

**OFFICE OF THE SHERIFF
ARLINGTON COUNTY, VIRGINIA**

Beth Arthur, Sheriff



**CHARACTER/BACKGROUND
QUESTIONNAIRE**

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

RETURN BY: _____ DATE COMPLETED _____

READ THESE INSTRUCTIONS FIRST!

This form is part of the initial phase of the employment process. **It is imperative that all questions are answered in detail.** All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** responses to any questions will disqualify you from the process.

Questions that require a “yes” or “no” response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 13. Each answer should be numbered to correspond with the appropriate question.

10. List the names, ages and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters.

Additional information on page _____

	Name	Date of Birth	Address	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

11. What is your present marital status? () Single () Married () Separated () Divorced () Widowed

Spouse: (Include maiden name, if applicable)

Name: _____ Date of Birth _____ SSN: ____/____/____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

13. Do you have any children () NO () YES If YES, provide: **Additional information on page** _____

	Name	Date of Birth	Address, if other than yours	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

14. Do you have any other dependents other than those listed above? () NO () YES If YES, provide:

Additional information on page _____

	Name	Date of Birth	Address, if other than yours	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

15. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication?
 NO YES If YES, provide that information: (**Method**=possessed, tried, experimented, sold)

Additional information on page _____

Drug Name	Number of Times	Method	Last Time Used	Drug Name	Number of Times	Method	Last Time Used
1. Marijuana	_____	_____	_____	12. Barbiturates	_____	_____	_____
2. Hash	_____	_____	_____	13. Morphine	_____	_____	_____
3. Cocaine	_____	_____	_____	14. Methamphetamine	_____	_____	_____
4. Crack	_____	_____	_____	15. Mescaline	_____	_____	_____
5. LSD	_____	_____	_____	16. Codeine	_____	_____	_____
6. PCP	_____	_____	_____	17. Ice	_____	_____	_____
7. Acid	_____	_____	_____	18. Designer Drugs	_____	_____	_____
8. Mushrooms	_____	_____	_____	19. Steroids	_____	_____	_____
9. Peyote	_____	_____	_____	20. Inhalants (nitrous oxide, glue, gasoline, etc.)	_____	_____	_____
10. Opium	_____	_____	_____	21. Others, list on page 11	_____	_____	_____
11. Heroin	_____	_____	_____				

16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff?_____ The Arlington County Sheriff's Office requires that all newly hired Deputy Sheriffs and Deputy Sheriff Trainees refrain from tobacco product use. If hired, you will be required to sign an employment contract to that effect. Breach of this contract is grounds for termination.

17. Are you a member, or have you ever been a member, or had any affiliation with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government?
 NO YES If YES, explain:

18. Are you now, or have you ever been a member, or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion, gender, sexual orientation or ethnic origin? NO YES If YES, explain:

19. Have you ever applied for employment with any law enforcement agency? Include Federal, State, Local or any other Public Safety employer. NO YES If YES, list: **Additional information on page** _____

Date	Agency/Investigator	Telephone #	Position	Status
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

20. Have you ever been requested to take a polygraph? NO YES If YES, reason and where administered:

21. Have you ever been denied employment with any law enforcement or public safety agency?
 NO YES If YES, explain:

EDUCATION

22. Name of High School graduated from or last attended: _____
 Address: _____

 Dates Attended: _____
 Year Graduated: _____ If you did not graduate, highest grade **completed**: _____
 If G.E.D., give date and State of issuance: _____

23. Colleges, Universities, other schools attended	Address	Major/Minor	Year and Degree Awarded
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

24. Have you ever attended a police or public safety academy? () NO () YES If YES, provide:

Name of Academy, address	Course of Instruction	Dates Attended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FINANCIAL DATA

25. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
Additions on page _____			

26. Have you ever filed or been adjudicated bankrupt? () NO () YES If YES, give date of discharge in bankruptcy _____ Location _____ Court of Jurisdiction _____
 Amount of indebtedness \$ _____
 Give pertinent details: _____

27. Have you ever been sued? () NO () YES If YES, give details, such as date, place, court, amount of each judgement and final disposition:

28. Do you pay alimony or child support? () NO () YES
 Do you receive alimony or child support payments? () NO () YES
 If YES to either question, list to or from whom: _____
 In the amount of \$ _____ per month, total per year \$ _____
 Details: _____

MILITARY DATA

29. Have you ever been a member of any branch of the Armed Forces? () NO () YES

If YES, give the branch name: _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest Rank _____

Number of Enlistments _____ Primary duties _____

Type of Discharge: () Honorable () General () Dishonorable

30. Are you a member of any military reserve unit or the National Guard? () NO () YES

If YES, give branch name: _____

Service Number: _____ Rank: _____ () Active () Inactive

31. Have you ever been a member of any military service other than the United States? () NO () YES

If YES, what country: _____ Identification Number _____

Length of service _____

32. During your military service as outlined above:

A) Were you ever disciplined, or did you ever receive a summary or deck court martial, Article 15? () NO () YES

B) Did you ever appear before any command personnel for disciplinary reasons? () NO () YES

Additional information on page ____

If YES, give reasons:

Date	Charges	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

C) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? () NO () YES If YES, list:

Date	Location	Allegation(s)/Disposition(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

33. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?

() NO () YES If YES, explain:

Date	Branch	Reason
1. _____	_____	_____
2. _____	_____	_____

EMPLOYMENT HISTORY

34. Start with your current employer and in reverse chronological order, list your **entire** work history. Include any periods of unemployment, military service, internship, volunteer, and part-time work.

Dates of Employment	Full Name, Address, City, State, and ZIP Code of Employer	Position, salary, supervisor & Phone #	Reason for Leaving	Full-Time? Part-Time? Volunteer? Internship?
From:				
Present:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

EMPLOYMENT HISTORY (Continued)

Additional information on page ____

Dates of Employment	Full Name, Address, City State, and ZIP Code of Employer	Position, salary, supervisor & Phone #	Reason for Leaving	Full-Time? Part-Time ? Volunteer? Internship?
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

ARREST RECORD

35. Have you ever been charged, detained or arrested for any criminal offense in your **lifetime**?

() NO () YES If YES, please describe: **Additional information on page** _____

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

MOTOR VEHICLE DRIVING HISTORY

36. In what state are you currently licensed to drive? _____ Permit Number: _____

Expiration Date: _____

Are there any restrictions or special conditions attached with your operator's license? () NO () YES

If YES, explain: _____

List any other state in which you have been licensed to operate a motor vehicle: _____

37. List all tickets, summons, citations that you have received regardless of the disposition. (i.e. found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets). **Additional information on page** _____
Give a chronological listing, starting with the most recent offense and indicate the following:

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

38. Has your privilege to drive ever been suspended or revoked?
() NO () YES

If YES, give date, place and reason:

39. (A) Have you ever been required to attend a driver improvement course? () NO () YES If YES, provide information:

Date	Location	Reason
1. _____	_____	_____
2. _____	_____	_____

(B) Have you ever volunteered to attend a driver improvement course? () NO () YES

Were any points removed from your driving record upon completion of the course? () NO () YES

If YES, how many? _____ Date _____ Jurisdiction _____

40. Has your automobile insurance ever been canceled? () NO () YES

RESIDENTIAL HISTORY

41. List all of your residences. Provide the names, addresses and **phone numbers** of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.
If additional space is required, make a copy of this page before filing out.

Time Frame	Your Complete Address	Name/address/phone of Neighbors/Roommates/Landlord/Realty Company
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

REFERENCES

42. List six (6) persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

1. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____
2. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____
3. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____
4. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____
5. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____
6. Name _____ | Telephone | Home: _____ | Work: _____
Address: _____
Occupation: _____

43. In 100 words or less, state why you would like to be employed by the Arlington County Sheriff's Office. This statement **MUST** be in your own handwriting.

44. How did you find out about this position? Please list the source below and be specific (i.e. name of person who referred you, location where you saw poster, newspaper where you saw ad, location of job fair, web site):

TO: DEPUTY SHERIFF CANDIDATE

AS A CANDIDATE, YOU ARE RESPONSIBLE FOR NOTIFYING THE BACKGROUND INVESTIGATION SECTION IF YOU:

- **Change any of the following:**
 - **Address**
 - **Telephone number**
 - **Employment**
 - **Marital status**
 - **Any other pertinent information**

- **Apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies**

- **Receive any traffic violations, arrests of any nature, have a motor vehicle accident, or any involvement with a law enforcement agency.**

- **Remember that any postponement or rescheduling of required appointments during the application process may jeopardize your ability to successfully gain employment.**

- **If you are appointed to the position of Deputy Sheriff with the County of Arlington, you must fully resign from your present employer – a leave of absence is not acceptable.**

I HAVE READ THE ABOVE STIPULATIONS AND FULLY UNDERSTAND THEM.

CANDIDATE NAME (print)	SIGNATURE	DATE
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WITNESS NAME (print)	SIGNATURE	DATE
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Mail the completed package to:

**Arlington County Sheriff's Office
(Attn: Background Investigators)
1425 N. Courthouse Road, Suite #9100
Arlington, VA 22201**

I understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE** or **INCOMPLETE** answers will disqualify me for employment.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Character/Background Questionnaire is accurate and true to the best of my knowledge.

Date: _____

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires _____

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Character/Background Questionnaire:

1. Birth certificate or other proof of your United States citizenship
2. High school diploma or equivalent certificate
3. Social Security Card
4. Driver's License

If applicable, furnish copies of:

5. Military discharge (DD-214) Member copy 1 and 4
6. Marriage certificate
7. Divorce decree(s) or legal separation papers
8. Certified copies of college or university transcript(s)
9. Child Support Court Agreement