HERNDON POLICE

VOLUNTEER APPLICATION

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INSTRUCTIONS TO THE APPLICANT

ANSWERS ON THIS FORM MUST BE **PRINTED IN BLACK 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 YOUR PERSONAL INTERVIEW, THE FORM WILL BE RETURNED TO YOU AND INSTRUCTIONS PROVIDED AT THAT TIME.

THE INFORMATION YOU PROVIDE IN THIS 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 FOR YOU TO RECEIVE CONSIDERATION FOR APPOINTMENT;
- 2. ALL STATEMENTS ARE SUBJECT TO VERIFICATION:
- 3. DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS MAY BE CAUSE FOR REJECTION; AND

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 QUESTION, CONTINUATION SHEETS ARE PROVIDED IN THE REMARKS SECTION (PART XII) AT THE END OF THE FORM. BE SURE TO IDENTIFY EACH ENTRY ON THE CONTINUATION SHEET(S) WITH THE APPROPRIATE SECTION AND QUESTION NUMBER.

PERSONAL HISTORY STATEMENT PART I PERSONAL DATA

1. YOUR PRINTED NAME <i>(LAST, FIRST, MIDDLE)</i>								2. DATE OF BIR' MONTH	TH DAY	YEAR	
3 ALIASES, MAIDEN NAMES, AND NICKNAMES (SPECIFY WHICH)						PLACE OF B CITY	I TRIE	H COUNTRY	STATE	OR FOREIG	GN COUNTRY
5. HEIGHT	WEIGH	:	HAIR COLOR	EYE COLOR	SC/	ARS, TATTO	OS,	, OR IDENTIFYING	MARKS/I	FEATURES	
6. SOCIAL SEC	URITY N	UMBĿ	A								
				C	ZITIC	ENSHIP					
A. U.S. CITIZE ALIEN	EN			TER N/A IN ITEI TON (COMPLET			C.	. ALIEN ŘEGISTR	ATION NL	JMBER	
D. DATE, PLAC	E, AND C	TRUOC		E. CERTIFI	ICATI	ON NO.	F	PETITION NUMB	JER		
	P WAS DE	ERIVE	D FROM YOUR	NAME OF P	13RA ^c	NT	CI	ERTIFICATION NO		K ONE: THER	FATHER
PARENT'S (S') NATURALIZATION. H. NATIVE COUNTRY J. DATE, PLACE & PORT OF ENTE					Y INT	OUS	J.	SPONSOR			
8. PRESENT AD	DDESS	<u> </u>			Animisians sout	9 LEGAL	QE!	SIDENCE			
O FREGERIAL	JUNLOO.	•			1	3 LLUNE	[] t	SIDENOL.			
HOUSE NUMBE	R AND S	TREE	Г			HOUSE NUMBER AND STREET					
CITY/STATE/ZIP						CITY/STATE/ZIP CODE					
10. HOME TELE	PHONE	NUMBI	ER:			11. WORK TELEPHONE NUMBER:					
NUMBER		···········				NUMBER_					
HOURS DURING	3 WHICH	YOU	CAN BE REACH	łED	,	HOURS DI	URII	NG WHICH YOU C	AN BE RE	EACHED	
				MAI	RITA	L STATUS	5				
CHECK ONE:				Authority of the state of the s		DO YOU H	IAVE	E ANY OBJECTION FORMER SPOUSE		R CONTAC	TING YOUR
MARRIED WIDOWED	SING SEPA	SLE ARATEI	DIVORCE D	Đ	_	YES		NO	- (~ <i>)</i> -		
			MARRIAGE [ATE (LIST PR	ESEN	IT AND ALL	FOF	RMER MARRIAGE	S.)		
DATE OF MARR	RIAGE		LO'	CATION OF MA	ARRIA	GE (CITY A	ND .	STATE)			
											
14. FULL NAME (OF SPUUS	3E (I+ C	CURRENILY MAH	IRIED):	_						
LAST NAME			FIRST NAME		М	IDDLE			MAIDEN		

PERSONAL HISTORY STATEMENT PART II SELECTIVE SERVICE INFORMATION

HAVE YOU EVER APPLIED FOR ANY BRANCH OF THE MILITARY? YES NO	2. WHAT IS THE STATUS OF YOUR APPLICATION?					
3. HAVE YOU EVER BEEN DENIED ENT	ANCE TO ANY OF THE ARMED FORCES?					
YES NO						
4.PRESENT SELECTIVE SERVICE CLASSIFICATION 5. DATE OF CLASSIFICATION 6. SELECTIVE SERVICE NUMBER						
7. LOCAL BOARD NUMBER	ADDRESS OF LOCAL BOARD (STREET NUMBER, CITY, STATE AND ZIP CODE)					
9. LIST ANY OTHER SELECTIVE CLASS	FICATION (S) VOILHAVE HAD					
S. LIOT AINT OTHER SELECTIVE CLASS	TOATION (O) TOO HAVE TIME					

PART III MILITARY SERVICE

		Appendix and advantages as a second real residence as	#=====================================		Action actions and	Anne et de la company de la co			***********	<u> Salariman miran</u>	
1. BRANCH OF SERVIC)E										
		Assertation of the contract of		CHECK	<u>K ON'</u>	E:	DAT	TES OF AC	CTIVE	E DUTY	SERVICE NUMBER
ORGANIZATION	PRIMA	ARY MOS/AFSC	0.5	FICER	T	LISTED	D	ATE		DATE DURING THIS	
			Ur.	FIUEN	LIVE	-101ED	ENT	TERED	REL	EASED	PERIOD
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2. HIGHEST RANK ATT	AINED		3. TYPF	E OF DIS	CHAI	AGE (LE	, CHA	ARACTER	OF S	ERVICE))
		att version of the contract of									
4. RANK AT TIME OF D	VOOLAD(- WEDI	- 701	TOPOOL	ANACNIE	חבח בחם	nc c	TAIL LOTTE AS	ENT AFTER EACH
4. HANK AT TIME OF U	ISUMANU	jt.	ا ا			U RECON F MILITAF			HE-E	:INLIO I IVIE	ENT AFTER EAUT
				YES				LAIN IN PA	лот у	νιν	
6. DID YOU RECEIVE H	TONIORAL	DI E DISCHARC	EFROI					-Ally liv F.	<u> 101 </u>	(IV)	***************************************
YES NO	ONODAL	JEE DIOULIANG	E FROM	// IDE Ai	TIVIEL) FUNUL	, 0 :				
. —											
7. WERE YOU EVER SU	JBJECTE	D TO ANY DISC	JIPLINA	RY ACTI	ONS	(JUDICI	AL OR	NON-JUI	DICIA	L) WHILE	E IN THE ARMED
FORCES?										•	
YES (EXPLAIN IN	PART XI	V) NO								·····	
8. WERE YOU EVER TH								WERE BE	EING	CONDUC	TED BY MILITARY
AUTHORITIES; CON				ONDUCT	ON '	YOUR PA	ART?				
YES (EXPLAIN IN				***************************************		****					
9. RESERVE SERVICES	? _	DATE OF ME	EMBER!	SHIP		~	ECK O				CE NUMBER DURING
YES NO	[BEGAN	EN	NDED	C	OFFICER	·	ENLISTE	D		THIS PERIOD
IF "YES", BRANCH O			<u> </u>				-				
RESERVE SERVICE	·····	CHECK ON	AIF.		<u></u>			CLIEC	14.00		OFFICE AUTHORD
10. NATIONAL GUARD	ļ		NE: AIR	I		EOF		CHEC	KUN	ie:	SERVICE NUMBER
MEMBEHSHIP? YES NO	MEMBERSHIP? ARMY					ERSHIP ENDED	\sim	OFFICER	EN	LISTED	DURING THIS PERIOD
YED NO	<u></u>			BEG	AN	- EINDER		FFICER	□IVI	TIQ I ED	PENIUU
		STATE				ı	***				
SIASAM OM NIATIONIAL C	111000		ALID AF		l				<u></u>		
NAME OF NATIONAL G	UAHD OF	AGANIZATION	AND AD	DHESS							

PERSONAL HISTORY STATEMENT PART IV REFERENCES

GIVE THE DATA REQUESTED BELO)W ON THREE (3) REFER	ENCES WHO:				
A. ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE B. ARE NOT FORMER EMPLOYERS AND NOT MENTIONED ELSEWHERE IN THIS FORM C. ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, AND D. HAVE KNOWN YOU WELL FOR AT LEAST FIVE (5) YEARS						
THESE REFERENCES MAY INCLUD PROPERTY OWNERS, MEMBERS C			HOUSEHO	OLDERS,		
1. CHECK ONE:	NAME (LAST, FIRST, INI	ITIAL)		YEARS KNOWN		
MR. MRS. MS. MISS	Т					
RESIDENCE ADDRESS (STREET, C	ITY, STATE, AND ZIP COE	DE)	HOME T NUMBEI	ELEPHONE R		
OCCUPATION		PLACE OF EMPLOYMENT				
ADDRESS OF EMPLOYMENT (STRE	ET, CITY, STATE AND ZIF	P CODE)	BUSINE	SS PHONE NUMBER		
		·				
2. CHECK ONE:	NAME (LAST, FIRST, INI	ITIAL)		YEARS KNOWN		
MR. MRS. MS. MISS						
RESIDENCE ADDRESS (STREET, C	TY, STATE, AND ZIP COL	DE)	HOME T NUMBER	ELEPHONE R		
OCCUPATION		PLACE OF EMPLOYMENT	AND			
ADDRESS OF EMPLOYMENT (STRE	ET, CITY, STATE AND ZIF	P CODE)	BUSINES	SS PHONE NUMBER		
3. CHECK ONE:	NAME (LAST, FIRST, INI	iTIAL)		YEARS KNOWN		
MR. MRS. MS. MISS						
RESIDENCE ADDRESS (STREET, C	TY, STATE, AND ZIP COD	DE)	HOME T	ELEPHONE R		
OCCUPATION		PLACE OF EMPLOMENT				
ADDRESS OF EMPLOYMENT(STREE	ET, CITY, STATE AND ZIP	BUSINESS PHONE NUMBER				

PERSONAL HISTORY STATEMENT PART V ASSOCIATES/FRIENDS

GIVE THE DATA REQUESTED BELOW ON THREE (3) PERSONS WITH WHOM YOU HAVE ASSOCIATED (I.E., PERSONS WITH WHOM YOU HAVE SEEN FREQUENTLY) DURING THE PAST THREE (3) YEARS. DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR ANY PERSONS MENTIONED ELSEWHERE IN THIS FORM.						
1. CHECK ONE:	NAME (LAST, FIRST, IN	IITIAL)		YEARS KNOWN		
MR. MRS. MS. MISS						
RESIDENCE ADDRESS (STREET, C	ITY, STATE, AND ZIP CO	DE)	HOME NUMBE	TELEPHONE ER		
OCCUPATION		PLACE OF EMPLOYMENT				
ADDRESS OF EMPLOYMENT (STRE	ET, CITY, STATE AND ZI	P CODE)	BUSINE	ESS PHONE NUMBER		
2. CHECK ONE:	NAME (LAST, FIRST, IN	IITIAL)		YEARS KNOWN		
MR. MRS. MS. MISS						
RESIDENCE ADDRESS (STREET, C	TY, STATE, AND ZIP CO	DE)	NUMBE	TELEPHONE R		
OCCUPATION		PLACE OF EMPLOYMENT				
ADDRESS OF EMPLOYMENT (STRE	ET, CITY, STATE AND ZI	P CODE)	BUSINE	SS PHONE NUMBER		
3. CHECK ONE:	NAME (LAST, FIRST, IN	IITIAL)		YEARS KNOWN		
MR. MRS. MS. MISS						
RESIDENCE ADDRESS (STREET, CI	TY, STATE, AND ZIP COI	DE)	HOME T	FELEPHONE R		
OCCUPATION		PLACE OF EMPLOYMENT				
ADDRESS OF EMPLOYMENT (STRE	ET, CITY, STATE AND ZI	P CODE)	BUSINE	SS PHONE NUMBER		

PERSONAL HISTORY STATEMENT PART VI RESIDENCE DATA

1. PROVIDE THE INFORMATION REQUESTED BELOW FOR THE PAST TWO LOCATIONS YOU HAVE LIVED.								
TO VIDE THE INFORMATION REQUESTED BELOW FOR THE FAST TWO LOCATIONS TOO HAVE LIVED.								
			START WITH YOUR P	PRESENT R	ESIDENCE			
				٨.				
		ATES OF RI	ESIDENCE		LOCATION OF RESIDENCE			
······	FROM TO				DDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
MONTH	DAY	YEAR	PRESENT					
		(MR., MRS.,	MS., MISS)	NEIGHBOR'S CURRENT ADDRESS				
	ST, FIRST,			STREET AL	DDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
NEIGHBO	R'S TELEP	HONE NUM	BER	REALTY CO	OMPANY OR PROPERTY OWNER'S NAME			
AREA COL								
		ELEPHONE	NUMBER		OMPANY OR PROPERTY OWNER'S ADDRESS			
AREA COI	PE			SIHEELAL	DRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
·			B	3				
DO YOU:	RENT OF	≀ OWN	THIS PROPERTY?					
DO YOU F	ESIDE WIT		SPOUSE AND CHIL R (IF OTHER, LIST WITH WHO!	,				
			LIST YOUR PREVI	OUS RESID	ENCE.			
2.2 02 02 02 00 00 00 00 00 00			C).				
	***************************************		LOCATION OF	F RESIDENC				
STREET A	DDRESS (A	(PT: NUMBE	ER, CITY, STATE, ZIP CODE)					
FROM MONTH/Y	EAR MOI	TO NTH/YEAR	NEIGHBOR'S NAME	NEIGHBOR'S CURRENT TELEPHONE NUMBE				
			SS (APT. NUMBER, CITY, STATI	E, ZIP CODE)				
REALTY C	OMPANY C	R PROPER	TY OWNER'S NAME		REALTY/OWNER'S TELEPHONE NUMBER			

PERSONAL HISTORY STATEMENT PART VII EDUCATION

I. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL THE SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9 TH) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, OR TRADE SCHOOLS, AND, IF RELEVANT TO THE POSITION YOUR APPLYING, MILITARY SCHOOLS.							
	A.						
1. NAME OF SCHOOL	2. ADDRESS (STREET, CITY, STATE, ZIP)						
3. DATES ATTENDED TO	4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?					
		YES NO					
	B.						
1. NAME OF SCHOOL	2 ADDRESS (STREET, CIT	TY, STATE, ZIP)					
3. DATES ATTENDED TO	4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?					
		YES NO					
	C.						
1. NAME OF SCHOOL	2. ADDRESS (STREET, CIT	Y, STATE, ZIP)					
3. DATES ATTENDED TO	4 HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?					
		YES NO					
	D.						
1. NAME OF SCHOOL	2. ADDRESS (STREET, CITY, STATE, ZIP)						
3. DATES ATTENDED TO	4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?					
		YES NO					
	E.						
1. NAME OF SCHOOL	2. ADDRESS (STREET, CIT	Y, STATE, ZIP)					
3 DATES ATTENDED	4 HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?					
FROM TO		YES NO					
1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? 2. DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT TEST)? YES NO							
3. DID YOU OBTAIN YOU G.E.D. CERTIFICATE FROM THE ARMED FORCES? YES NO							

PERSONAL HISTORY STATEMENT PART VIII EMPLOYMENT DATA

YOUR ANSWERS WILL BE SUBJECT TO VERIFICATION.									
A. CURRENT EMPLOYER									
NAME AND ADDRESS OF EMPLO	I DATE	S EMPLOYED TH/DAY/YEAR)	0	GOVT.	IS THIS A U.S. OR STATE GOVT. AGENCY? YES NO				
•	\$	ANNUAL SALARY	FULL TEMP	CAPPLICABLE BLOCK: TIME PART TIME PORARY VOLUNTARY RMITTENT UNEMPLOYED					
EXACT TITLE OF YOUR JOB	WORK PHONE NUM	BER	NAME OF SUPERVI	SOR S	UPERVISO	OR'S PHONE #			
BRIEFLY DESCRIBE YOUR JOB D	L PUTIES AND RESPONS	SIBILITIES:		L					
					· · · · · · · · · · · · · · · · · · ·	7.*************************************			
YOUR REASON FOR LEAVING									
WOULD ANY PROBLEM RESULT COURSE OF THE BACKGROUND		MPLOYER W YES	AS CONTACTED DUR NO	ING THE	WHEN CONT.	I MAY WE ACT?			
	В. Р	REVIOUS E	MPLOYER						
NAME AND ADDRESS OF EMPLO ORGANIZATION		DATES EMP	ES EMPLOYED (MONTH/DAY/YEAR) M TO		ST/ AG	IS THIS A U.S. OR STATE GOVT. AGENCY? YES NO			
		YOUR ANNU	AL SALARY	CHECK AP FULL TIM TEMPORA INTERMIT	E ARY	BLOCK: PART TIME VOLUNTARY UNEMPLOYED			
EXACT TITLE OF YOUR JOB	WORK PHONE NUMI	BER	NAME OF SUPERVIS	SOR	SUPER	VISOR'S PHONE #			
BRIEFLY DESCRIBE YOUR JOB I	OUTIES AND RESPON	SIBILITIES:							
					······································				
		 							
YOUR REASON FOR LEAVING	?								

PERSONAL HISTORY STATEMENT PART VIII EMPLOYMENT DATA

1.	HAVE YOU:	YES	NO
Α.	EVER BEEN DISCHARGED FROM EMPLOYMENT(FIRED) FOR ANY REASON?		
B.	EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED ON DISCHARGING (FIRING) YOU FOR ANY REASON?		
C.	EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED ON TAKING ANY FORM OF DISCIPLINARY ACTION AGAINST YOU?		
	OU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS, GIVE FULL DETAILS IN THE CLUDE THE NAME AND ADDRESS OF THE EMPLOYER, APPROXIMATE DATE(S), AND THE CIRCLES.		
_			

PERSONAL HISTORY STATEMENT PART IX DRIVING RECORDS

1. DO YOU CURRENTLY HAVE A VALID DRIVER'S PERMIT? YES NO										
2. 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:										
	VIOLATION/		POLICY		FINAL			POINTS		
DATE	CHARGE	LOCATION	AGENCY		POSITION	AMOUNTO	AMOUNT OF FINE			
		ļ .								
				<u> </u>						
							<u></u>			
3. PROVI	DE THE INFORMA	ATION REQUE	STED BELOW (L DN ALL	DRIVER'S L	ICENSES WHI	CH ARE	NOW OR		
HAVE	BEEN ISSUED TO VE BEEN REPLAC	YOU FROM A	NY STATE (EVE	EN THO	DUGH THESE	ELICENSES M				
	ING STATE	<u> </u>	ISE NUMBER			ION DATE	TYPE	OF LICENSE		
						,				
	***************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			*			
4. IS YOU	JR DRIVER'S LICE	NSE NOW OR	HAS IT EVER E	BEEN:			1			
, 55	ייבר את חבריותר				YES	i P	4 0			
	NIED OR REFUSE SPENDED	.D								
	VOKED									
	BJECT TO ANY O	THER SIMILAR	PENALTY OR	ACTIO	N					
IF YOU	ANSWERED "YE	'S" TO ANY OF	THE ABOVE E	YPI AII	NIN DETAIL I	RFI ()\W·				
11 100	MYOYVEILED :-	0 10/1110.	1116 ftov v Ly	/\{ Le \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A 11.4 Fa Fa 1.4 1.2 1.2 1.2			***************************************		
		And the second s	The state of the s		<u></u>					

PERSONAL HISTORY STATEMENT PART IX DRIVING RECORDS

5. WERE	YOU EVER I	NVOLVED IN AN A	ACCIDENT?		YES	NO)		
IF YES, GIVE COMPLETE DETAILS IN ITEM NO. 5, 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.									
	6. ENTER THE FOLLOWING INFORMATION CONCERNING ANY MOTOR VEHICLE(S) OWNED OR OPERATED BY								
	VEHICLE NO. 1 VEHICLE NO. 2								
MAKE				MAKE					
MODEL				MODEL					
YEAR				YEAR					
LICENSE	PLATE NO.			LICENSE	PLATE NO.				
STATE RE	GISTERED			STATE R	EGISTERED				
NAME AN	D ADDRESS	OF OWNER(S)		NAME AN	D ADDRESS	OF OWNE	R(S)		
:									
7 DIEAC	F CUECK TU	E TYPES OF INSU	IDANCE COVE			DV ON VO			
AUTOMO		E ITES OF INSC	DHANGE GOVER	NAGE WITH	OF FOU CAN	NT ON TO	UN FINIVIAI	זר	
LIAE	BILITY	COLLISION	PROPE	RTY DAMA	GE I	MEDICAL			
COI	MPREHENSIV	/E (FIRE, THEFT,	ETC.)						
		HING YOU WISH	TO STATE ABOU	UT YOUR D	RIVING REC	ORD, PLEA	ASE USE T	HE SPACE	
PROV	IDED BELOW	! *				······			
				***************************************				<u> </u>	
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PERSONAL HISTORY STATEMENT PART X ARREST/CONVICTION DATA

1.	HAVE YOU EVER BEEN:	YES	NO		
	A. ARRESTED?		***************************************		
	B. CHARGED BY ANY LAW ENFORCEMENT AUTHORITY?				
	C. CONVICTED OF ANY OFFENSE AGAINST THE LAW?				
	D. SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST?				
	E. PLACED ON PROBATION?				
	F. REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT?				
	G. FINGERPRINTED FOR ANY REASON?				
	H. INVESTIGATED OR QUESTIONED FOR ANY REASON BY ANY LAW ENFORCEMENT AUTHORITY?				
2.	ARE YOU NOW:	YES	NO		
	A. CHARGED WITH AN OFFENSE BY ANY LAW ENFORCEMENT AUTHORITY?				
	B. PRESENTLY ON BAIL OR OUT ON PERSONAL RECOGNIZANCE OR OTHER CONDITIONAL RELEASE?				
	C. ON PROBATION OF ANY TYPE?				
3.	ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDENT ACTION?	IN ANY CIV	IL COURT		
4.	IF YOU ANSWERED "YES" TO ANY PART OF QUESTIONS 1, 2, OR 3 GIVE COMPLETE DEBELOW.	TAILS IN T	HE SPACE		
	AT THE MINIMUM, INCLUDE: 1) THE DATE OF THE OFFENSE, 2) CHARGE(S), 3) CITY AND STATE, 4) NAME OF LAW ENFORCEMENT AGENCY INVOLVED, AND 5) FINAL DISPOSITION. IF ADDITIONAL SPACE IS NEEDED, USE THE REMARKS SECTION IN PART XIV.				

		***************************************	- <u> </u>		

PERSONAL HISTORY STATEMENT PART XI MISCELLANEOUS

1.	DO YOU NOW, OR HAVE YOU IN THE PAST, USED, TRIED, OR EXPERIMENTED WITH:	
	A. MARIJUANA (IN ANY OF ITS FORMS)?	
	B. NARCOTICS OF ANY KIND?	
	C. DANGEROUS DRUGS OF ANY KIND?	
	D. ANY OTHER ILLEGAL DRUGS?	
IF \	YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART)	KIV).
2.	HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON?	
	IF "YES", GIVE FULL DETAILS BELOW.	
4.	IF YOU HAVE EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN, HAVE YOU EVER DISCHARGED YOUR WEAPON (OTHER THAN AT AN APPROVED RANGE), OR BEEN THE SUBJECT OF AN INVESTIGATION REGARDING THE DISCHARGE OF YOUR WEAPON? IF YES, GIVE FULL DETAILS BELOW.	

PERSONNEL HISTORY STATEMENT PART XI MISCELLANEOUS

5.	PC	LIST ANY SPECIAL SKILLS THAT YOU POSSESS THAT YOU BELIEVE MAY BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING (SKILLS WITH MACHINES; PUBLIC SPEAKING EXPERIENCE MEMBERSHIP IN A PROFESSIONAL, SCIENTIFIC, COMMUNITY, OR OTHER SUCH ORGANIZATION'S, ETC.)				
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				-		
6.	Α.	IS THIS THE FIRST TIME THAT YOU HAVE APPLIED FOR A POSITION WITH THE HERNDON POLICE DEPARTMENT?	YES	NO		
	В.	HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE, LOCAL LAW ENFORCEMENT AGENCY OR ANY FIRE DEPARTMENT?				
	C.	HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FEDERAL, STATE, OR LOCAL GOVERNMENT FOR WHICH A BACKGROUND INVESTIGATION WAS INITIATED?				
	D.	HAVE YOU EVER BEEN DENIED EMPLOYMENT BY AN ORGANIZATION COVERED IN QUESTIONS "A" OR "B" (ABOVE)?				
		HAVE YOU HAD ANY PRIOR LAW ENFORCEMENT TRAINING OR EXPERIENCE?				
CO TO TH YO	MP IN(E D U V	J ANSWERED "YES" TO ANY OF THE ABOVE FIVE QUESTIONS (A THROUGH E), PLEAD LETE DETAILS IN THE SPACE BELOW WITH REGARD TO ALL SUCH POSITIONS APPLICATION END ADDRESS OF EACH ORGANIZATION APPLIED TO, THE POSITIVATE(S) OF YOUR APPLICATION(S), AND THE REASON(S) YOU WERE DENIED EMPLOWERE DENIED TO MEDICAL REASONS (IF SUCH WAS THE CASE). IF ADDITIONAL ART XIII.	LIED FOR. E TION(S) APP DYMENT, EX	BE SURE PLIED FOR, (CEPT IF		

PERSONAL HISTORY STATEMENT PART XII REMARKS SECTION – CONTINUATION SHEETS

IDENTIFY EACH QUESTION TO WHICH A RESPONSE IS BEING PROVIDED				
PART NO.	PAGE NO.	QUESTION NO.		
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PERSONAL HISTORY STATEMENT PART XII REMARKS SECTION – CONTINUATION SHEETS

	IDENTIFY EACH QUESTION TO WHICH A RESPONSE IS BEING PROVIDED			
PART NO.	PAGE NO.	QUESTION NO.		
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TARRY POWER LAND				

SIGNATURE PAGE

IF ANY INFORMATION SHOULD SURFACE DURING THE STAGES OF THIS INVESTIGATION, WHICH WOULD DISQUALIFY YOU FROM FURTHER CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED IMMEDIATELY AND YOU WILL BE NOTIFIED ACCORDINGLY.

YOU ARE ADVISED THAT EACH STATEMENT GIVEN ON THIS APPLICATION WILL BE INVESTIGATED AND ANY INACCURATE OR UNTRUTHFUL OR MISLEADING ANSWER WILL BE CAUSE FOR REJECTION.

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MY COMMISSION EXPIRES		

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HERNDON POLICE DEPARTMENT P.O. BOX 427 397 HERNDON PARKWAY HERNDON, VA 20170 (703) 435-6872

AUTHORIZATION TO RELEASE INFORMATION

THIS IS TO CERTIFY THAT I, APPLICANT FOR THE POSITION OF	· · · · · · · · · · · · · · · · · · ·	, AM AN WITH THE	
HERNDON POLICE DEPARTMENT AND THAT	I DO HERI	EBY AUTHORIZE THE RELEASE OF	
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AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

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THIS IS TO CERTIFY THAT I,APPLICANT FOR THE POSITION OF	WITH THE
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MAY REQUEST, FROM WHOMEVER THEY MAY DE	EM IT NECESSARY TO MAKE SUCH
A REQUEST, FROM ANY OF MY RECORDS OR FILE	S. SUCH INFORMATION WILL
INCLUDE, BUT WILL NOT BE LIMITED TO CREDIT	RECORDS AND FINANCIAL
RECORDS. I ALSO RELEASE ALL PERSONS FROM A	ANY LIABILITY WHICH COULD
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