



Applicant Personal History Report

**Middleburg Police Department
PO BOX 187
Middleburg, Virginia 20118
(540) 687-6636**

PERSONAL BACKGROUND HISTORY

NAME:	Last	First	Middle

E-mail Address:	Primary phone number

Current DCJS Certification:	Academy:	Expires:

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	Date of Separation or Divorce

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.

5) LEGAL

List any warrants or other legal actions or processes you have been served with. Have you ever been charged or convicted of a domestic assault type offense? YES NO give details related to any listings for this section.

Have you ever been involved as a plaintiff or defendant in any civil court action? YES NO

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

Have you ever been charged/ convicted of a DUI related offense?

YES NO

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:

EMPLOYMENT

Dates of Employment			Name and address of employer	Telephone number
From To 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				

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From To Mo. Yr. Mo. Yr.			<u>Title or duties</u>	
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Your name if different		Salary		
		Starting: \$ Ending: \$		
Termination Status				
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Termination Status				
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Investigator Notes:

