



You have been selected to proceed to the next step of the selection process for a position with the Newport News Police Department. To avoid automatic disqualification for failing to submit required information and making scheduled appointments, please complete the attached background investigation form and submit the form no later than the date provided to you. You can assist us in providing prompt dispositions on the status of all applications by observing the following mandatory instructions:

******IMPORTANT INFORMATION******

- **Do contact the recruiter if the recruiter requests, if you relocate your residence, change jobs, are no longer interested in the process, or you have another job offer you wish to consider.**
- **Do not call the Newport News Police Department to ask about the status of your application. Due to the volume of applicants, you will be notified in writing or by phone of the disposition of your application if you are a police applicant.**
- **Do not ask the Background Investigator the status of your background investigation. They are not permitted to reveal any details to anyone other than supervisors within their chain of command.**

Your cooperation is imperative in this process. You will be contacted at the conclusion of the selection process which may take up to one year. Thank you.

****Please keep this page for your records**

Newport News Police Department
Recruitment Unit
9710 Jefferson Avenue
Newport News, Virginia 23605
757-928-4150



Instructions

This form must be typed or clearly printed in black ink. All questions must be answered. Incomplete and illegible forms will not be considered. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets of the same size as this form, check the box indicating that there is an attachment for that question, and refer to the question answered on the attachment.

Required Documentation

Background/application processing cannot be completed without the following documentation. Originals must be reviewed for verification along with copies for inclusion in the applicant's file. **Official transcripts** are the only documentation accepted to substantiate education (no grade reports or unofficial transcripts will be accepted). Salary policy may allow for adjustment in the base pay scale for sworn within 60 days of employment, provided documentation is made available and the Chief of Police approves the request.

Applicants will be asked to provide copies of the following documentation:

- Driver's License;
- Official High school transcript and college transcripts. A diploma is not accepted in place of an official transcript;
- Birth certificate;
- Social security card;
- DD214 (member 4 copy) for any military service and, if completed, copies of military evaluation or performance reports for the last 3 years;
- Applicants with prior law enforcement experience must provide evaluation or performance reports for the last 3 years;
- Relevant training certificates;
- Any other documentation submitted for consideration at the discretion of the applicant

Copies must be submitted by the applicant upon request. Do not submit documentation until requested by the Background Investigator.



Section 1: Applicant Information

1	Name (Last, First Middle):		Date:
	Position Applying For:		Preferred Phone #:
	Other Names Used:		Other Phone #:
	nicknames, aliases, maiden name, former names changed legally or otherwise		Email:
	Present Street Address:		
	City:		State: Zip Code:
	Date of Birth (mm/dd/yyyy):		Place of Birth (City, State):
	Social Security #:		
	Driver's License #:		State: Expires (mm/dd/yyyy):
	Natural Hair Color:		Eye Color: Race:

☐ Attachment added for Section 1

Investigator Notes:

Section 2: Military Service

2	Have you ever been a member of the Armed Forces (US or foreign)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Branch of Service:		Services #:
	Date of Entry:		Date of Discharge:
	Place of Discharge:		
	Rank Upon Entry:		Rank Upon Discharge:
	Reserve Obligation: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Until:
	Type of Discharge:		
	List any convictions received in any military courts and article 15's.		
	<u>Date</u>	<u>Command</u>	<u>Location</u> <u>Nature of Conviction</u> <u>Disposition</u>

☐ Attachment added for Section 2

Investigator Notes:



Section 3: Family Data

3a Present marital status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

If married, widowed, separated or divorced, provided information for present and/or **all** former spouses.

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____

Contact Information: _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Place of Employment: _____

Employer's Address: _____

Occupation: _____ Work Phone #: _____

If divorced, give date, name and location of the court granting the decree:

Date: _____ City/State: _____

Name of Court Granting Decree: _____

☐ Attachment added for Section 3a

3b List the names, ages and relationship of all persons living with you: ☐ N/A – Live Alone

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

☐ Attachment added for Section 3b

3c List parent information (if no longer living, state “deceased” in the occupation field):

Name: _____	Date of Birth: _____
Address: _____	Occupation: _____
Name: _____	Date of Birth: _____
Address: _____	Occupation: _____

☐ Attachment added for Section 3c

3d List in-law information (if no longer living, state “deceased” in the occupation field):

Name: _____	Date of Birth: _____
Address: _____	Occupation: _____
Name: _____	Date of Birth: _____
Address: _____	Occupation: _____

☐ Attachment added for Section 3d



3e	List sibling information (if no longer living, state "deceased" in the occupation field):	
	Name:	Date of Birth:
	Address:	Occupation:
	Name:	Date of Birth:
	Address:	Occupation:
	Name:	Date of Birth:
	Address:	Occupation:

☐ Attachment added for Section 3e

3f	List your addresses for the past 10 years starting with the most recent . If you have served in the Armed Forces, list your duty stations while in the military. Start with the present address. Include temporary residences. If you lived without a residence for more than one month, indicate "no residence" in the street address. If you lived in more than ten locations in the past 10 years, use an attachment to finish listing the locations.		
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:
	From:	To:	Street Address:
	City:		State:

☐ Attachment added for Section 3f

Investigator Notes:



Section 4: Employment

4a

List all current and previous employment ***for the last 10 years starting with the most recent***, including periods of unemployment. If known, provide current phone numbers for past supervisors. If you had more than four employers in the past 10 years, use an attachment to finish listing the locations.

From: To: Employer:

Job Title: Salary:

Address: Phone #:

Supervisor Name, Title and Phone #:

Explain (in detail) your reason for leaving:

From: To: Employer:

Job Title: Salary:

Address: Phone #:

Supervisor Name, Title and Phone #:

Explain (in detail) your reason for leaving:

From: To: Employer:

Job Title: Salary:

Address: Phone #:

Supervisor Name, Title and Phone #:

Explain (in detail) your reason for leaving:

From: To: Employer:

Job Title: Salary:

Address: Phone #:

Supervisor Name, Title and Phone #:

Explain (in detail) your reason for leaving:

☐ Attachment added for Section 4a

4b

In the last 10 years, have you been fired or dismissed from a job?

☐ No ☐ Yes If you answered yes, please explain.

☐ Attachment added for Section 4b

4c

In the last 10 years, have you been reprimanded by any supervisor for being late or absent?

☐ No ☐ Yes If you answered yes, please explain.

☐ Attachment added for Section 4c



4d In the last 10 years, have you been reprimanded for misconduct or unsatisfactory performance?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 4d

4e Have you ever been fired or dismissed from a law enforcement or public safety position?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 4e

4f Have you ever disclosed confidential information to an unauthorized person?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 4f

4g Have you ever falsified or altered any official document?

☐ No Yes *If you answered yes, please explain.*

☐ Attachment added for Section 4g

Investigator Notes:



Section 5: Traffic Accident & Violation Record

5a	Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes
	How many years have you been licensed to drive?
	Does your current driver's license have any restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please explain.</i>
	List your current and previous driver's licenses, including those from previous states, starting with your first issued license.
	Issued Date State Class of License Ever Suspended or Revoked? <i>(answer "yes" with an explanation or "no")</i>

☐ Attachment added for Section 5a

5b	Have you ever had to attend a training school because of a motor vehicle charge or criminal arrest?
	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please explain.</i>

☐ Attachment added for Section 5b

5c	Have you ever been ticketed, cited, summonsed or arrested for driving under the influence of drugs or alcohol?
	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please explain.</i>

☐ Attachment added for Section 5c

5d	In the last 10 years, have you ever been ticketed, cited, or summonsed for any violation of traffic laws, including traffic infractions such as speeding?
	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, list the date the ticket was issued, the city and state it was issued in, the charge, and disposition for each ticket.</i>
	<u>Date of</u> <u>Ticket/Summons</u> <u>City, State</u> <u>Charge & Disposition</u>

☐ Attachment added for Section 5d



Newport News Police Department
Applicant Background Form

5e List all motor vehicle accidents/crashes you have been involved in as the operator of a vehicle that were reported to/investigated by a law enforcement agency.

☐ N/A – Never been involved in a motor vehicle accident/crash as an operator of a vehicle

<u>Date Occurred</u>	<u>City, State</u>	<u>Was anyone injured?</u> <i>Answer "yes" or "no".</i>	<u>Were you issued a ticket?</u> <i>Answer "yes" or "no". If "yes", what was the charge?</i>

☐ Attachment added for Section 5e

5f Were you under the influence of alcohol before any of the above listed motor vehicle accident/crashes occurred?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 5f

5g As the operator of a vehicle, have you ever been involved in an accident/crash that was not reported to law enforcement?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 5g

5h Do you have any lawsuits pending because of a motor vehicle accident/crash?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 5h

5i Have you ever been denied auto insurance?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 5i

Investigator Notes:



Section 6: Involvement in Criminal Activity

6a Since the age of 18 or in the last 10 years if you are more than 28 years old, have you ever had any contact with any police authority in any jurisdiction as either a victim, reporting person, witness, or offender?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 6a

6b Have you ever committed or participated in any of the following crimes, including those you committed and were not caught?

Murder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Burglary	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Manslaughter	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rape	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Embezzlement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Sex Crimes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Robbery	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Arson	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Sale of Drugs	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pedophilia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Alcohol Related Offense (<i>drinking in public, drunk in public, underage possession of alcohol, DUI, providing alcohol to minors, etc.</i>)				<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you answered yes to any of the above crimes, please attach an explanation.

☐ Attachment added for Section 6b

6c Since the age of 18 or in the last 10 years if you are more than 28 years old, have you ever stolen anything in the following manner?

Shoplifting/Merchandise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Money	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Receiving stolen goods	<input type="checkbox"/> No	<input type="checkbox"/> Yes	From the government	<input type="checkbox"/> No	<input type="checkbox"/> Yes
From a residence	<input type="checkbox"/> No	<input type="checkbox"/> Yes	From other persons	<input type="checkbox"/> No	<input type="checkbox"/> Yes
From relatives	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Through fraud or deception	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you answered yes to any of the above crimes, please attach an explanation.

☐ Attachment added for Section 6c

6d Have you ever been charged or arrested for any criminal offense, including larceny or theft, as either a juvenile or an adult?

☐ No ☐ Yes

If you answered yes, you must attach a list of all charges or arrests (other than expungements), regardless of deferred findings or dismissal of charges for any reason.

☐ Attachment added for Section 6d

6e Have you ever been involved in:

Terrorist activity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	A militia group	<input type="checkbox"/> No	<input type="checkbox"/> Yes
A criminal enterprise	<input type="checkbox"/> No	<input type="checkbox"/> Yes	An illegal sex act	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Child pornography	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Conspiracy to commit a serious crime	<input type="checkbox"/> No	<input type="checkbox"/> Yes
A criminal gang	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

If you answered yes to any of the above crimes, please attach an explanation.

☐ Attachment added for Section 6e



6f Have you ever been served a summons to appear in court?

- ☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 6f

6g Have you ever been sentenced to jail or prison?

- ☐ No ☐ Yes *If you answered yes, please explain and specify if the sentence was served or suspended.*

☐ Attachment added for Section 6g

6h Have you ever been involved in any type of situation for which someone could blackmail you?

- ☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 6h

6i Have you ever engaged in illegal gambling, including animal fights?

- ☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 6i

Investigator Notes:



Section 7: Illegal Substances

7a Are you currently using illegal drugs or other illegal controlled substances?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 7a

7b Have you ever possessed, tried, used, experimented with, or sold any type of **illegal** drugs, narcotics, or controlled substances, including any of the following?

Drug/Substance	Possessed?		Used?		Experimented?		Sold?	
	Yes	No	Yes	No	Yes	No	Yes	No
1) Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Hash/Hash Oil (DAB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Steroids – no prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Speed/Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Acid/LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Crystal Meth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Inhalants (glue, gasoline, paint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Mescaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Xanax/Valium – no prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Date Rape (DMX, GHB, Rohyphonol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Spice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Bath Salts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Prescription drugs, not prescribed to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please explain.

☐ Attachment added for Section 7b

Investigator Notes:



Section 8: Financial Statement

8a Are you currently meeting your financial obligations?

☐ Yes ☐ No *If you answered no, please explain.*

☐ Attachment added for Section 8a

8b In the last 10 years, have you been contacted by a collection agency regarding any outstanding unpaid debt, charge-off account, collection account, foreclosure, delinquent account, civil judgment, repossession, garnishment or tax lien?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 8b

8c Have you ever been sued in court for a collection of any debt contracted by you?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 8c

8d Have you ever filed for bankruptcy?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 8d

8e Have you ever had any judgements against you or are there any pending judgments against you at this time?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 8e

8f List your current debts and/or financial obligations not mentioned above:

<u>Amount</u>	<u>To Whom Owed</u>	<u>Monthly Payment</u>	<u>Item(s) Purchased</u>
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☐ Attachment added for Section 8f

Investigator Notes:



Section 9: General Information

9a

List all other employment applications, to include previous applications to the Newport News Police Department, other law enforcement agencies, and fire or rescue department, to which you have applied for employment. A current application with other departments does not affect your application with the Newport News Police Department. Failure to disclose other applications may eliminate you from the process.

<u>Date of Application</u>	<u>Agency</u>	<u>Contact Information</u>	<u>Application Status</u>

☐ Attachment added for Section 9a

9b

Have you previously served as a law enforcement officer?

☐ No ☐ Yes *If you answered yes, explain in what capacity, where, when and why you left.*

☐ Attachment added for Section 9b

9c

Do you have any relatives, friends, or acquaintances employed by a public safety (including law enforcement and fire/rescue) agency or department?

☐ No ☐ Yes *If you answered yes, please provide the following information*

Name:	Position:	Contact Number:
Agency:	City, State:	
Name:	Position:	Contact Number:
Agency:	City, State:	
Name:	Position:	Contact Number:
Agency:	City, State:	

☐ Attachment added for Section 9c

9d

Do you have any specialized training, police training or hold any special licenses or permits?

☐ No ☐ Yes *If you answered yes, please list.*

☐ Attachment added for Section 9d

9e

Do you currently use any type of tobacco or vape products?

☐ No ☐ Yes *If you answered yes, explain what type of products and your usage (i.e. currently using, quit, etc.).*

☐ Attachment added for Section 9e



9f

Do you have any tattoos that would be visible while wearing work attire (for example on your arms, neck, etc.)?

☐ No

☐ Yes *If you answered yes, please list the location and a brief description and meaning of each tattoo.*

Location

Brief Description

☒ Attachment added for Section 9f

Investigator Notes:

Section 10: Education

10a

List all high schools and trade schools attended.

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

From: To: School:

City: State: Date Graduated:

Course of Instruction: Type of Degree:

☐ Attachment added for Section 10a



10b

List all colleges and universities attended:		
From:	To:	Institution/School:
City:	State:	Date Graduated:
Major/Area of Study:		Credit Hours:
Type of Degree:		GPA:
From:	To:	Institution/School:
City:	State:	Date Graduated:
Major/Area of Study:		Credit Hours:
Type of Degree:		GPA:
From:	To:	Institution/School:
City:	State:	Date Graduated:
Major/Area of Study:		Credit Hours:
Type of Degree:		GPA:

☐ Attachment added for Section 10b

10c

List any professional certification programs completed:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		
From:	To:	Institution/Program:
City:	State:	Date Completed:
Certificate/Area of Study:		

Attachment added for Section 10c

Investigator Notes:



Section 11: Bias-Based Activity

- 11a** Have you ever posted any comments or pictures on a social networking site, whether yours or another person's, that may contain material considered inappropriate or derogatory based on race, color, sex, religion, national origin, age, sexual orientation, gender identity or disability?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 11a

- 11b** Have you ever been investigated, reprimanded or terminated from employment for any ethnic or racially biased activity?

☐ No ☐ Yes *If you answered yes, please explain.*

☐ Attachment added for Section 11b

Section 12: Social Media

- 12** Please provide the full name on the account and the URL information for all of your social media accounts (both active and inactive). Please attach additional account information, if any.

Example: Name: Jane Doe, URL: www.facebook.com/jane.doe.2016.

DO NOT PROVIDE PASSWORDS to the accounts. You are not required to add a background investigator, recruiter or other NNPD personnel to the list of contacts for your social media accounts.

Facebook	Name:	
<input type="checkbox"/> N/A	URL:	
Instagram	Name:	
<input type="checkbox"/> N/A	URL:	
X (Twitter)	Name:	
<input type="checkbox"/> N/A	URL:	
TickTok	Name:	
<input type="checkbox"/> N/A	URL:	
Linkedin	Name:	
<input type="checkbox"/> N/A	URL:	
YouTube	Name:	
<input type="checkbox"/> N/A	URL:	
Pinterest	Name:	
<input type="checkbox"/> N/A	URL:	

☐ Attachment added for Section 12

Investigator Notes:



Section 13: References

- 13a** List the names, addresses and contact numbers of FIVE personal references who are not related to you and have known you for at least four years. Do not use former supervisors as references. You may provide up to five more references on an attachment, in case the background investigator is unable to contact the first five people listed.

Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	
Name:	Years Known:
Address:	
Contact Phone Number(s):	

☐ Attachment added for Section 13a

- 13b** List any clubs, social or fraternal organizations, civic or community groups, professional or trade unions, or associations which you are currently a member of or have been involved with in the past 10 years.

☐ Attachment added for Section 13b

- 13c** List any organizations for whom you have done volunteer work in the past 10 years. If you have done any volunteer work, coaching, mentoring or other community engagement activities without going through an organization, describe the work in an attachment.

<u>Organization/Contact Info</u>	<u>Dates of Volunteer Work</u>	<u>Type of Volunteer Work</u>

☐ Attachment added for Section 13c

Investigator Notes:



Newport News Police Department
Applicant Background Form

BEFORE SIGNING THIS FORM, BE SURE THAT ALL THE INFORMATION YOU DISCLOSE TO THIS DEPARTMENT REPRESENTS THE ENTIRE TRUTH AS IT RELATES TO THE QUESTIONS ASKED. ANY MISREPRESENTATION GIVEN BY THE APPLICANT WILL BE IMMEDIATE GROUNDS FOR TERMINATION OF EMPLOYMENT OR DISQUALIFICATION OF THE APPLICANT FOR EMPLOYMENT. YOU MUST BE COMPLETELY CANDID, AND PROVIDE, WITHOUT ANY OMISSION WHATSOEVER, ANY INFORMATION REQUESTED VERBALLY OR IN WRITING BY THE POLICE DEPARTMENT OR THE CITY OF NEWPORT NEWS REGARDING YOUR APPLICATION. DO NOT OMIT ANY INFORMATION.

You are seeking employment with the City of Newport News and are subject to a background investigation by a representative of the Newport News Police Department. Be advised of the following:

The Newport News Police Department Investigator is involved in the process to the extent of conducting background investigations and interviews. The Investigator assigned to conduct your background investigation is not authorized to release any information regarding this process to you or anyone outside of their chain of command. The Investigator is not authorized to offer employment to an applicant and no statement made by the Investigator shall be construed as a job offer to the applicant. I, the above named applicant, certify that I have filled out this background investigation form, and understand the questions and information requested, and that all information provided by me, as well as any information provided by me verbally or in any supplementary submission, is true, accurate and complete, to the best of my knowledge. I understand that providing false, misleading, or incomplete information, regardless when discovered, constitutes grounds for my disqualification for City employment or termination from City employment.

Signature of Applicant

Date

I, the above signed, certify that the information given is true and accurate to the best of my knowledge.



CITY OF NEWPORT NEWS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association, Health Clinic, Attorneys at Law.

U. S. Armed Forces, Maritime Service, Veteran Administration, or U. S. Selective Service.

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

Any State, Local, Federal Law Enforcement Agency.

Any Judge, Court, or Magistrate.; Any State, Local, City or County agency.

Any past or present employer.

Bank, Credit Union, Credit Bureau, Retail Merchants Association or Lending Institution.

Any person(s) having knowledge regarding my character or reputation.

I, _____
Name Address

City State Zip Code

have applied for employment with the Newport News Police Department. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and direct the release of any and all requested information you may have concerning me (including transcripts of records and copies of documents) to any City of Newport News Police Investigator or Human Resources Representative upon presentation of this release form. I understand that any such information is considered confidential by the Newport News Police Department and will not be released to me.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information. I also authorized the release of any and all information regardless of any agreement, expressed, verbal or in writing, I may have made with you previously to the contrary.

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

Signed this _____ day of _____ the year _____

Date of Birth _____ SSN# _____.

Signature (Include maiden or previous name)

E-Mail Address

FOR EMPLOYMENT PURPOSES ONLY