

## **Eligibility Information**

The selection process for to be hired as a Deputy with the Newport News Sheriff's Office is a multi-tiered process. Applicants must successfully complete each phase of the process before proceeding to the next phase.

To be considered for the Newport News Sheriff's Office (NNSO), an applicant must:

1. be a citizen of the United States;
2. be 21 years of age at time of hire;
3. have a High School Diploma or a General Education Development Certificate;
4. have a valid Virginia Driver's license, out of state applicants must obtain a Virginia Driver's license within 30 days of hire;
5. must have received an honorable discharge, if prior military; and
6. must have no felony convictions, or any convictions of serious Class 1 or 2 misdemeanors, domestic violence or any acts involving moral turpitude (larceny, perjury, fraud, etc.).

I hereby state that I have read the above minimum qualifications and certify that I am eligible for employment with the Newport News Sheriff's Office to the best of my knowledge and belief. I understand that a full background examination will be conducted to verify information provided during the application process.

\_\_\_\_\_  
Signature (include maiden name, if applicable)

\_\_\_\_\_  
Date

# Authorization for Release of Information



## Newport News Sheriff's Office

224-26<sup>th</sup> Street

Newport News, VA 23607

Fax (757) 926-8429

**To:** Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinics, Polygraph Examiner, Attorneys at Law

U.S. Armed Forces, Maritime Service, U.S. Selective Service System, Veterans Administration or Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any School, College, University, Business School, Trade School, High School or Elementary School (public or private)

Any Local, State or Federal Law Enforcement Agency

Any Past or Present Employer, Credit Bureau or Retail Merchants Association, Department of Motor Vehicles, Landlord, Leasing or Rental Agent, Condominium or Property Manager

I, \_\_\_\_\_

DOB \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Have applied for employment with the Newport News Sheriff's Office, City of Newport News, Virginia. I am aware that my entire background will be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning my background (including a transcript of any academic record) to Newport News Sheriff's Office investigators or representatives, upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning my background shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (include maiden name, if applicable) (Date)

STATE OF \_\_\_\_\_, CITY OF \_\_\_\_\_,

This day, \_\_\_\_\_ personally appeared  
before me and acknowledged his/her signature to the above statement.

GIVEN under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

# Newport News Sheriff's Office

## Agility Waiver Form

Applicant Name: \_\_\_\_\_  
*(Last)* *(First)* *(M.I.)*

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

In consideration of being permitted to complete the application requirements for employment with the Newport News Sheriff's Office by taking the physical agility test, the undersigned hereby releases the Newport News Sheriff's Office and all of its employees and agents, of and from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned as a result of taking said agility test.

The undersigned, being duly aware of the physical exertion, risks and hazards involved in taking said agility test, hereby elects voluntarily to take it, and voluntarily assumes all risks of loss, damage or injury, including death that may be sustained as a result thereof.

In signing this release, the undersigned acknowledges and represents that he/she has read the foregoing, understands it, and signs it voluntarily, and that he/she is at least 21 years of age and of sound mind.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**NEWPORT NEWS SHERIFF'S OFFICE  
BACKGROUND INVESTIGATION / POLYGRAPH  
PERSONAL HISTORY QUESTIONNAIRE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Educational Level: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

The information you provide in this Personal History statement will be used in the background investigation and polygraph examination to assist in determining your suitability for employment with the Newport News Sheriff's Office. It must be completed in ink and returned to the Recruitment Manager. Issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction may not constitute an automatic disqualifier. However, deliberate misstatements or omissions will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

It is ***your*** responsibility to complete this form and provide all required information. You must respond to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. Please answer all questions as completely as possible. If you desire to make a lengthy explanation in your reply, you may attach additional sheets as necessary. If you need more space for any response, you may use the back or attach additional sheets as necessary.

EACH APPLICANT IS HEREBY ADVISED THE CONTENTS OF THIS BOOKLET ARE HELD STRICTLY CONFIDENTIAL AND NO INFORMATION IS DESSEMINATED TO ANY PERSON EXCEPT WHEN ESSENTIAL TO THE CONDUCT OF OFFICIAL AGENCY BUSINESS; FURTHER, THAT THE INTENTIONAL OMISSION OR FALSIFICATION OF ANY MATERIAL FACT IS JUST CAUSE FOR DISQUALIFICATION OR DISMISSAL OF APPLICANT ON GROUNDS OF DISHONESTY. EVERY ANSWER HEREIN ENTERED WILL BE CHECKED DURING THE POLGRAPH EXAMINATION.

# NEWPORT NEWS SHERIFF'S OFFICE BACKGROUND INVESTIGATION / POLYGRAPH PERSONAL HISTORY QUESTIONNAIRE

1. Name: \_\_\_\_\_  
Last First Middle Suffix

2. List any other names you have used including maiden name: \_\_\_\_\_

## PERSONAL HISTORY

3. Are you a United States citizen? \_\_\_\_\_ Place of Birth  
\_\_\_\_\_

4. Starting with your current, list all your residences during the last **15** years. Include additional sheets if necessary. Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). DO NOT use PO Boxes.

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Please provide the name, relationship and age of all individuals residing in the same household as you:

Name

Relationship

Age

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please list the names and address of the following family members if not listed above (use additional sheet if necessary):

Mother: \_\_\_\_\_



Father: \_\_\_\_\_

Spouse: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Sibling: \_\_\_\_\_

Sibling: \_\_\_\_\_

Sibling: \_\_\_\_\_

Stepmother: \_\_\_\_\_

Stepfather: \_\_\_\_\_

Stepchild: \_\_\_\_\_

Former Spouse: \_\_\_\_\_

Child's Parent: \_\_\_\_\_

7. Do you use any tobacco products or e-cigarette devices?  Yes  No  
If yes, how old were you when you started? \_\_\_\_\_

8. Are you willing to sign an agreement stating you will not use tobacco products?  Yes  No

9. Do you drink any of the following alcoholic beverages?  
A. BEER  Yes  No  
B. WINE  Yes  No  
C. MIXED DRINKS  Yes  No

10. Did you ever consume any alcohol prior to age 21?  Yes  No

11. Did you ever operate a motor vehicle while you were intoxicated?  Yes  No

12. Have you ever missed work/school because of a hangover?  Yes  No

13. Have you ever committed, participated in or conspired to commit any of the following serious crimes?

MURDER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	LARCENY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SEXUAL ASSAULT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ARSON	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ROBBERY	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ASSAULT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MANSLAUGHTER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	BURGLARY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DRUG OFFENSES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FRAUD	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Have you ever stolen anything, regardless of value?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

15. Did you ever steal anything valued more than \$25.00?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

16. Did you ever steal anything valued more than \$200.00?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

17. Before the age of 18, were you ever arrested, held or detained by the police in connection with any criminal act?  Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Have you ever been investigated by any police agency for any criminal offense, act or deed?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you ever been charged with any crime or arrested as an adult?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you ever had any criminal charges dismissed?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever been incarcerated in a jail, prison, juvenile detention or mental hospital?

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever been charged with a crime of domestic violence, even if you were not convicted?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Have you ever had a physical confrontation (i.e. pushed, slapped, punched, etc.) with a romantic/intimate partner (i.e. spouse, girlfriend/boyfriend, date)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Have the police ever been called to your home for any reason?  Yes  No

25. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution as defined in 42 USC§1997?  Yes  No

26. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim was unable to consent or refuse?  Yes  No

27. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the previous question?  Yes  No

28. Have you ever engaged in activity that could be considered stalking or harassment?  Yes  No

29. Have you ever sought out or viewed child pornography?  Yes  No

30. Have you ever inflicted pain on animals or participated in acts of animal cruelty?  Yes  No

31. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

If yes, list: \_\_\_\_\_  
\_\_\_\_\_

32. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

33. Do you now belong to or have you ever been a member of (or paid dues to) a group or organization whose intent is to overthrow the government by illegal means?  Yes  No

If yes, list: \_\_\_\_\_

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34. Have you ever been involved in any type of situation for which someone could blackmail you?  Yes  No

If yes, list: \_\_\_\_\_

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35. Have you ever participated in any illegal forms of gambling?  Yes  No

If yes, list: \_\_\_\_\_

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36. Do you currently owe any illicit or illegal gambling debts?  Yes  No

37. Have you ever borrowed money to pay for a gambling debt?  Yes  No

38. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  Yes  No

39. Have you ever purchased merchandise you believed to be stolen?  Yes  No

40. Can you meet the attendance requirements of this position?  Yes  No

41. Are you able to perform the essential functions of this position, with or without accommodations?  Yes  No

## **FINANCIAL**

42. Are you currently meeting your financial obligations?  Yes  No

43. Have you ever brought a civil law suit against anyone?  Yes  No

44. Has anyone ever brought a civil law suit against you?  Yes  No

45. Have you ever been delinquent on any tax payments?  Yes  No

46. Have you ever failed to file income tax or cheated/lied on an income tax form?  Yes  No

47. Have you ever filed bankruptcy?  Yes  No

If yes, was the bankruptcy:

CHAPTER 7  CHAPTER 13  UNK

48. Have you ever had purchased goods repossessed?  Yes  No
49. Have your wages ever been garnished?  Yes  No
50. Have you written three or more bad checks in a one-year period?  Yes  No
51. Have any of your bills ever been turned over to a collection agency?  
 Yes  No
52. Are you required to pay child support?  
If yes, are your payments up to date?  Yes  No
53. Have you ever been sued, summoned to court, or appeared in any court due to indebtedness or nonpayment of your financial obligations?  Yes  No

## EMPLOYMENT

54. Starting with your current or most recent, list your employment history including all jobs both full time and part time for the past **15** years. During your background investigation, we verify your work history and failure to include a job may be grounds for removal from the hiring process.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Title: \_\_\_\_\_



Reason for leaving: \_\_\_\_\_

55. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, and suspensions, reductions in pay, reassignments, or demotions.)  Yes  No

If yes, list: \_\_\_\_\_

56. Have you ever made a false claim about being injured on the job?  Yes  No

57. Did you ever leave a job under less than favorable conditions?  Yes  No

58. Did you ever quit or resign from a job without giving proper notice?  Yes  No

59. Were you ever fired or dismissed from a job?  Yes  No

If yes, were you fired for anything involving lying, cheating or stealing?  Yes  No

60. Did you ever quit a job before you were about to be fired?  Yes  No

61. Did you ever quit a job while you were under any type of investigation?  Yes  No

62. Did you ever misrepresent anything or lie to your supervisor/employer (including information provided on your initial application)?  Yes  No

63. Have you ever threatened another co-worker with violence?  Yes  No

64. Have you ever stolen or been involved in the theft of any money, merchandise, equipment, supplies or anything else of value from any employer?  Yes  No

Explain: \_\_\_\_\_

65. Were you ever reprimanded by any supervisor for being late or absent?

66. Have you ever called in sick when you were not sick?  Yes  No  
 Yes  No

67. Did you ever provide confidential information you received through your employment to an unauthorized person for any reason?  Yes  No  
 Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

68. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?  Yes  No  
 Yes  No

69. Have you ever received an unsatisfactory performance review?  Yes  No  
 Yes  No

70. Please list any correctional, fire, rescue or law enforcement agencies or departments you have applied to for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DRIVING HISTORY**

71. Do you have a valid Virginia Driver's License?  Yes  No  
 Yes  No

72. Does your license contain any restrictions?  Yes  No  
 Yes  No

73. Have you ever received a summons or ticket for any violation of traffic laws?  Yes  No  
 Yes  No

74. Have you ever been involved in a traffic accident, even if you were not at fault?  Yes  No  
 Yes  No

LIST THE DATES AND LOCATIONS (CITY AND STATE) OF ANY TRAFFIC VIOLATIONS AND ACCIDENTS:

\_\_\_\_\_

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75. Have you ever possessed a driver's license from any other state?  Yes  No  
(List other states) \_\_\_\_\_

76. Has your driver's license ever been suspended or revoked in this or any other state?  
 Yes  No

77. Have you ever attended a traffic school for a motor vehicle violation or to reduce points on your driver's record?  
 Yes  No

## **MILITARY SERVICE**

78. Have you ever been a member of the armed forces of the United States or any foreign services or government?  Yes  No

If yes, what which branch? \_\_\_\_\_

Date entered \_\_\_\_\_ Discharge date  
\_\_\_\_\_

79. What was the highest rank you achieved? \_\_\_\_\_

80. Did you receive an Honorable Discharge?  Yes  No

81. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded?  Yes  No

82. While in the military, did you receive any disciplinary actions or punishments (i.e. fines, extended duty days or hours, loss of leave, loss of rank, non-judicial punishments, court-martials, captain's mast, Article 15's or etc.)?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

# DRUGS

83. Have you ever tried, used or experimented with any illegal drug or substance?  Yes  No

If yes, please circle any substance used:

MARIJUANA HEROIN LSD SPEED COCAINE HASHISH PCP OTHER

84. List approximate dates of first and last usage and the drug or substance used: \_\_\_\_\_

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85. Are you currently using any illegal drugs or substances?  Yes  No

86. Have you used any illegal drugs or substances within the past 24 months?  Yes  No

87. Have you ever purchased any illegal drugs, narcotics or controlled substances?  Yes  No

88. Have you ever sold any illegal drugs or substances?  Yes  No

89. Have you ever transported illegal drugs or narcotics from one location to another?  Yes  No

90. Have you ever manufactured or cultivated any illegal drug or narcotic, including marijuana?  Yes  No

91. Have you ever used prescription drugs that were prescribed to someone else?  Yes  No

92. Have you ever *legally* used marijuana or marijuana bi-products?  Yes  No

93. Have you ever used a legal substance in a manner to experience a “high” (i.e. popping pills, sniffing glue, huffing aerosol or etc.)?  Yes  No

94. During the past five years, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications?  Yes  No

95. Have you ever used anabolic steroids or other performance enhancing drugs?  Yes  No

If yes, were they taken by injection?  Yes  No

**PERSONAL STATEMENTS**

96. Have you made application to this agency at the request of another organization, group or person?  Yes  No

97. Did you deliberately lie to any question in this booklet?  Yes  No

98. Have you intentionally lied to any question or omitted any information in your employment application?  Yes  No

99. Are you aware of any situation that would disqualify you from employment by the Sheriff's Office?  Yes  No

100. Are you aware of any circumstances that would prevent you from submitting to a polygraph examination?  Yes  No

101. Have you ever taken a polygraph examination before?  Yes  No

If yes:

A. When \_\_\_\_\_

B. Purpose \_\_\_\_\_

C. Results \_\_\_\_\_

D. The polygraph was administered by a:

Government or Law Enforcement examiner  Private examiner

102. Have you ever been denied employment after a polygraph examination was conducted?  Yes  No

I hereby certify that I have personally completed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification, or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
Signature (include maiden name, if applicable)

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_, CITY OF \_\_\_\_\_

This day, \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

GIVEN under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature: \_\_\_\_\_