



# Applicant Personal History Report

**Middleburg Police Department**  
**107 West Federal St. Suite 1A**  
**PO BOX 187**  
**Middleburg, Virginia 20118**  
**(540) 687-6636**

## PERSONAL BACKGROUND HISTORY For Applicant:

NAME:	Last	First	Middle

E-mail Address:	Primary phone number

Police academy attended	Graduate	Date DCJS Certification expires
	Yes No	

# PERSONAL HISTORY

## 1) PERSONAL

NAME:		Last	First	Middle
Other names (including nicknames) you have used or been known by			Social Security Number	
Address at which you can be contacted – DO NOT USE PO BOX				
City		State		Zip Code
Phone Numbers:				
Home:		Work:		Cell #:
Height	Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)
Marital Status – List marriage date if applicable			Place of birth	Date of birth
If divorced or separated, list all previous spouses and dates of separation or divorce				
Current Name		Current Address		Phone Number

## 2) SPOUSE, CHILDREN, AND DEPENDENTS

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name	Address	Age	Relationship

## 3) RESIDENCE

List all addresses you have lived at for the past ten (10) years.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives).

Name	Phone #	Address of Residence	Dates (mm/yy)

**4) REFERENCES AND FAMILY LISTINGS**

Name	Relation	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

***Investigating officer:*** In the spaces below, summarize the reports from each reference. In addition, inquire as to who else may know the applicant and attempt to make contact with said individual. Gather as much information regarding character, dedication, habits, and any other information that may impact the applicant's ability to perform police duties.






Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>	

**Use this space to explain findings.**


**6) MOTOR VEHICLE OPERATION**

Drivers license no.	Name under which license was granted	Exp. Date	State

Please list other states where the applicant has held a driver's license.	Name	Operators License Number	State

Please list all traffic citations and DUI arrests (exclude parking citations)

Nature of Violation	Location ( City/State)	Date	Disposition
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>
			Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Driving School <input type="checkbox"/>

Note any at fault crashes in this section:


Ask the applicant if he/she has ever been charged/ convicted of a DUI related offense?

YES  NO

**Investigator:** Confirm and or refute the listings for this section List your findings below.


## 7) GENERAL INFORMATION

Have you ever used any illegal drugs? (Illegal drugs are defined as any prescription drug not prescribed to you, or any drug whose production or use is prohibited or strictly controlled via prescription.) If “Yes “, explain.

Yes  No


Have you ever been involved in an internship program with a Law Enforcement Agency?

Yes  No

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Details of internship:


## 8) Education

School and address	Dates attended	Major	Diploma/degree attained


**9) EMPLOYMENT**

List all employment beginning with the most current employment and include the reason you left the position. **Investigator:** confirm accuracy and determine the work history to include: work ethic, practices, commendations, complaints, and internal investigations

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.    Yr.                  Mo.    Yr.  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Voluntary	<u>Title or duties</u>	

Your name if different	Salary
	Starting: \$                      Ending:\$

Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM:    Mo.    Yr.                  TO:    Mo.    Yr.
		/                      /

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.    Yr.                  Mo.    Yr.  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Voluntary	<u>Title or duties</u>	

Your name if different	Salary
	Starting: \$                      Ending:\$

Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated





**EMPLOYMENT**

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.      Yr.              Mo.      Yr.  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Voluntary	<u>Title or duties</u>	
Your name if different		<b>Salary</b>
		Starting: \$                      Ending:\$
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.      Yr.              Mo.      Yr.  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  <input type="checkbox"/> Voluntary	<u>Title or duties</u>	
Your name if different		<b>Salary</b>
		Starting: \$                      Ending: \$
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Details:		

**EMPLOYMENT**

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.      Yr.              Mo.      Yr.	<u>Title or duties</u>	

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
<input type="checkbox"/> Voluntary			
Your name if different		Salary	
		Starting:	Ending:
Termination Status			
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired	<input type="checkbox"/> Position Eliminated
Details:			

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> Mo.    Yr. <b>To</b> Mo.    Yr.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<u>Title or duties</u>	
Your name if different		Salary
		Starting:                      Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated
Details:		

**EMPLOYMENT**

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> Mo.    Yr. <b>To</b> Mo.    Yr.		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<u>Title or duties</u>	

<input type="checkbox"/> Voluntary		
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated
Details:		

Dates of Employment	Name and address of employer	Telephone number
<b>From</b> <b>To</b> Mo.    Yr.            Mo.    Yr. ____/____    ____/____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<u>Title or duties</u>	
Your name if different		Salary
		Starting: Ending:
Termination Status		
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Resigned in lieu of being fired	<input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated
Details:		

**Investigator Notes:**

