *First* *Middle*
Address:

Street

City *State* *Zip*
Occupation:
Place of Employment:
Address of Employment:

Street

City *State* *Zip*
Home: - - Hours: A.M. to: P.M.
Work: - - ext: Hours: A.M. to: P.M.
Cell: - - Hours: A.M. to: P.M.

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PART VII - ASSOCIATES / FRIENDS

Mr. Mrs. Ms. Name:

Last *First* *Middle*
Address:

Street
City *State* *Zip*

Occupation:
Place of Employment:
Address of Employment:

Street
City *State* *Zip*

Home: - - Hours: A.M. to: P.M.
Work: - - ext: Hours: A.M. to: P.M.
Cell: - - Hours: A.M. to: P.M.

**MANASSAS CITY POLICE DEPARTMENT
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PART VIII - RESIDENCE DATA**

59. PROVIDE INFORMATION REQUESTED BELOW ON ALL YOUR RESIDENCES DURING THE LAST TEN (1) YEARS, BEGINNING WITH YOUR PRESENT RESIDENCE. GIVE ALSO, IN EACH CASE, THE NAME AND PRESENT CORRECT STREET ADDRESS OF ONE NEIGHBOR, (NO 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.

A. START WITH YOUR PRESENT RESIDENCE FROM: TO:

Street

City

State

Zip

NEIGHBOR'S NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms. Name:

Last

First

Middle

Address:

Street

City

State

Zip

Home: - -

Cell: - -

REALTY COMPANY OR PROPERTY OWNER NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms.

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Home: - -

Cell: - -

FOR PRESENT RESIDENCE ONLY:

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)

MANASSAS CITY POLICE DEPARTMENT
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PART VIII - RESIDENCE DATA

B. NEXT, LIST YOUR RESIDENCE PRIOR TO THE ONE ABOVE AND SO ON.

From: To: Location Of Residence

Street

City State Zip

NEIGHBOR'S NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms. Name:

Last First Middle

Address:

Street

City State Zip

Home: - - Cell: - -

REALTY COMPANY OR PROPERTY OWNER NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms.
Name:

Last First Middle

Address:

Street

City State Zip

Home: - - Cell: - -

C. NEXT, LIST YOUR RESIDENCE PRIOR TO THE ONE ABOVE.

From: To: Location of Residence

Street

City State Zip

NEIGHBOR'S NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms. Name:

Last First Middle

Address:

Street

City State Zip

Home: - - Cell: - -

MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT
PART VIII - RESIDENCE DATA

REALTY COMPANY OR PROPERTY OWNER NAME AND ADDRESS (CURRENT)

Mr. Mrs. Ms.
Name:

Last *First* *Middle*
Address:

Street

City *State* *Zip*
Home: - - Cell: - -

**MANASSAS CITY POLICE DEPARTMENT
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PART IX - EDUCATION

60. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9TH) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS, AND, IF RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, MILITARY SCHOOLS. (AS FAR AS POSSIBLE)

A. Name of School: B. Address of School

Street

City *State*

C. Dates Attended:
From: to

D. *Zip*
Highest Grade Completed
Did You Graduate? Yes No

A. Name of School: B. Address of School

Street

City *State*

C. Dates Attended:
From: to

D. *Zip*
Highest Grade Completed
Did You Graduate? Yes No

A. Name of School: B. Address of School

Street

City *State*

C. Dates Attended:
From: to

D. *Zip*
Highest Grade Completed
Did You Graduate? Yes No

A. Name of School: B. Address of School

Street

City *State*

C. Dates Attended:
From: to

D. *Zip*
Highest Grade Completed
Did You Graduate? Yes No

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART IX - EDUCATION

61. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA?
Yes No
62. DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT) TEST?
Yes No, I have not taken the test
63. DID YOU OBTAIN YOUR G.E.D. CERTIFICATE FROM THE ARMED FORCES?
Yes No or N/A
64. IF YOU HAVE A G.E.D. CERTIFICATE, HAS IT BEEN PRESENTED TO A BOARD OF EDUCATION?
Yes No or N/A
65. IF YOU ANSWERED "YES" TO QUESTION NO. 68, DID THAT BOARD PRESENT YOU WITH A HIGH SCHOOL DIPLOMA? Yes No N/A

If you have taken a G.E.D, but you have answered "No" to questions No. 68 and 69, explain:

Name of Board of Education:

Board's Complete Mailing Address:

Street

City

State

Zip

Date Diploma Issued:

66. IF YOU HAVE ATTENDED COLLEGE, LIST YOUR AREA(S) OF CONCENTRATION:
67. WHAT, IF ANY, DEGREES HAVE BEEN CONFERRED UPON YOU, BEYOND THE HIGH SCHOOL LEVEL?
68. IF YOU ATTENDED COLLEGE, BUT DID NOT GRADUATE, PLEASE PROVIDE A BRIEF EXPLANATION. ALSO, GIVE THE NUMBER OF SEMESTER (OR QUARTER) HOURS SATISFACTORILY COMPLETED.
69. HAVE YOU EVER BEEN DISMISSED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASON?
Yes No If Yes, give full details below:

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART X - EMPLOYMENT DATA

70. LIST BELOW, YOUR COMPLETE WORK HISTORY, STARTING WITH YOUR PRESENT POSITION. BE SURE TO LIST ALL PERIODS OF ACTIVE MILITARY DUTY (INCLUDING ACTIVE DUTY FOR TRAINING FOR MORE THAN FIFTEEN DAYS) AND ALL PERIODS OF UNEMPLOYMENT (IDENTIFYING IT AS SUCH). ALSO INCLUDE ALL PART-TIME, TEMPORARY, AND / OR VOLUNTARY EMPLOYMENT AND IDENTIFY IT AS SUCH.

A. START WITH PRESENT EMPLOYMENT DATES OF EMPLOYMENT: FROM: TO: Name of Employer:
 U.S. or D.C. Gov't Agency: Yes No Work Telephone: - - Ext:
 Hours: A.M. To: P.M.

Address of Employer:

Street

City

State

Zip

Select One: Full Time Part Time Temporary
 Voluntary Intermittent Unemployed

Name of Supervisor:

Title of Supervisor:

Supervisor's Telephone Number: - - Ext:

Your Salary: \$ Your Title / Position:

Describe your duties (briefly) and reason(s) for leaving:

Would any problem result if your present Employer was contacted during the course of the background investigation ?
 Yes No

When may we contact?

B. DATES OF EMPLOYMENT: FROM: TO: Name of Employer:
 U.S. or D.C. Gov't Agency: Yes No Work Telephone: - - Ext:
 Hours: A.M. To: P.M.

Address of Employer:

Street

City

State

Zip

Select One: | Full Time | Part Time Temporary
 Voluntary Intermittent Unemployed

Name of Supervisor:

Title of Supervisor:

Supervisor's Telephone Number: - - Ext:

Your Salary: \$ Your Title / Position:

Describe your duties (briefly) and reason(s) for leaving:

Would any problem result if your present Employer was contacted during the course of the background investigation ?
 Yes No

When may we contact?

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART X - EMPLOYMENT DATA

C. DATES OF EMPLOYMENT: FROM: TO: Name of Employer:
U.S. or D.C. Gov't Agency: Yes No Work Telephone: - - Ext:
Hours: A.M. To: P.M.

Address of Employer:

Street

City *State* *Zip*
Select One: | Full Time | | Part Time | | Temporary
Voluntary Intermittent Unemployed

Name of Supervisor:
Title of Supervisor:
Supervisor's Telephone Number: - - Ext:
Your Salary: \$ Your Title / Position:
Describe your duties (briefly) and reason(s) for leaving:

Would any problem result if your present Employer was contacted during the course of the background investigation ?
Yes No

When may we contact?

D. DATES OF EMPLOYMENT: FROM: TO: Name of Employer:
U.S. or D.C. Gov't Agency: Yes No Work Telephone: - - Ext:
Hours: A.M. To: P.M.

Address of Employer:

Street

City *State* *Zip*
Select One: Full Time Part Time Temporary
Voluntary Intermittent Unemployed

Name of Supervisor:
Title of Supervisor:
Supervisor's Telephone Number: - - Ext:
Your Salary: \$ Your Title / Position:
Describe your duties (briefly) and reason(s) for leaving:

Would any problem result if your present Employer was contacted during the course of the background investigation ?
Yes No

When may we contact?

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART X - EMPLOYMENT DATA

E. DATES OF EMPLOYMENT: FROM: TO: Name of Employer:
U.S. or D.C. Gov't Agency: Yes No Work Telephone: - - Ext:
Hours: A.M. To: P.M.

Address of Employer:

Street

City

State

Zip

Select One: Full Time Part Time Temporary
Voluntary Intermittent Unemployed

Name of Supervisor:

Title of Supervisor:

Supervisor's Telephone Number: - - Ext:

Your Salary: \$ Your Title / Position:

Describe your duties (briefly) and reason(s) for leaving:

Would any problem result if your present Employer was contacted during the course of the background investigation ?

Yes No

When may we contact?

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART XI - DRIVING RECORD

79. 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 City / State	Police Agency	Final Disposition

80. 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 NOW BE EXPIRED OR HAVE BEEN REPLACED BUT ANOTHER ISSUING AGENCY OR STATE).

Issuing Date	License Number	Expiration Date	Type of License

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

A. DENIED OR REFUSED?	YES	NO
B. SUSPENDED?	YES	NO
C. REVOKED?	YES	NO
D. SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION?	YES	NO

If you answered "yes" to any of the above, explain in detail below:

82. ARE YOUR VEHICLE LICENSE PLATES NOW OR HAVE THEY EVER BEEN:

A. DENIED OR REFUSED?	YES	NO
B. SUSPENDED?	YES	NO
C. REVOKED?	YES	NO
D. SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION?	YES	NO

If you answered "yes" to any of the above, explain in detail below:

83. DO YOU CURRENTLY HAVE A VIRGINIA DRIVER'S PERMIT? YES NO

**MANASSAS CITY POLICE DEPARTMENT
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PART XI - DRIVING RECORD**

84. WERE YOU EVER INVOLVED IN AN ACCIDENT? YES NO If
yes, give complete details in item no. 88, below, or in the remarks section (part xiv) for each accident.
Include (as a minimum) date, place, fault, charges, injuries, and name of the police department that made the
report.

85. ENTER THE FOLLOWING INFORMATION CONCERNING ANY MOTOR VEHICLE(S) OWNED OR
OPERATED BY YOU.

VEHICLE NO. 1		VEHICLE NO. 2	
MAKE		MAKE	
MODEL		MODEL	
YEAR		YEAR	
LICENSE PLATE NUMBER		LICENSE PLATE NUMBER	
STATE REGISTERED		STATE REGISTERED	

VEHICLE NO. 1

NAME OF OWNER:

ADDRESS OF OWNER:

Street

City

State

-
Zip

VEHICLE NO. 2

NAME OF OWNER:

ADDRESS OF OWNER:

Street

City

State

-
Zip

86. PLEASE CHECK THE TYPES OF INSURANCE COVERAGE WHICH YOU CAN CARRY ON YOUR
PRIMARY AUTOMOBILE:

Liability Collision Property Damage Medical
Comprehensive (Fire, Theft, Etc)

87. IF THERE IS ANYTHING YOU WISH TO STATE ABOUT YOUR DRIVING RECORD, PLEASE USE
THE SPACE LISTED BELOW:

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART XII - ARREST / CONVICTION DATA

88. HAVE YOU EVER BEEN:

- | | | | |
|----|---|-----|----|
| A. | ARRESTED? | Yes | No |
| B. | CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? | Yes | |
| C. | CONVICTED OF ANY OFFENSE AGAINST THE LAW? | Yes | |
| D. | SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST? | | |
| E. | PLACED ON PROBATION? | Yes | No |
| F. | REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT? | Yes | No |

89. ARE YOU NOW:

- | | | | |
|----|---|-----|----|
| A. | CHARGED WITH ANY OFFENSE BY ANY LAW ENFORCEMENT AUTHORITY? | Yes | No |
| B. | PRESENTLY ON BAIL OR OUT ON PERSONAL RECOGNIZANCE OR OTHER CONDITIONAL RELEASE? | Yes | No |
| C. | ON PROBATION OF ANY TYPE? | Yes | No |

90. ARE YOU NOW OR EVER HAVE BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? Yes No

91. IF YOU ANSWERED "YES" TO ANY PART OF QUESTIONS 89, 90, OR 91, GIVE COMPLETE DETAILS IN THE SECTION BELOW. INCLUDE (AS A MINIMUM):

(1) The date of the offenses, (2) charge(s), (3) city and state, (4) name of law enforcement agency involved, and (5) final disposition.

Date	Violation / Charge	Location City / State	Police Agency	Final Disposition

For additional remarks, explain here:

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART XIII - MISCELLANEOUS

92. DO YOU BELONG TO ANY ORGANIZATION AND / OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY:

- | | | | |
|----|--|-----|----|
| A. | Limit or prohibit your use of weapons or firearms? | Yes | No |
| B. | Restrict or prohibit you from working on particular days or hours? | Yes | No |
| C. | Restrict you from conforming to departmental standards of appearance and / or grooming which may from time to time be set? | Yes | No |

If you answered "yes" to any of the above, explain here:

93. DO YOU NOW OR HAVE YOU IN THE PAST USED, TRIED, OR EXPERIMENTED WITH:

- | | | | |
|----|----------------------------------|-----|----|
| A. | Marijuana (in any of its forms)? | Yes | No |
| B. | Narcotics of any kind? | Yes | No |
| C. | Dangerous drugs of any kind? | Yes | No |

If you answered "yes" to any of the above, explain here:

94. DO YOU NOW TAKE OR HAVE YOU EVER TAKEN ANY MEDICATION OTHER THAN UNDER A DOCTOR'S PRESCRIPTION (WITH THE EXCEPTION OF OVER THE COUNTER DRUGS)?

Yes No

If you answered "yes" to any of the above, explain here:

95. ARE YOU KNOW OR HAVE YOU EVER BEEN A MEMBER OF OR ESPOUSED THE BASIC TENETS AND BELIEFS OF?

- | | | | |
|----|---|-----|----|
| A. | The communist party, U.S.A., or any subdivision of the communist party, U.S.A.? | Yes | No |
| B. | An organization that you your present knowledge seeks the overthrow of the constitutional form of government of the united states by force or violence or other unlawful means? | Yes | No |

If you answered "yes" to any of the above, explain here:

97. HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON ON YOUR PERSON?

Yes No

If yes, give full details below:

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

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART XIII - MISCELLANEOUS

99. A. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE, OR LOCAL LAW ENFORCEMENT AGENCY OR ANY FIRE DEPARTMENT? Yes No
- B. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FEDERAL GOVERNMENT FOR WHICH A BACKGROUND INVESTIGATION WAS INITIATED? Yes No
- C. HAVE YOU EVER BEEN DENIED EMPLOYMENT BY AN ORGANIZATION COVERED IN QUESTIONS "A" OR "B" ABOVE? Yes No
- D. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS ("A" TO "C"), PROVIDE COMPLETE DETAILS IN THE REMARKS SECTION (BELOW) WITH REGARD TO ALL SUCH POSITIONS APPLIED FOR. BE SURE TO INCLUDE THE NAME AND ADDRESS OF EACH ORGANIZATION(S). (INCLUDING A THOROUGH EXPLANATION OF WHY YOU WERE DENIED EMPLOYMENT, IF SUCH WAS THE CASE).

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

PART XIV - REMARKS SECTION / CONTINUATION SHEET

IDENTIFY EACH QUESTION (TO WHICH A RESPONSE IS BEING PROVIDED BELOW) BY THE APPROPRIATE SECTION NUMBER, ITEM NUMBER, AND PAGE NUMBER.

Section # Item # Page # Response

Section # Item # Page #

Response

Section # Item # Page #

Response

Section # Item # Page #

Response

Section # Item # Page # Response

**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

CERTIFICATION

I certify that all the statements made by me in the foregoing personnel history statement are true and complete to the best of my knowledge and belief. I further understand that a false, misleading, or incomplete answer may be grounds for not employing me or for dismissing me after I have been hired as a police officer.

I understand that I must pass a polygraph examination and a physical examination, and that all the information contained in this personal history statement may be subject to verification.

Signature of Applicant

Date



**MANASSAS CITY POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

**CITY OF MANASSAS
VIRGINIA**

POST OFFICE BOX 560 MANASSAS, VA. 22110 (703) 257-8248

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 _____ a duly authorized agent of the City of Manassas, whether the said records are of a public, private or confidential nature.

The intent of its 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 of checking and savings accounts 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, polygraph reports, 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 complaint, arrest, trial and / or convictions for alleged or actual violations of law, including criminal and / or traffic records; 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 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 City of Manassas to consider in determining suitability for employment.

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.

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 City of Manassas. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

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 of Applicant

Date