

READ THESE INSTRUCTIONS FIRST!

NORTHWESTERN REGIONAL ADULT DETENTION CENTER PERSONAL HISTORY STATEMENT

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

For questions that require a “YES” or “NO” response, place a check 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, continue the answer on page 14. Number each answer to correspond with the appropriate question. **Review the entire packet prior to completing it.** If you need more space when completing the residential history or employment history sections, **make additional copies of the pages prior to completing them.**

All enclosed documents to include the Personal History Statement must be **TYPED or PRINTED IN BLACK INK**, completed by the applicant, and each question answered accurately. Please sign below and read page 15 carefully prior to signing that page. Send the documents to:

County of Frederick
Department of Human Resources
107 North Kent Street, Second Floor
Winchester, VA 22601

Northwestern Regional Adult Detention Center requires all applicants to submit their resumes through the Frederick County Human Resources Department. Please direct any questions about this process to Frederick County Human Resources at (540) 665-5668.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND WHAT IS EXPECTED OF ME.

Did you **SUBMIT** your resume? Yes No

Date resume submitted:

Applicant's Signature _____ *Date* _____

- Correctional Position
- Case Manager/Programs Position
- Food Service Position

**NORTHWESTERN REGIONAL
ADULT DETENTION CENTER**
Personal History Statement

- Office or Records Position
- Health Services Position
- Other _____

Personal Data

If at any time any of the information provided on this Personal History Statement changes, you must make your background investigator aware of it (i.e. phone numbers, address, marital status, traffic violations).

1. Name (First, Middle, Last): Maiden Name

2. Have you ever legally changed your name? Yes No If YES, list your full former name(s).
List any other name(s) you have used if different from above: (Include all nicknames)

Other Names:

Court/Jurisdiction of Name Change: Date of Change

3. Present Home Address & P.O. Box *if applicable*: (Residence Number, Street, Apt Number, City, State, and Zip code): Telephone number (check most preferred method of contact): (Type numbers w/out dashes)

Street Address: Home

City: State: Zip Code: Work

Mailing Address (PO Box) City,State,Zip Extension

E-mail: Cell

4. SSN Date of Birth (mm/dd/yyyy) Height Weight Hair Color Eye Color

All Sworn Correctional Officer applicants are required to be United States citizens.

Place of Birth (City,State) Where did you grow up (City,State):

5. Place of Naturalization (If applicable)

City and State

Date of Naturalization Naturalization Certificate Number

6. Father's Name 7. Mother's Name

Address Address

City State Zip City State Zip

Home Phone Work Phone Home Phone Work Phone

Father's Occupation Mother's Occupation

8. If you were raised by someone other than your natural parents, provide the following information:

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	Home Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>	Work Phone	<input type="text"/>

9. If either parent is remarried, list the name and address of stepparents

A.

B.

10. List the names, dates of birth, and addresses of your brothers, half-brothers, step-brothers, sisters, half-sisters, step-sisters:

Use Page 14 for additional information

	<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Spouse Information:

Name	<input type="text"/>	Maiden Name (if applicable)	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Marriage	<input type="text"/>
Address & Telephone (if different)	<input type="text"/>		
Employer	<input type="text"/>	Occupation	<input type="text"/>
Employment Address & Telephone	<input type="text"/>		
Provide an appropriate time of day to contact your spouse	<input type="text"/>		

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

	<u>Name of ex-spouse</u>	<u>Address</u>	<u>Date of Divorce</u>	<u>Jurisdiction</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Do you have any children and/or dependents? Yes No If YES, provide: **Use Page 14 for additional information**

	<u>Name</u>	<u>Date of Birth</u>	<u>Address (if other than yours)</u>	<u>Relationship</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Have you ever in your life possessed, tried, used, experimented with, or sold any illegal drug or illegally used prescription medication?

Yes No If YES, provide that information: (**Method** = possessed, tried, experimented, used, sold)

Drug Name	Number of Times	Method	Last Time	Drug Name	Number of Times	Method	Last Time
1. Marijuana	<input type="text"/>	<input type="text"/>	<input type="text"/>	14. Ecstasy	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Hash	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Oxycontin	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>	16. Methamphetamine	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Crack	<input type="text"/>	<input type="text"/>	<input type="text"/>	17. Mescaline	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. LSD	<input type="text"/>	<input type="text"/>	<input type="text"/>	18. Codeine	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. PCP	<input type="text"/>	<input type="text"/>	<input type="text"/>	19. Ice	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Acid	<input type="text"/>	<input type="text"/>	<input type="text"/>	20. Designer Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Mushrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	21. Steroids	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Peyote	<input type="text"/>	<input type="text"/>	<input type="text"/>	22. Inhalants (Nitrous oxide, glue, gasoline, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Opium	<input type="text"/>	<input type="text"/>	<input type="text"/>	23. Other - List on page 14. Include all those drugs or substances not listed on this page.			
11. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>				
12. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>				
13. Morphine	<input type="text"/>	<input type="text"/>	<input type="text"/>				

15. Have you been in the presence of or used any illegal drugs or substances in the past twelve months? Yes No

If YES, when and under what circumstances?
(See page 14 for additional space)

16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? Yes No

If YES, please list:

17. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? Yes No

If YES, explain:

18. Are you currently, or have you ever been, a member of 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, or ethnic origin? Yes No

If YES, explain:

19. Have you ever applied for employment with our agency or any other law enforcement agency?
 (Include Federal, State, Local or any other Public Safety Employer) Yes No

If YES, list below. **(Note that if you are currently in another agency's process, you are required to provide periodic updates to your applicant investigator.)**

Date	Agency	Position	Status
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use Page 14 for additional information

20. If denied by any of the agencies listed above, please explain why in the additional space provided on page 14.

21. Have you ever taken a polygraph examination? Yes No

If YES, provide reason and where administered:

Use Page 14 for additional information

Education

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

Address (Include City and State)

Year
Graduated:

If you did not graduate, highest grade **completed**:

If G.E.D., provide date and state of issuance:

23. Colleges, Universities, Other Schools Attended	Address	Date(s) Attended	Year & Degree Awarded
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. Have you ever been suspended, dismissed, or expelled from any school? Yes No

If YES, where and why

25. Have you ever attended a police or public safety academy? Yes No If YES, provide:

26. Name of Academy and Address	List of Certifications Received	Dates Attended
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Data

Include all financial data for yourself (and your spouse, *if applicable*) for questions #27 to #36.

27. What is your current gross monthly salary?

If applicable, what is your spouse's current gross monthly salary?

28. List all debt, including rent, home mortgages, all open credit card accounts, loans (i.e. car, personal, student) etc:

For Example:

<u>Type of Account</u>	<u>Monthly Payment</u>	<u>Present Balance</u>
Car/Toyota	\$300	\$25,000
Credit/Chase	\$110	\$1,000

	<u>Type of Account</u>	<u>Monthly Payment</u>	<u>Present Balance</u>		<u>Type of Account</u>	<u>Monthly Payment</u>	<u>Present Balance</u>
1.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	11.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
2.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	12.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
3.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	13.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
4.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	14.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
5.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	15.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
6.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	16.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
7.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	17.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
8.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	18.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
9.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	19.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
10.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	20.	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>

Use Page 14 for additional information

29. Are you currently delinquent on any account or have accounts in collections? Yes No

If YES, please list account(s) and time of delinquency.

30. Have your wages ever been garnished? Yes No If YES, why?

31. Have your tax returns ever been withheld? Yes No If YES, why?

32. Have you ever filed for bankruptcy or been adjudicated bankrupt? Yes No

If YES, give a date of discharge in bankruptcy Location
 Court and Jurisdiction Amount of indebtedness

Explain the circumstances of bankruptcy

33. Have you had or do you have any pending judgements in court, repossessions or foreclosures, etc? Yes No

If YES, where and how much?

34. Have you ever been a plaintiff or defendant in a civil action? Yes No

If YES, give details such as date, place, jurisdiction, amount of each judgement, and final disposition.

35. Do you pay alimony or child support? Yes No Monthly Amount Total per Year:

If YES, list to whom those payments are made and why? Details

Military Data

36. Have you ever been a member of any branch of the Armed Forces? Yes No

If YES, which branch If "Other", Explain

Date entered Date discharged or pending discharge Highest rank obtained

Rank when discharged Number of enlistments Primary duties

Type of Discharge Honorable General Dishonorable Uncharacterized

37. Are you a member of any military reserve unit or National Guard? Yes No

If YES, which branch

Serial Number Rank Active Inactive

38. Have you ever been a member of any military service other than the United States? Yes No

If YES, what country Identification Number

Length of service Type of discharge

39. Please list your duty stations in chronological order starting with boot camp until the end of your military service with dates.

Duty Station

Dates

Use Page 14 for additional information

40. During your military service as outlined above:

A) Were you ever disciplined, or did you ever receive an Article 15, or court martial? Yes No

B) Did you ever appear before any command personnel for discipline reasons? Yes No

If YES, provide:

	Date	Charges	Disposition
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use Page 14 for additional information

C) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct?

Yes No If YES, list:

	<u>Date</u>	<u>Location</u>	<u>Allegation(s)/Disposition(s)</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Yes No If YES, explain:

	<u>Date</u>	<u>Branch</u>	<u>Reason</u>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have been part of the United States military, you must supply both sections of your DD-214 Member 1 and Member 4.

Employment History

42. Start with your current employer and, in reverse chronological order, list your entire work history. Include any periods of unemployment, employment from unclaimed income, volunteer work, military service, and part-time work. Make sure to complete this in its entirety. **If you need more space when completing the employment history section, make additional copies of that section as needed and attach the completed information to the end of this document.**

Start with your Present Employment

Date of Employment To Present

<u>Supervisor's Information</u>	<u>Name of Business, Address, and Phone</u>	<u>Position</u>
Name <input type="text"/>	<input type="text"/>	Title <input type="text"/>
Title <input type="text"/>	<input type="text"/>	Annual Salary <input type="text"/>
Phone <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Best Time to Contact <input type="text"/>	<input type="text"/>	

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly)

AND your reasons for leaving

Is this employer still in business? Yes No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Employment History (continued)

Date of Employment To

<u>Supervisor's Information</u>	<u>Name of Business, Address, and Phone</u>	<u>Position</u>
Name <input type="text"/>	<input type="text"/>	Title <input type="text"/>
Title <input type="text"/>	<input type="text"/>	Annual Salary <input type="text"/>
Phone <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Best Time to Contact <input type="text"/>	<input type="text"/>	

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly) **AND your reasons for leaving**

Is this employer still in business? Yes No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Date of Employment To

<u>Supervisor's Information</u>	<u>Name of Business, Address, and Phone</u>	<u>Position</u>
Name <input type="text"/>	<input type="text"/>	Title <input type="text"/>
Title <input type="text"/>	<input type="text"/>	Annual Salary <input type="text"/>
Phone <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Best Time to Contact <input type="text"/>	<input type="text"/>	

Additional contacts for reference (i.e. co-workers, supervisors) with telephone #

Describe your duties (briefly) **AND your reasons for leaving**

Is this employer still in business? Yes No

If NO, provide a phone number and address of anyone you remain in contact with from this employment.

Have you ever been fired or terminated for any reason from any employer? Yes No

If YES, give date of each discharge, the place of employment, and an explanation in detail on page 14.

Have you ever left employment without giving notice? Yes No

If YES, give end date, the place of employment, and an explanation in detail on page 14.

Have you ever quit a job after being notified that you would be fired? Yes No

If YES, give date of forced resignation, the place of employment, and an explanation in detail on page 14.

Arrest Record

43. In your life, have you **ever** been investigated, detained, charged, or arrested for any criminal offense as a Juvenile or Adult?

Include records that have been expunged or dismissed.

Use Page 14 for additional information

Yes No If YES, please describe

	Date	Jurisdiction	Charge(s)	Disposition**
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

** Disposition - i.e. Found Guilty, Dismissed, Nolle Prosequi, No Contest Plea, etc.

44. Have you ever been convicted of a felony? Yes No

If YES, give details in space provided on Page 14

Motor Vehicle Driving History

45. In what state are you currently licensed to drive? Permit Number

Expiration date

Is your address current on your operator's license? Yes No

Are there any restrictions or special conditions attached with your operator's license? Yes No

If YES, explain:

List any other state(s) in which you have been licensed to operate a motor vehicle and include the permit number(s).

46. List all tickets, summonses, citations that you have received regardless of the disposition to include outstanding parking tickets. Give a chronological listing, starting with the most recent offense and indicate the following

	Date	Jurisdiction	Charge(s)	Disposition**
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

47. Has your privilege to drive ever been denied, refused, suspended or revoked? Yes No

If YES, give date(s), place(s) and reason(s)

48. Have you ever attended a driver improvement course? Yes No If YES, provide information

Date

Location

Reason

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

49. Has your automobile insurance ever been canceled? Yes No

If YES, give details

Residential History

50. You must list all of your residences, beginning with your current address and list in reverse chronological order where you have lived, ending with your residence at age 18. Provide addresses of at least four surrounding neighbors on your street, even if not acquainted with them. **Even if you don't know your neighbors' names, you must provide the addresses.** List any roommates and landlord/rental companies in the space provided. **If you need more space when completing the residential history section, make additional copies of that section as needed and attach the completed information to the end of this document.**

Dates	Complete Address	Full Address of Nearest Neighbors (Including Zip Code) <i>If possible, include Full Names and Telephone Numbers.</i>
From <input type="text"/> To Present	Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Phone Number <input type="text"/>
Nearest Intersection <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	If Applicable Landlord/Realty Company <input type="text"/> Phone <input type="text"/>	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Phone Number <input type="text"/>
	If Applicable Roommate <input type="text"/> Phone <input type="text"/>	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Phone Number <input type="text"/>
	Roommate <input type="text"/> Phone <input type="text"/>	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Phone Number <input type="text"/>
	Roommate <input type="text"/> Phone <input type="text"/>	Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Phone Number <input type="text"/>

Dates		Complete Address	Full Address of Nearest Neighbors (Including Zip Code) <i>If possible, include Full Names and Telephone Numbers.</i>		
From	<input type="text"/>	Address <input type="text"/>	Name	<input type="text"/>	
To	<input type="text"/>	City <input type="text"/>	Address	<input type="text"/>	
		State <input type="text"/> Zip Code <input type="text"/>	City	State <input type="text"/>	Zip Code <input type="text"/>
			Phone Number	<input type="text"/>	

Nearest Intersection

If Applicable

Landlord/Realty Company

Phone

If Applicable

Roommate

Phone

Roommate

Phone

Roommate

Phone

Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

Dates		Complete Address	Full Address of Nearest Neighbors (Including Zip Code) <i>If possible, include Full Names and Telephone Numbers.</i>		
From	<input type="text"/>	Address <input type="text"/>	Name	<input type="text"/>	
To	<input type="text"/>	City <input type="text"/>	Address	<input type="text"/>	
		State <input type="text"/> Zip Code <input type="text"/>	City	State <input type="text"/>	Zip Code <input type="text"/>
			Phone Number	<input type="text"/>	

Nearest Intersection

If Applicable

Landlord/Realty Company

Phone

If Applicable

Roommate

Phone

Roommate

Phone

Roommate

Phone

Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

References

51. List **five** 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	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

2. Name	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

3. Name	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

4. Name	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

5. Name	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Work Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 15%;" type="text"/> State <input style="width: 5%;" type="text"/>	Occupation	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

52. Where did you hear about us? (Check a box below)

Employee, name:
 NRADC Internet site
 Family Member

Internet, which site:

Frederick Co. Web site
 Other:

53. In approximately 100 words, state why you would like to be employed by the Northwestern Regional Adult Detention Center.

This statement MUST be in your own handwriting.

Additional Information

List corresponding number of question:

I, _____ understand that all of the information contained herein will only be used to verify my personal background and suitability for employment. Any **FALSE, MISLEADING, INACCURATE, or INCOMPLETE** responses to any questions will disqualify me from the application process.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement 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 Personal History Statement:

- 1. Birth certificate or other proof of United States citizenship
- 2. High school diploma or equivalent certificate, **plus certified** high school transcripts
- 3. Social Security card
- 4. Driver's license and driver transcripts if out-of-state

If applicable, furnish copies of:

- 5. Military discharge (DD214) Member 1 and 4 forms
- 6. Name change documentation from court
- 7. Marriage certificate
- 8. Divorce decree(s) or legal separation papers
- 9. College diplomas, plus certified copies of college or university transcript(s)

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

- 1. Signed Informed Consent Form
- 2. Signed Notification and Authorization for Employment Credit Report Form
- 3. Signed & Notarized Authorization of Release of Information Form
- 4. Signed Change of Information Form



Commonwealth of Virginia

**NORTHWESTERN REGIONAL
ADULT DETENTION CENTER**

County of Frederick

Department of Human Resources

107 North Kent Street, Second Floor

Winchester, VA 22601

(540) 665- 5668 Fax (540) 665-5669



INFORMED CONSENT

I, _____, as a candidate to work with the Northwestern Regional Adult Detention Center, understand that all personal information for the position will be seen only by those people directly involved in my recruitment.

I also understand that some or all of this information, as well as information pertaining to employment; appraisal ratings; accident and illness records; and other information about my employment record may be used for the purposes of authorized access to Detention Center information for administrative purposes.

Signature

Date



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NOTIFICATION AND AUTHORIZATION FOR EMPLOYMENT CREDIT REPORT

I, _____, authorize the Northwestern Regional Adult Detention Center to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

Signature

Date



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Sign this page in the presence of a Notary Public

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 THE NORTHWESTERN REGIONAL ADULT DENTENTION CENTER, OR ITS AUTHORIZED AGENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS 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 OR CHECKING AND SAVINGS ACCOUNT, 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, DISCIPLINARY, PERFORMANCE, 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 COMPLAINTS OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF 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 NORTHWESTERN REGIONAL ADULT DENTENTION CENTER TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THAT AGENCY.

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. THIS ACCESS IS TO INCLUDE BUT NOT LIMITED TO; INVESTIGATIONS BY OTHER LAW ENFORCEMENT AGENCIES INCLUDING RESULTS OF POLYGRAPH TESTS, PSYCHOLOGICAL EVALUATIONS AND ANY AND ALL PRE-EMPLOYMENT APPLICATION TESTS.

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 NORTHWESTERN REGIONAL ADULT DETENTION CENTER.

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	Social Security Number	Date of Birth	
_____	_____	_____	_____
Street Address	City	State	Zip

Given under my hand this _____ day of _____, 20_____, in _____

_____	_____
Signature	Commission Expires



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To: Correctional and Civilian Applicants

As applicants, you are responsible for:

- notifying the Detention Center applicant section if you change your address, phone number, employment, marital status, education, training and/or any other information previously provided to the Frederick County Human Resource Office.
- notifying the Detention Center applicant section if you apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies.
- notifying the Detention Center applicant section if you are cited for any traffic violations, are arrested for any reason, have a motor vehicle accident or have any involvement with a law enforcement agency.

Remember that any postponement or rescheduling of required appointments with the applicant section may jeopardize your ability to successfully gain employment.

I HAVE READ THE ABOVE STIPULATIONS AND FULLY UNDERSTAND THEM.

Applicant Name (Print)

Signature

Date