



Newport News Sheriff's Office
224 - 26th Street
Newport News, VA 23607
FAX: 757.926.8429

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinic, Polygraph Examiner, Attorney 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 Four of SSN# _____

Address _____

Email _____ Phone _____ ,

am applying 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.



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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 (MM/dd/yyyy)

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: _____



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AGILITY WAIVER FORM

Applicant's Name: _____
(Last) (First) (M.I.)

DOB ____ / ____ / ____ Sex: Male Female

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's Signature Date (MM/dd/yyyy)

Witness: _____

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

Name: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Sex: ___ Race: ___ Age: ___ 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 DISSEMINATED 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 POLYGRAPH 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

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. WINE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. MIXED DRINKS | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: _____

34. Have you ever been involved in any type of situation for which someone could blackmail you?

Yes No

If yes, list: _____

35. Have you ever participated in any illegal forms of gambling?

Yes No

If yes, list: _____

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/lie 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? [] Yes [] No
 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? Yes No

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

67. Did you ever provide confidential information you received through your employment to an unauthorized person for any reason? 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
69. Have you ever received an unsatisfactory performance review? 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
72. Does your license contain any restrictions? Yes No
73. Have you ever received a summons or ticket for any violation of traffic laws? Yes No
74. Have you ever been involved in a traffic accident, even if you were not at fault? Yes No

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

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: _____

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 applicable to you that would disqualify you from employment by the Sheriff's Office? Yes No
100. Are you aware of any circumstances applicable to you 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: _____