Alexandria Police Department
Police Officer Candidate
CONFIDENTIAL QUESTIONNAIRE

The Alexandria Police Department conducts background investigations on all potential Police Officer candidates, inquiring into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation.

We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The Alexandria Police Department may also use your SSN to make requests for information about you, but only where permitted by law. The information we collect using your SSN will be used for employment purposes only.

The Alexandria Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such bases with respect to its activities, programs or policies.

Information we collect about you may also be given to federal, state and local agencies for checking on law violations and other lawful purposes.

The hiring process to become an officer is an extremely competitive endeavor that requires our agency to identify the most highly qualified applicants for employment. An overwhelming number of qualified applicants will be competing for a limited number of positions. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity and credibility.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. The omission of information, or indications of deception, will not be tolerated, and in all probability; will result in your removal from this and future employment processes with this agency.

This agency will not consider individuals for employment who are less than honest and forthright. The information provided will be verified during both the polygraph and the background investigation. Any information that is knowingly withheld will be identified.

INSTRUCTIONS

1. All answers must be handwritten **by the applicant. Handwriting must be legible,** and a **black ball point ink pen** must be used. **Any questionnaire submitted using a felt /gel style pen will not be accepted. No answers are to be typed. Use a single binder clip to keep the packet together.**

2. **Do not attempt to fax or scan this questionnaire, either send it via U.S. Postal Mail, Fed Ex, DHL, Overnight etcetera or deliver it in person.**

3. Answer all questions completely and accurately. Pay attention to detail; listing dates, times, etcetera and full explanations. **Incomplete questionnaires will not be accepted.**

4. Answer each question thoroughly and accurately. **If an item does not apply to you, please write "N/A" so that it is understood it was not overlooked.**

5. If additional space is needed, use a **full separate piece of paper** to complete your answer(s) and attach it to the end of the packet. You may put multiple answers on a single sheet as long as your answer is numbered to correspond with the question.

6. **Unbound (binder clip) packets, single sided packets or packets that are torn, stained or copied will not be accepted.**

7. The following documents must be submitted with the Confidential Questionnaire, if you have not already provided them:

    - Birth Certificate or United States Passport or Naturalization papers.
    - High School Diploma or GED
    - **Certified** College Transcripts and copy of Degree (if applicable)
    - DD-214 (Military personnel only)
    - Driver's License and **Certified** Driving Record for the past 7 years (If you resided in 2 different states during that time, transcripts from both states must to be submitted)
    - Social Security Card
    - Marriage License and/or Divorce decree
    - Name change paperwork

8. If you have any contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the selection process, immediately notify me.

9. No questionnaires or any other documentation submitted will be returned to the applicant at any time during or after this process.

10. Please print your last name on the front of this packet at the top right hand corner.

Intentional omissions or falsification of any material fact is the just cause for disqualification or dismissal of an applicant on the grounds of dishonesty.

Should you need clarification regarding this questionnaire, please email me at Luis.Segura@alexandriava.gov.

ESSAY QUESTIONS

Please answer the following questions in paragraph form:

Why do you want to be an Alexandria Police Officer?

What skills do you believe you possess that would benefit this Agency?

In what way would our Agency benefit from hiring you?

What do you have to offer that your competition for this position can't?

If hired, describe what kind of Officer you would be?

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

PERSONAL INFORMATION

Full Name:_____

Current Living Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____@_____

Social Security Number: _____-____-_____

Date of Birth: _____-____-_____

City, State and County or Country of Birth:

_____

Are you a U.S. Citizen: Yes No By birth Naturalization (complete below)

City, State and Court:

_____

Certificate Number: _____

Petition Number: _____

Date Issued: _____

U.S. Passport? Yes No Passport Number:_____

List other names that you have used (previous married name, adoption, Court change, nicknames, etc.):

_____

PHYSICAL DESCRIPTION

Race: _____ Sex:_____ Age:_____ Height: _____

Weight: _____ Eyes: _____ Natural Hair Color: _____

MARITAL STATUS

Married Single Divorced Separated Widow or Widower

Spouse/Former Spouse/Significant other/Current Dating Partner(s):

Name: _____ Maiden Name: _____

Date of Birth:_____

Present Address:

_____

Street Apt. #

_____

City State Zip Code

Spouse's or Former Spouse's Occupation: _____

Employer:_____

Address of
Employer:_____

Business Phone: (_____) _____ Ext: _____

Date of Marriage: _____

Location:_____

Length of Relationship:_____

List all other adults living at your place of residence; provide their full name(s):

_____

_____

_____

_____

Was your former/current spouse ever arrested, interviewed, detained or convicted by ANY law enforcement agency? Yes No

If yes, provide dates, reasons, agency and details:

_____

_____

_____

_____

LIST ALL CHILDREN AND DEPENDANTS

(Include stepchildren)

Full Name:_____ Age:_____

Relationship: _____

Full Name:_____ Age:_____

Relationship:_____

Full Name:_____ Age:_____

Relationship:_____

Full Name:_____ Age:_____

Relationship:_____

Full Name:_____ Age:_____

Relationship:_____

MISCELLANEOUS QUESTIONS

Have you ever been the subject of a Protection Order or filed a Protection Order against another person? Yes No

If yes, provide dates, reasons, agency and disposition:

_____

_____

_____

_____

Have the Police ever been called to any home/residence in which you lived? Yes No

If yes, provide dates, reasons, agency and disposition:

_____

_____

_____

_____

Have you ever been arrested, interviewed, detained or convicted by **ANY** law enforcement agency/Court? Yes No

If yes, provide dates, reasons, agency and disposition.

_____

_____

_____

_____

_____

_____

_____

_____

Has your spouse/significant other/current dating partner ever been arrested, interviewed, detained or convicted by ANY law enforcement agency/Court? Yes No

If yes, provide dates, reasons, agency and disposition.

_____

_____

_____

_____

_____

_____

FAMILY

(Provide complete addresses and phone numbers)

Father's full name:_____

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip code_____

Home phone: (_____) _____

Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____

_____

_____

_____

_____

Mother's full name: _____

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip code_____

Home phone: (_____) _____ Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____

_____

_____

_____

_____

Sibling's full name:_____
Date of Birth:_____

Address:_____

City:_____ State:_____ Zip code_____

Home phone: (_____) _____

Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____
_____
_____
_____
_____

Sibling's full name:_____

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip code_____

Home phone: (_____) _____

Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____
_____
_____
_____
_____

Sibling's full name:_____

Date of Birth:_____
Address:_____

City:_____ State:_____ Zip code_____

Home phone: (____) _____

Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____
_____
_____
_____
_____

Sibling's full name:_____

Date of Birth:_____

Address:_____

City:_____ State:_____ Zip code_____

Home phone: (_____) _____

Work phone: (_____) _____

Criminal Record? Yes No If yes, explain:

_____
_____
_____
_____
_____

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

ADDITIONAL FAMILY INFORMATION

(If raised by anyone other than your parents, provide information concerning those who raised you.)

Name(s):_____

Date of Birth:_____

Relationship:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home phone: (_____) _____

Work phone: (_____)_____

Criminal Record? Yes No

If yes, explain:

_____

_____

_____

_____

_____

Dates you were under this person's care: From___-___-____ to ___- ___ -___

CURRENT AND FORMER ADDRESSES

List complete addresses for the past ten years, to include college addresses. **List current address first.**

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

Address:_____

City:_____ State:_____ Zip Code:_____

From:_____ to _____

EDUCATION

High Schools/Vocational Schools

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended: From_____to_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended: From_____to_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended: From_____to_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended: From_____to_____

What is your graduation date from High School? _____

Do you have a G.E.D.? Yes No

COLLEGES/UNIVERSITIES

Do you have a college/university degree? Yes No

Type of Certification: AA BA BS MA MS Other

If not, how many college credits have you earned? _____

If you earned quarter hours, how many earned? _____

What is/was your major field of study? _____

What is/was your minor field of study? _____

COLLEGES/UNIVERSITIES ATTENDED

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended From: _____-_____-_____ to _____-_____-_____

Number of credits earned: _____ Degree earned:_____ Final GPA:_____

Date degree earned:_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended From: _____-_____-_____ to _____-_____-_____

Number of credits earned: _____ Degree earned:_____ Final GPA:_____

Date degree earned:_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended From: _____-_____-_____ to _____-_____-_____

Number of credits earned: _____ Degree earned:_____ Final GPA:_____

Date degree earned:_____

School:_____

Address: _____

City: _____ State: _____ Zip code:_____

Dates Attended From: _____-_____-_____ to _____-_____-_____

Number of credits earned: _____ Degree earned:_____ Final GPA:_____

Date degree earned:_____

HIGH SCHOOL/COLLEGE AND UNIVERSITIES ATTENDANCE

Have you ever had a scholarship or grant suspended because of failure to meet requirements (i.e., not maintaining the required GPA, etc.)? Yes No
If yes, explain:

_____

_____

_____

_____

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes No
If yes, explain:

_____

_____

_____

_____

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? Yes No
If yes, explain:

_____

_____

_____

_____

Do you currently have any outstanding debts with any college to include deferred loans, tuition, grants, lab costs, etc? Yes No
If yes, provide amount of debt and reason:

_____

_____

_____

_____

MILITARY STATUS

Are you registered with the Selective Service System? Yes No

Selective Service #_____

(Almost all males that are U.S. Citizens or aliens must register with Selective Service upon their 18th birthday through 25 years of age. Your Selective service number can be obtained on the website www.sss.gov)

If the following questions do not apply to you, put N/A in the response lines.

Have you ever served in the Armed Forces of the U.S.? (Includes Merchant Marines) Yes No

If yes, branch of service(s)_____

Service Number(s)_____

Dates of Service:

From_____ to _____

From_____ to _____

From_____ to _____

From_____ to _____

Type of discharge:_____

Primary M.O.S./A.F.S.C._____

Secondary M.O.S./A.F.S.C._____

List **ALL** duty stations beginning with basic training and dates of assignments (include supervisor's full name and current phone numbers).

_____

_____

_____

_____

_____

_____

Do you have any current Military obligation? Yes No
Active Inactive

Date Reserve obligation started and is scheduled to terminate:
From_____ to _____

If you have a Reserve obligation, provide your reserve organizations name and address below.
Organization:_____

Address:_____

Supervisor:_____

Business phone:_____

Were you ever subject to any disciplinary action (including Article 15's, Captain's Masts, Page 11's or any other type of written reprimands) under the Uniform Code of Military Justice while serving in the Armed Forces? Yes No
If yes, describe in detail:

_____
_____
_____
_____

Were you reduced/demoted in rank? Yes No
If yes, describe in detail:

_____
_____
_____
_____

Have you ever received company punishment? Yes No
If yes describe in detail:

_____
_____
_____
_____

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military?

Yes No

If yes describe in detail:

_____

_____

_____

_____

Have you ever been denied/refused entrance to any of the U.S. Armed Forces?

Yes No

If yes describe in detail:

_____

_____

_____

_____

Have you ever been AWOL? Yes No

If yes, describe in detail:

_____

_____

_____

_____

If you were injured in the Military and as a result, were medically discharged, have you separated from disability? Yes No

If yes, describe in detail to include date of separation from disability:

_____

_____

_____

_____

If addition space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

PERSONAL REFERENCES

Provide the names and addresses for 6 character references (not related to you by blood or marriage) that are not listed elsewhere in this packet. **Please indicate Mr., Mrs., Ms., Dr., Fr., etc.**

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____

Occupation: _____

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____

Occupation: _____

Name: _____

How long have you know this person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: _____

Occupation: _____

Name:_____

How long have you know this person:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home phone number:_____

Occupation:_____

Name:_____

How long have you know this person:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home phone number:_____

Occupation:_____

Name:_____

How long have you know this person:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home phone number:_____

Occupation:_____

If additional space is needed at any time, please attach a full sheet of paper to the end of this questionnaire.

FINANCIAL STATUS

Have you ever written or presented a check/debit card knowing that you didn't have sufficient funds to cover the transaction? Yes No

If yes, please explain and include when your account balance was brought up to date/current:

_____

_____

_____

_____

Within the past 2 years, have you ever had any checks returned? Yes No
If yes, list below:

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

Amount: _____ Date: _____

Payable to:_____

When did this check clear the bank? _____

UTILITIES/CABLE OR SATELLITE TV/RENT OR MORTGAGE/HOA OR CONDO FEES/INTERNET

If you have never been delinquent on any of the above, you may skip this section after writing "N/A" in the spaces below. However, if you are delinquent, please complete this section :

(Utility bills may include heating, electric, corded phone, water, etc.) Are you currently behind on any utility bills? Yes No

If yes, please indicate why you are/were late on any utility bill and when was this utility bill was brought up to date:

_____

_____

_____

_____

Is this utility bill now current? Yes No
How long has this utility bill been current? _____

Are you currently behind on any cable or satellite television bills? Yes No

If yes, please indicate why you are/were late on this cable/satellite television bill and when was this bill was brought up to date:

_____

_____

_____

_____

Is this satellite/cable bill now current? Yes No
How long has this satellite/cable bill been current? _____

Are you currently behind on your mortgage or rent? Yes No

If yes, please indicate why you are/were late on your mortgage or rent bill and when this bill was brought up to date:

_____

_____

_____

_____

Is your mortgage/rent now current? Yes No
How long has this mortgage/rent been current? _____

Are you presently in foreclosure proceedings or are facing eviction from your home?
Yes No

If yes, please explain in full detail the circumstances surrounding the foreclosure or eviction:

_____

_____

_____

_____

Have you ever been behind on your condo fee or homeowner's association dues?
Yes No

If yes, please explain in full detail the circumstances surrounding this delinquency and when this bill was brought up to date:

_____

_____

_____

_____

Is this condo fee/homeowner's association dues bill now current? Yes No
How long has this bill been current? _____

Are you currently behind on any internet subscription (AOL, yahoo, Google, etc.)?
Yes No

If yes, what were the circumstances surrounding this delinquency and is this subscription up to date:

_____

_____

_____

_____

Are you currently behind on any other bill/debt that has not been mentioned?
Yes No

If yes, please explain in full detail the circumstances for this delinquency and when this bill was brought up to date:

_____

_____

_____

_____

CIVIL CASES/BANKRUPTCY/PROTECTION ORDERS CHILD SUPPORT/ALIMONY

Have you ever been the subject of a Protection Order or filed a Protection Order against another person? Yes No

If yes, provide dates, reasons, agency and disposition:

_____

_____

_____

_____

Have you ever been a defendant or plaintiff in a civil case (i.e. been sued or sued someone)? Yes No
If yes, give case number, court, location, reason for case and disposition:

_____

_____

_____

_____

Have you ever filed for, or declared bankruptcy? Yes No
If yes, give case number, court, location, reason for case and disposition:

_____

_____

_____

Do you currently have any court ordered child support or alimony payment obligations?
Yes No
If yes, provide all details, giving dates, amounts, receipts, court documentation etc:

_____

_____

_____

Have you ever been delinquent in any child support or alimony payments?
Yes No
If yes, provide all details, giving dates, amounts, receipts, etc:

_____

_____

_____

Have you ever filed for a protection order against a family/household member?
Yes No
If yes, provide all details, giving dates, Court venue and final disposition:

_____

_____

_____

Have you ever had a protective order filed against you? Yes No
If yes, provide all details, giving dates, Court venue, disposition, etc:

_____

_____

_____

Remember to attach copies of all Court related alimony/child support documents.

If additional space is needed at any time, please insert a full sheet of paper to the end of this questionnaire.

CREDIT HISTORY

Please be advised that as part of this agency's background investigation, a credit report will be obtained.

Are you currently behind on any credit card bills? Yes No

If NO, you may skip this section. If YES, provide the number of times that you are/were delinquent and how many days past due for each credit card:

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Credit Card Name: _____ Current Balance:_____

Number of times delinquent:_____ Past Due 30 60 90 120 days

What are/were the circumstances that you fell behind on this account?

_____

_____

_____

Is this account now current? Yes No

If yes, how many months have your been current? _____

Are any of these credit cards being handled by a debt management program? Yes No
If yes, please provide the name, address, phone number and point of contact for this agency:

_____

_____

_____

Are you current with this debt management agency? Yes No
If no, please provide a complete explanation:

_____

_____

_____

Have any of these accounts been turned over to a collection agency? Yes No
If yes, please provide the name of the agency, address, phone number and point of contact for this agency:

_____

_____

_____

What were the circumstances that your account was turned over to a collection agency?

_____

_____

_____

Are you current with this collection agency? Yes No
If no, please provide a complete explanation:

_____

_____

_____

Also, please provide a copy of the written documentation/agreement for debt management program(s) or collection agency and include it with this questionnaire.

MOTOR VEHICLE AND LICENSE INFORMATION

List all vehicles currently owned and/or operated by you.

Year: _____ Make:_____ Model:_____

License plate:_____ State:_____

Year: _____ Make:_____ Model:_____

License plate:_____ State:_____

Year: _____ Make:_____ Model:_____

License plate:_____ State:_____

Year: _____ Make:_____ Model:_____

License plate:_____ State:_____

Automobile Insurance Company:_____

Agents Name:_____

Address of Insurance Company:

_____

_____

_____

Has your automobile insurance ever been cancelled? Yes No
If yes, explain:

_____

_____

_____

_____

Have you ever been denied automobile insurance? Yes No
If yes, explain:

_____

_____

_____

_____

Please provide the information below on all driver's licenses that have been issued to you. **List current license first:**

Number:_____ State:_____ Type:_____

Is this license valid? Yes No

Expiration Date:_____ Restrictions:_____

Number:_____ State:_____ Type:_____

Is this license valid? Yes No

Expiration Date:_____ Restrictions:_____

Number:_____ State:_____ Type:_____

Is this license valid? Yes No

Expiration Date:_____ Restrictions:_____

Number:_____ State:_____ Type:_____

Is this license valid? Yes No

Expiration Date:_____ Restrictions:_____

Number:_____ State:_____ Type:_____

Is this license valid? Yes No

Expiration Date:_____ Restrictions:_____

Has your license or privilege to operate a motor vehicle ever been suspended or revoked for any non-medical reason? Yes No
If yes, please explain: (Include dates, location, disposition etc.)

_____

_____

_____

_____

Have you ever been detained, arrested or charged with DUI/DWI? Yes No
If yes, please explain (Include date, location, arresting agency and disposition):

_____

_____

_____

_____

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license? _____

Have you ever received a "Warning Letter" from the Motor Vehicle Administration/Department of Motor Vehicles that your license or vehicle registration could or would be cancelled, suspended or revoked? Yes No
If yes please explain (Include reason, dates, agency, disposition etc.):

_____

_____

_____

_____

Do you currently have any outstanding parking tickets that have not been paid?
Yes No

If yes, please explain (Include dates, agency, number of tickets etc.):

_____

_____

_____

_____

Have you ever obtained or possessed a falsified, fictitious driver's license or any other false identification? Yes No

If yes, please explain in detail to include reason for possession:

_____

_____

_____

_____

TRAFFIC VIOLATIONS

List all traffic violations. This should include each time you were stopped by a law enforcement officer and/or issued one of the following; summons, mail in fine, mandatory court appearance or written warning. Also include any red light camera violations:

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____
Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Violation:_____ Date:_____

Location of Violation (State):_____

Issuing Agency:_____

Paid Fine? Yes No Written Warning

Court Appearance? Yes No

Courts Finding: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

MOTOR VEHICLE/TRAFFIC ACCIDENTS

List all motor vehicle accidents. This includes motor vehicle accidents reported to a law enforcement officer as well as those that were not. It also includes accidents that occurred on private property as well as on a public roadway.

Date of Accident:_____ Location:_____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance

If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Date of Accident:_____ Location:_____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance

If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Date of Accident:_____ Location:_____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance
If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Date of Accident:_____ Location:_____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance
If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

Date of Accident:_____ Location:_____

Any injuries? Yes No

Was the accident reported? Yes No

Did you file a claim with an insurance company? Yes No

Were you issued a: Summons Mail in fine Mandatory Court Appearance
If a fine was imposed, was it paid? Yes No

Courts Findings: Guilty Not Guilty Traffic School Other

Explanation:

_____

_____

_____

_____

If additional space is needed at any time, please insert a full sheet of paper to the end of this questionnaire.

CURRENT EMPLOYMENT HISTORY

List all places of employment (full and part-time, internship, volunteer work) for the last 10 years even if they were listed on your application.

Current Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Current Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Current Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Current Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

PREVIOUS EMPLOYMENT HISTORY

List all places of employment (part time, internship, volunteer work)for the last 10 years even if they were listed on your application.

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____
Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

Employer:_____

Address:_____

City_____ State_____ Zip code_____

Full-time Part-time Internship Volunteer

Dates of employment: From_____ To_____

Salary: $_____ Current Position_____

Reason for leaving:

_____

_____

_____

_____

Supervisor's full name, title and contact phone number:

_____

EMPLOYMENT HISTORY INFORMATION

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer?
Yes No

If yes, please explain:

_____

_____

_____

_____

_____

Have you ever been the subject of a citizen, client or co-worker complaint?
Yes No

If yes, please explain:

_____

_____

_____

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? Yes No
If yes, please explain:

_____

_____

_____

Have you ever resigned from a job by mutual agreement following allegations or misconduct? Yes No
If yes, please explain:

_____

_____

_____

Have you ever walked off a job without giving proper notice? Yes No
If yes, please explain:

_____

_____

_____

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No
If yes, please explain:

_____

_____

_____

Have you ever stolen anything from any of your employers? Yes No
If yes, please explain supplying dates, items, and approximate values:

_____

_____

_____

_____

Have you ever used illegal drugs while working on any job? Yes No
If yes, please explain supplying type of drug, how used and date:

_____

_____

_____

_____

Have you ever committed any other crimes (even ones that went undetected) while on any job you ever held? Yes No
If yes, please explain:

_____

_____

_____

_____

Have you had any extended work absences (suspensions) for reason other than medical or earned vacations? Yes No
If yes, please explain:

_____

_____

_____

_____

Have you ever consumed alcohol while on duty at any job? Yes No

If yes, please explain:

_____

_____

_____

_____

CRIMINAL ARRESTS/SUMMONS/WARRANTS

Have you ever been arrested, interviewed, interrogated, detained, indicted, convicted, received a civil citation or received a criminal citation by a law enforcement agency (including military or campus police and security agencies)? Yes No

If yes, describe in detail to include date, reason, agency and disposition:

_____

_____

_____

_____

Do you currently have or have had any pending criminal/civil charges by any law enforcement authority? Yes No

Are you currently on bail or out on personal recognizance or other conditional release for any reason? Yes No

Are you currently on probation or parole? Yes No

If yes to any of the above, provide full details:

_____

_____

_____

_____

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever been issued/served with a bench warrant, ex parte order, arrest warrant, protection from abuser order, magistrate/district court criminal summons or court papers for any type of court appearance? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage drinking, noise violations)? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever had any record(s) expunged, sealed, closed? Yes No

If yes, please explain and attach documentation:

_____

_____

_____

_____

Have you ever had any record(s) pardoned? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever received a stet docket, probation before judgment or received an imposition of sentence? Yes No

If yes, please explain:

_____

_____

_____

_____

The next set of questions require a "Yes" or "No" answer. All "Yes" answers require a complete explanation on a full separate piece of paper.

I (applicant) fully understand that if I fail to give a detailed explanation, my questionnaire will be considered incomplete and I will not be given further consideration.
Please check: Yes No

Have you ever committed or conspired to commit any of the below acts:

Lied or committed perjury in court or other judicial proceedings?	Yes	No
Lied to anyone of authority?	Yes	No
Entered a building, business, dwelling or house without permission?	Yes	No
Intentionally injured anyone as a result of a fight?	Yes	No
Cheated a restaurant or food establishment by walking out on the check?	Yes	No
Helped anyone steal anything?	Yes	No
Knowingly received stolen property?	Yes	No
Committed an act of robbery?	Yes	No
Committed an act of theft/larceny	Yes	No
Falsified or lied on an employment application?	Yes	No
Provided anyone a discount at your place of employment without permission?	Yes	No
Conspired with anyone to commit an illegal act or crime of any kind?	Yes	No
Given anything to anyone that was not yours to give away	Yes	No
Been accused or arrested for domestic violence or spousal abuse?	Yes	No
Been arrested for elder abuse?	Yes	No
Slapped, pushed or struck your current dating partner, previous dating partner, spouse, girlfriend, boyfriend or significant or social companion?	Yes	No

Committed any criminal offense in which a weapon was used? Yes No

Been questioned by the Police as a suspect or witness as part of a criminal or traffic investigation? Yes No

Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes No

Falsely reported a crime or knowingly gave erroneous or misleading information to a Police Officer Yes No

Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes No

Allowed your car to be used in the commission of a crime? Yes No

Knowingly committed a weapons violation of any kind? Yes No

Been a member of a street/motorcycle gang? Yes No

Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes No

Committed a crime for which you were not caught or arrested? Yes No

Been an officer or member or made a contribution to an organization dedicated to the illegal overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? Yes No

Knowingly engaged in any acts or activities designed to overthrow the United States Government?

Yes No

Have you ever OR Is there anything that would:

Been placed on parole or probation for any reason? Yes No

Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any subversive organization(s)? Yes No

Been a member of any organization and/or adhere to any belief which Would in any way:

Limit or prohibit your use of weapons or firearms?	Yes	No
Restrict or prohibit you from working on particular days or hours?	Yes	No
Restrict you from conforming to departmental standards of appearance and or grooming?	Yes	No
Been involved in or paid, contributed, collected or solicited any money or dues to, for, or in behalf of any subversive organization(s)?	Yes	No
Been involved in manufacturing, transporting and/or detonation of any type of bomb, molotov cocktail, explosive or other incendiary device?	Yes	No
Knowingly filed a false/fraudulent insurance claim regarding a traffic accident?	Yes	No
Been subjected to forfeiture of collateral in connection with an arrest?	Yes	No
Been required to appear before a juvenile court for an act, which would have been a crime if committed as an adult?	Yes	No
Been a victim or complainant in any crime or incident?	Yes	No
Been found to be delinquent on income or other tax payments?	Yes	No
Been bonded or refused bond upon application?	Yes	No
Been issued or denied a permit/license to carry a handgun or other weapon?	Yes	No
Participated in any incidences involving hazing or rituals?	Yes	No
Set a fire, been involved in an arson, a reckless burning or similar conduct?	Yes	No
Called in a false alarm, fire or bomb threat?	Yes	No
Committed the act of stalking?	Yes	No
Committed an act of peeping tom	Yes	No

Misused or threatened anyone via the telephone	Yes	No
Trespassed?	Yes	No
Harassed or threatened anyone?	Yes	No
Impersonated a Police Officer?	Yes	No
Used anyone's vehicle without his or her permission?	Yes	No
Intentionally damaged another person's property?	Yes	No
Committed any fishing or hunting violations?	Yes	No

Please remember that all "yes" answers require an explanation on a full sheet of paper. Omissions, either intentional or unintentional, are grounds for removal of the Police Officer process.

DRUG EXPERIMENTATION AND HISTORY

Have you ever smoked, experimented, tasted, used, injected, sniffed or been exposed to any of the following:

Marijuana/Hashish/Spice? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Cocaine/Powder? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Cocaine/Crack Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Opium Derivative (Heroin, morphine, codeine etc.)? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

Amphetamines/Speed? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Barbiturates/Reds/Downers? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Inhalants (Glue, solvents, aerosols, whippits, etc.)? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Anabolic Steroids? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Hallucinogenic (LSD, PCP, mushrooms, ecstasy, ketomine, Special K, Salvia/Sally D etc.)?
Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Quaaludes, Valium Darvocet, Dilaudid, Percocet? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Any other drug/narcotic not specifically listed above? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Have you ever purchased any of the above listed substances? Yes No

If yes, include dates you started/stopped using the drug and maximum number of times the drug was used:

_____

_____

_____

_____

Have you ever been arrested or charged with any type of drug or narcotic related violation? Yes No

If yes, please explain in full detail:

_____

_____

_____

_____

Have you ever used a prescription medication that was not prescribed for you? Yes No

If yes, please explain in full detail:

_____

_____

_____

_____

Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotics for yourself or anyone else? Yes No

If yes, please explain in full detail:

_____

_____

_____

_____

Have you ever made any money or profit in any way from your involvement in drugs/narcotics? Yes No

If yes, please explain in full detail:

_____

_____

_____

_____

Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed?

Yes No

If yes, please explain in full detail:

_____

_____

_____

_____

GAMBLING RELATED ACTIVITIES

Do you gamble?
Never Seldom Occasionally Regularly

If so, on what:

_____

_____

_____

_____

Have you ever used a bookie? Yes No

Have you ever placed a wager with a bookmaker (bookie or numbers Man) on any event other than a legitimate lottery or other legalized Gambling event? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever been "paid off" as a result of illegal slot machine or video games? Yes No

If yes, please explain:

_____

_____

_____

_____

Have you ever worked for a bookie? Yes No

If yes, please explain:

_____

_____

_____

_____

Do you currently have any outstanding gambling debts? Yes No

If yes, please explain:

Have you ever borrowed money to gamble? Yes No

If yes, please explain:

Have you ever used an employer's money to gamble? Yes No

If yes, please explain:

Have you ever stolen money to gamble? Yes No

If yes, please explain:

ALCOHOL RELATED ACTIVITIES

Have you ever:

Been arrested or charged for committing any alcohol related violations? Yes No

If yes, please explain giving full details to include dates and locations:

_____

_____

_____

_____

Been issued a civil/criminal citation for any type of alcohol related violation? Yes No

If yes, please explain giving full details to include dates and locations:

_____

_____

_____

_____

Purchased or provided alcohol for a person under the age of 21? Yes No

If yes, please explain giving full details to include dates and locations:

_____

_____

_____

_____

POLICE/PUBLIC SAFETY/SECURITY EXPERIENCE

(Applicants that have not been employed as a law enforcement/security officer/paid or volunteer firefighter or EMS may skip this section after signing your full legal name below.

I, _____ have not been employed as a law enforcement officer, security officer, paid or volunteer firefighter and am intentionally skipping this section.

Do you have any experience as a law enforcement officer? Yes No
If yes, explain to include agency(s), position and length of service:

_____

_____

_____

_____

Do you have any experience in private security? Yes No
If yes, explain to include agency(s), position and length of service:

_____

_____

_____

_____

Do you have experience as an intern, volunteer, cadet or explorer with this agency or any other law enforcement agency? Yes No
If yes, explain to include agency(s), position and length of service:

_____

_____

_____

_____

Do you have any experience as a paid or volunteer member of any fire department or rescue squad? Yes No
If yes, explain to include agency(s), position and length of service:

_____

_____

_____

_____

Are you currently attending or have attended any police academy or received any law enforcement training? Yes No

If yes, explain to include agency(s), and type of training:

_____

_____

_____

_____

ALL APPLICANTS PLEASE RESUME HERE:

Do you **personally** know any Alexandria Police Officers? Yes No

If yes, please list their **FULL** name(s) and how long you have known them:

_____

_____

_____

_____

Do you have any relatives who are current or past members of a law enforcement agency? Yes No

If yes, please list name, relationship and their department/agency:

_____

_____

_____

_____

Has the U.S. Government ever granted you a security clearance? Yes No

If yes, by which agency(s) and at what level:

_____

_____

_____

_____

CURRENT AND FORMER APPLICATIONS WITH THIS AGENCY AND ANY OTHER AGENCIES

List all law enforcement agencies and fire departments with whom you have applied. List the stages you have completed with each agency (e.g. written exam, oral interview, polygraph, background investigation, physical agility, medical exam, psychological, etc.) also list final status. If you have applied to the same agency more than once, list each time separately. Please include the full Agency name and State. Also, list each occasion you applied to the Alexandria Police Department.

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

Agency:_____

Application Date:_____

Most recent stage in their process:_____

Were you denied employment? Yes No

If yes, explain why you were denied:

_____

_____

_____

_____

LANGUAGE SKILLS

Are you able to communicate in any language other than English (including Sign Language)? Yes No

If yes, specify language and to what proficiency:

_____

_____

_____

_____

Provide the names of 2 references that can verify your language skills (other than English):

Name:_____

Phone number:_____ Relationship_____

Name:_____

Phone number:_____ Relationship_____

If additional space is needed at any time, please insert a full sheet of paper to the end of this questionnaire.

OATH OF OFFICE/LETHAL FORCE

Is there anything that would prevent you from:

Taking an oath of office? Yes No

If yes, please explain:

_____

_____

_____

Taking a life in the line of duty? Yes No

If yes, please explain:

_____

_____

_____

INTERNET/ELECTRONIC TRANSMISSIONS

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Agency if you were employed? These may include, but are not limited to Myspace, Youtube, Facebook, Twitter, etc. or any other sites that any inappropriate image of you may appear? Yes No

If yes, please explain in detail:

_____

_____

_____

_____

Have you ever posed, posted or transmitted nude pictures of yourself or others over a cellular phone or the Internet? Yes No

If yes, provide dates and explain in detail what was transmitted and/or received:

_____

_____

_____

_____

When was the last time that photos of this type were transmitted?

_____

_____

_____

_____

CURRENT AND FORMER POLICE OFFICERS

Applicants that have never been employed as a law enforcement officer may skip this section after signing your name below.

I, _____ certify that I have not been employed as a law enforcement officer in any capacity and am intentionally skipping this section.

What law enforcement agency are you currently employed by?

_____

Date of employment:_____

Reason for leaving:

_____

_____

_____

Name and contact phone number of this Agency's Internal Affairs Section:

_____

_____

_____

What law enforcement agency(s) were you previously employed by?

_____

Date of employment:_____ Date of Separation:_____

Reason for leaving:

_____

_____

_____

Name and contact phone number of this Agency's Internal Affairs Section:

_____

_____

_____

What law enforcement agency(s) were you previously employed by?

_____

Date of employment:_____ Date of Separation:_____

Reason for leaving:

_____

_____

_____

Name and contact phone number of this Agency's Internal Affairs Section:

_____

_____

_____

What law enforcement agency(s) were you previously employed by?

_____

Date of employment:_____ Date of Separation:_____

Reason for leaving:

_____

_____

_____

Name and contact phone number of this Agency's Internal Affairs Section:

_____

_____

_____

_____

What law enforcement agency(s) were you previously employed by?

_____

_____

_____

Date of employment:_____ Date of Separation:_____

Reason for leaving:

Name and contact phone number of this Agency's Internal Affairs Section:

Have you been the subject of any internal investigations or citizen complaints? Yes No

If yes, please explain in detail:

Disposition(s):

Have you ever been suspended from duty, with or without police powers for any reason except medical? Yes No

If yes, please explain:

Have you been subject to any disciplinary actions? Yes No

If yes, explain in detail:

Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes No

If yes explain in detail:

How have you been rated on your evaluations?

_____

_____

_____

Explain any performance evaluations of which you received less than satisfactory:

_____

_____

_____

Have you ever been questioned/interviewed/interrogated by your Department's Internal Investigations Unit? Yes No
If yes explain in detail:

_____

_____

_____

Have you ever discharged your service weapon, either on or off duty, other than for training purposes or for authorized animal destruction? Yes No
If yes explain in detail:

_____

_____

_____

Have you ever given an untruthful statement in Court or to your Department's Internal Investigations Unit concerning your actions as a Police Officer? Yes No
If yes explain in detail:

_____

_____

_____

Have you ever been charged or investigated for the use of excessive force or police brutality? Yes No
If yes explain in detail:

_____

_____

_____

Have you been investigated by your current/past agency for allegations of domestic violence/spousal abuse? Yes No

If yes explain in detail:

_____

_____

_____

Please explain why you want to leave your current department, or why you left your previous law enforcement employer:

_____

_____

_____

Alexandria Police Department

Information Certification

I _____, understand and acknowledge that all information and all entries made by me in response to the requested information contained in this questionnaire **are true, complete and accurate to the best of my knowledge.**

I further understand that if at any time during the course of the background investigation or anytime during my employment as an Alexandria Police Officer, it is discovered that I have made **untruthful statements, falsified my employment application, falsified my background questionnaire and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Alexandria Police Department.**

_____

Full legal signature of applicant Date

ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

In accordance with the American with Disabilities Act (ADA), the following list of essential functions is established as criteria for qualification to receive confirmed offers of employment as a Police Officer with the Alexandria Police Department.

GENERAL SUMMARY: The work of a police officer involves responsibility for the protection of life and property, prevention of crime, apprehension of criminals and the general enforcement of laws and ordinances. Duties normally consist of routine patrol, preliminary investigation and traffic enforcement. Police officers also may be assigned duties as detectives, court liaisons, crime prevention officers, department training officers, crime scene investigators, field training officers, crash team investigators, firearms instructors, hostage negotiators, dog handlers, motor officers, bicycle officers or special operations team members. Work involves the element of personal danger. The employee must be able to exercise sound independent judgment under stress. Assignments may include work on special tasks, which call upon specialized abilities and knowledge possessed by the officer. Work assignments can be general or specific and instructions are received from a supervisor who reviews work methods and results through reports, personal inspection and discussion.

DUTIES AND RESPONSIBILITIES

A. CRIME PREVENTION AND INVESTIGATION

- Performs preventive patrol in assigned beat.
- Continually observes for criminal activity, safety hazards traffic violations, persons in need of assistance, etc.
- Becomes and remains familiar with patrol beats, geographic locations, known offenders, neighborhood routines, potential problem areas.

- Conducts security inspections and surveys buildings and businesses and makes recommendations regarding security, etc.
- Makes presentations to groups and individuals on subjects related to the job's tasks and functions.
- Handles complaints made by the public.
- Observes for, detects and investigates violations of laws and ordinances and documents those actions for further use.
- Conducts interviews and interrogations of victims, witnesses, suspects and offenders.
- Conducts preliminary and follow-up investigations.
- Identifies, collects, processes, packages and logs physical evidence.
- Collects information and either acts upon it if within the scope of his/her authority or routes it to the proper authority or agency.
- Conducts searches of persons, vehicles, places and things.
- Identifies and arrests offenders, including subduing resistive arrestees.
- Seeks and serves arrest warrants, search warrants and other court documents.
- Assists prosecutors in the preparation of cases for trial.
- Appears and testifies in court, juvenile hearings at deposition sessions and similar proceedings.

- Enforces traffic and parking laws, including driving under the influence detection and apprehension.

- Controls, regulates and directs vehicular and pedestrian traffic.

- Investigates traffic accidents, including protecting the scene, aiding the injured, controlling traffic, clearing the scene, determining the cause, preparing reports and diagrams.

- Assists disabled motorists.

- Deals with children of all ages in a variety of situations, such as delinquents, minors requiring authoritative intervention, neglected, abused, runaways, lost, found, victims of crimes, public relations and instructional functions and informants.

B. MISCELLANEOUS ORDER MAINTENANCE

- Deals with domestic disputes and other interpersonal and business contacts.

- Recognizes and corrects or reports public hazards and inconveniences, as gas leaks, traffic signals out of service, traffic obstructions and other safety hazards.

- Responds to specific requests for fire department/emergency medical service and assists as needed.

- Administers first aid, including CPR, to sick and injured persons.

- Investigates incidents involving dead person resulting from criminal, accidental, suicidal and natural causes, including determination of the circumstances and handling/removal of the body and dealing with the family, relatives, friends, witnesses, etc.

- Investigates reports of lost and found property.

- Investigates reports of missing and found persons.

- Investigates animal complaints, including the humane disposition of severely injured animals.

- Directs and/or supervises civilian employees and the public at the scenes of crimes, accidents, disasters, assemblies, etc.

- Generally assists persons in distress.

C. ORGANIZATIONAL SUPPORT

- May perform desk duties, including telecommunications (telephone, computer terminal, radio) assisting persons at the front desk counters of the station, processing reports.

- Attends training as assigned.

- Develops and maintains required skills and licenses/permits/certifications associated with are of special instruction, expertise, etc. (firearms qualification, crime scene investigator, juvenile law, criminal investigations).

- Trains new officers in areas of special skills or expertise.

- Prepares clear, accurate and complete reports on any and all activities engaged in.

WORK CHARACTERISTICS/CONDITIONS

SCHEDULING

- Police officer positions involve regular and irregular shift work necessary to provide police services 24 hours a day, 7 days a week, 52 weeks a year (weekends and holidays included). Work shifts for patrol officers are 11.5 hours in duration but may be extended in the event of emergency, disaster, manpower shortage, workload or work-in-progress.

ENVIRONMENTAL FACTORS

Police officer positions involve exposure to, and requires the officer to function in the presence of the following:

- Inclement weather, to include extreme heat/cold rain, snow, wind, etc.

- Light conditions associated with day and night.

- Fire, smoke, chemical leaks/spills – as close proximity as necessary to provide emergency services.

- Have the ability to put on and operate a gas mask, in situations where chemical munitions are being deployed.

- Personal danger, including but not limited to:

  - Armed and/or dangerous persons/animals
  - Persons and/or articles with contagious/communicable diseases
  - Hazards associated with emergency driving, traffic control and working in and around traffic.
  - Hazards associated with natural and man-made disasters.

PHYSICAL ABILITIES

MOTOR SKILLS/FLEXIBILITY

The police officer position requires the employee to have and maintain the physical and mental ability needed to:

- React and move rapidly from sedentary to active condition in response to environmental situations or events.

- Assume a variety of bodily positions and postures necessary to employ available "cover and concealment" during a deadly force encounter.

- Respond to a physical attack and possess the ability to escape the attacker and/or summon aid.

- Operate and qualify with the Department issued firearms, utilizing both hands, as well as each hand individually.

- Operate office equipment such as telephones, audio/visual devices, computer or workstation keyboards and security locking systems.

- Operate all equipment necessary for performing routine daily assignments, apprehending and processing criminals and conducting both criminal and traffic related investigations.

- Operate/utilize all Department vehicle mounted equipment whether in a mobile or stationary mode.

- Administer first aid to include (CPR) Cardiopulmonary Resuscitation.

- Perform required duties for extended periods of time while exposed to adverse conditions, to include time worked in excess of the normal daily duty shift and rotating shift work.

- Apprehend suspects to the extent of engaging in foot pursuits while summoning for assistance and/or engaging in the necessary use of force.
- Discern colors as they are applied in traffic safety situations (electric signals, signing, hazardous materials placards, vehicle and clothing descriptions, etc).
- Adequately judge distances and estimate speed.
- See, read and recognize obstacles in a variety of normal and/or emergency environments. Have vision that is correctable to "Department vision" standards.
- Determine or estimate the point of origin of noise.
- Recognize/relate sound to situations based on frequencies or voice inflection with the normal range of human hearing.
- Employ the normal sense of touch and smell.
- Training to include firearms qualification: shotgun, service weapon, semi automatic weapons etc. More strenuous Special Operations Team training; firearms and physical requirements.
- Surveillance in all types of weather and in confined or cramped locations.

COMMUNICATIONS SKILLS

The police officer position further requires the employee to have and maintain the physical and mental condition needed to:

- Speak, read and write the English language in a clear, understandable fashion.
- Reasonably identify and display basic non-verbal communications (body language).
- Effectively relate to or communicate with a variety of personality types during interpersonal contacts.

JUDGEMENT/DECISION MAKING ABILITY

The police officer position requires the employee have the ability to:

- Comprehend and implement verbal and written instructions.
- Apply reasoning skills when confronted with circumstances requiring discretionary decisions.
- Establish priorities and construct subsequent plans when investigating incidents and events.
- Formulate and carry out appropriate course of action for a given situation for which no specific rule or procedure has been established.
- Apply theory based instruction or training to actual incidents/situations.
- Handle situations firmly, courteously, tactfully and impartially.
- Retain and retrieve information furnished in the form of bulletins, verbal reports, training, etc.
- Be capable of receiving and giving instructions.

EMOTIONAL/PSYCHOLOGICAL STABILITY

The police officer position requires the employee to have the emotional and psychological stability required to:

- Cope with and perform day to day duties under the principles of discipline
- Maintain self control when receiving constructive criticism and/or being ridiculed.
- Continue performing all required tasks at a professional level when faced with unpleasant circumstances.
- Perform police duties without dependence on alcohol/narcotics.
- Deal effectively with morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets or results of human behavior.

ACCEPTABLE EXPERIENCE AND TRAINING

Completion of a standard high school curriculum (or equivalent GED), and possess a valid license in the jurisdiction that you currently reside.

The successful applicant must be able to perform ALL of the above essential job functions of an un-experienced police officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability, to include vision, hearing, speaking, flexibility and strength.

I have read the following essential functions for Police Officer and certify by signing below that I am able to effectively perform these tasks.

_____ _____

Signature Date

Please remember to attach all explanations here. You may list more than one explanation on a single sheet of paper, but please make sure to number your responses to reflect the appropriate page and question.

(REV. 08-03-10)