

**WYTHE COUNTY SHERIFF'S OFFICE  
PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS TO THE APPLICANT**

The information you provide in this personal history statement will be used in the investigation of your background to determine your suitability for the position for which you have applied. Please fill out the questionnaire completely and accurately. Keep in mind that:

- (1) All statements are subject to verification.
- (2) **Deliberate inaccuracies or omissions will** bar or remove you from further consideration for employment.
- (3) Failure to follow instructions or answer questions completely and accurately **may bar** or remove you from further consideration for employment.
- (4) All time periods in your background must be accounted for.
- (5) You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, personal/family changes, telephone number change). Notification of such changes must be submitted in writing to the Wythe County Sheriff's Office.
- (6) If you have any questions regarding any section or part of this application, do not hesitate to contact this office at (276) 223-6099 for clarification. Our personnel will be glad to take time to explain any section or part of the application that you do not fully understand.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position for which you have applied. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Please **TYPE** or clearly **PRINT (in black ink)** your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, attach a separate sheet of paper and refer to the section heading or number. ***We strongly recommend*** that you preview this form before writing on it. Some sections/pages may need to be photocopied prior to completion to ensure that you have enough space.

Wythe County Sheriff's Office  
245 South 4th Street  
Wytheville, VA 24382  
(276) 223-6099

**1) PERSONAL**

NAME:		Last	First	Middle	
Other names (including nicknames) you have used or been known by					Social Security Number
Address at which you can be contacted - DO NOT USE PO BOX					
Street					
City		State	Zip Code		
Phone Numbers:					
Home:	Hours:	Work:	Hours:	Cell #:	
Height	Weight	Eye Color	Hair Color	List any scars, marks, and tattoos (and location if visible)	
Marital Status - List marriage date if applicable	Your place of birth		Your date of birth		
If divorced or separated, list all previous spouses and dates of separation or divorce					
Current Name	Current Address		Phone Number	Date of Separation or Divorce	

**2) SPOUSE, CHILDREN, AND DEPENDENTS**

List information on your current spouse (include maiden name), all of your children, include step-children and adopted children. If engaged, list fiancée.

Name	Address	Age	Relationship

Provide the appropriate information pertaining to any individuals with whom you have resided with in the last three years (excluding relatives). Continue on back if necessary.

Name	Phone #	Address of Residence	Dates (mm/yy)

### 3) REFERENCES AND FAMILY LISTINGS

In the spaces below, please list at least 3 people as references who have knowledge of you and your qualifications. **Exclude relatives in this section.** Please provide at least two phone numbers for each reference.

Name	Relation to You	Complete Address	Telephone
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:
			Home: Work: Other:

In the spaces below, list the requested information on your family members (even if deceased) to include mother, father, guardian, step-parents, parents-in-law, foster parents, brothers, sisters, and step-siblings. Include their relationship to you and at least 2 phone numbers if possible.

Name / Relationship	Address	Home / Work Phone #
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

### 4) EDUCATION

Have you ever been suspended or expelled from any high school or post secondary school? (Post - Secondary Schools include colleges and universities, graduate schools, business and vocational schools, or any formal education beyond high school level.)  Yes  No

If "YES," please explain (include school, date, and circumstances).

Do you speak a foreign language?  Yes  No If yes, identify the language and your level of comprehension. Language \_\_\_\_\_.

Reading  Very Fluent  Somewhat fluent (can read above beginner level)

Writing  Very Fluent  Somewhat fluent (can write above beginner level)

Speaking     Very Fluent     Somewhat fluent (can speak above beginner level)

Please indicate below all the schools you have attended beginning with high school.

Name of School	Location of School (City & State)	Date Attended		Did you Graduate? Please List any Degree Obtained
		From	To	

If you do not possess a college degree, how many college semester credits have you successfully completed / earned?

**5) RESIDENCE**

Please list all your residences since 16 years of age, include those while in college and the Armed Forces. Begin with your most current residence. DO NOT USE P.O. BOXES.

Address of Residence	City, State, & Zip Code	Dates	
		From	To

List any organizations, clubs, fraternities, sororities, civic groups, and social groups of which you are now, or have ever been a member of or associated with. Indicate any office or position held.


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**6) MILITARY**

Have you ever served in the Armed Forces, National Guard, or Military Reserves?  Yes  No  
 If "Yes", please supply the following information:

Branch of Service	MOS	Dates of Service	Type of Discharge or Current Status
		____/____ to ____/____	
		____/____ to ____/____	

Are you currently participating in any military reserve or National Guard program?  Yes  No

Did you receive any disciplinary actions while in the military ?  Yes  No  
 If " Yes" please explain.


List your rank and describe your duties:


List all duty stations, including Basic Training and other specialty schools:

Military Installation	City / State	Assignment

Please list those individuals in the military who know you well enough to provide accurate information about you.

Name	Address	Telephone	Years Known
		Home: Work:	to
		Home: Work:	to
		Home: Work:	to

## 7) FINANCIAL

Please fill the financial statement below. Be complete and accurate.

Current Monthly Income		Current Monthly Expenses	
Your salary -->	_____	Real Estate (mortgage) Payment(s)-->	_____
Spouse's salary -->	_____	Rent -->	_____
Other monthly income - describe:		Other monthly payments - list any monthly obligation over \$100 per month (this would include school loans, car payments, other bank loans, etc.). Do not list utility expenses (gas, electricity, etc.).	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>TOTAL MONTHLY EXPENDITURES</b>	<b>\$ _____</b>

Current Assets		Current Liabilities / Debts	
Savings -->	_____	Real Estate Indebtedness -->	_____
Checking -->	_____	Long-term loans -->	_____
Real Estate -->	_____	Charge accounts -->	_____
Stocks and Bonds -->	_____	Other Liabilities - describe:	
Autos -->	_____	_____	_____
Other Assets - describe:		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**7) FINANCIAL**

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.

Name of Firm	Address	Type of Debt (credit card, loan, etc.)

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan ?  Yes  No  
 If "Yes", please give details (include when, where, why). Include a copy of all court related papers.

Have any of your bills ever been turned over to a collection agency ?  Yes  No  
 If "Yes", please give details (include when , firms involved, circumstances).

Have you ever had purchased goods repossessed (taken back)?  Yes  No  
 If " Yes", please give details (include when, firms involved, circumstances).

**7) FINANCIAL**

Have your wages ever been garnisheed?

Yes  No

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on income or other tax payments?

Yes  No

If "Yes", please give details (include when, where, why).

Have you ever been delinquent on child support payments?

Yes  No

If "Yes", please give details (include when, where, why).



**8) LEGAL**

Have you ever been charged with a violation of law; arrested; or issued a defendant summons for *any* offense? Include adult and juvenile offenses and all dismissed, dropped, not prosecuted, sealed or expunged charges. **Do not include traffic offenses.**  Yes  No If "Yes", provide the following information below.

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	<input type="checkbox"/> <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	<input type="checkbox"/> <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	<input type="checkbox"/> <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	<input type="checkbox"/> <input type="checkbox"/>

Explanation:

Date	Police Agency	Charge	Type	Disposition
			Felony Misdemeanor	<input type="checkbox"/> <input type="checkbox"/>

Have you ever committed an illegal act or done anything that would have been considered illegal if caught? Include adult and juvenile incidents?  Yes  No If "Yes", provide a detailed explanation below.

## 8) LEGAL

Have you ever committed, been charged with, or convicted of a domestic assault type offense? For example: assaults against family members; stalking; threats; or violations of a Protective Order.  Yes  No **If "Yes", provide details below.**

Have you or your spouse ever been involved as a plaintiff or defendant in any civil court action?  Yes  No  
**If "Yes", please give details (include when, where, name and location of court, and circumstances).**

or Protective Order against someone else?  Yes  No  
If "Yes", provide details below. Do not include cases if you are/were a law enforcement officer.

Are you now or have you ever been a member of any organization, gang, group of individuals, movement, or association that:

- |  |    |                          |     |                          |
|--|----|--------------------------|-----|--------------------------|
| * advocates denying other individuals their equal civil rights or liberties?             | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| * advocates the overthrow of our constitutional form of government by force or violence? | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| * has conducted or been involved in any illegal activity?                                | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> |
- If yes, please list the organization and details below.

**9) MOTOR VEHICLE OPERATION**

Drivers license number	Name under which license was granted	Exp. Date	State

Please list <i>other states</i> where you have been licensed to operate a motor vehicle and the name under which the license was issued.	Name	Operators License Number	State
			_____
			_____
			_____

Have you ever been refused a driver's license by any state?  Yes  No  
 If "Yes", please give details (include when, where, why).

Virginia law requires that operators and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for your vehicles:

Make	Year	Insurance Company	Phone Number	Policy Number	Expiration Date

Please list all traffic citations (exclude parking tickets) you have received.

Nature of Violation	Location ( City/State)	Date	Disposition			
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>
			Guilty <input type="checkbox"/>	Not Guilty <input type="checkbox"/>	Driving School <input type="checkbox"/>	<input type="checkbox"/>

**9) MOTOR VEHICLE OPERATION**

Have you ever been involved as a driver in a motor vehicle accident?  Yes  No  
 If "Yes", give details for each accident.

Date	Location	Police Investigation:		Police Agency	Type:	
		Yes	No		Injury	Non-injury
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Has your license ever been suspended or revoked by Virginia or any other state?  Yes  No  
 If " Yes ", please give details ( include what, when, where, why).

Have you ever been charged or convicted of a DUI related offense?  Yes  No  
 If "Yes", please give details (include when, where, why).

**10) GENERAL INFORMATION**

Are you a citizen of the United States?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

If you are successful in gaining an appointment to this Department, do you expect to engage in any other gainful occupation? If "Yes", please explain.  Yes  No

10) GENERAL INFORMATION

Are you currently using any illegal drugs? If "Yes ", explain.

Yes No

Have you ever used any illegal drugs? If " Yes", explain.

Yes No

Have you ever purchased, transported, and/or sold any illegal drugs?  
If "Yes", explain.

Yes No

Have you ever manufactured or stored any illegal drugs? If "Yes", explain.

Yes No

Do you participate in a social networking capacity.

Yes No

If yes, please provide the name of the service(s) that you have:

**10) GENERAL INFORMATION**

Have you ever applied for a permit to carry a concealed weapon?  Yes  No

If " Yes", please provide the following information:

Permit granted?	Type Weapon	Date	Law Enforcement Agency
<input type="radio"/> Yes <input type="radio"/> No			

Purpose for permit:

Have you ever applied for employment with another law enforcement agency?  Yes  No

If " Yes", please provide the following information:

Agency Name (City & State)	Position	Date	Disposition / Status

Have you ever applied for employment with this Department?  Yes  No If " Yes", list below:

Position	Date	Disposition

Are you acquainted with any members of this Department?  Yes  No If "Yes", please list.

\_\_\_\_\_

\_\_\_\_\_

Have you ever participated in an internship program with a Law Enforcement Agency?  Yes  No

College/University Affiliation	Law Enforcement Agency	Dates of Participation

Have you ever been refused insurance for any reason other than failure to pay a premium?  Yes  No  
 If "Yes", please explain on back of this sheet (include company name and address, date and reason).



**11) EMPLOYMENT**

Dates of Employment	Name and address of employer	Telephone number
From _____ To _____ Mo. Yr. Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
<b>Your name if different</b>		<b>Salary</b>
		Starting: _____ Ending: _____
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.	
		/	/

Dates of Employment	Name and address of employer	Telephone number
From _____ To _____ Mo. Yr. Mo. Yr. _____ / _____ / _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
<b>Your name if different</b>		<b>Salary</b>
		Starting: _____ Ending: _____
<b>Termination Status</b>		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain:		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. Yr. TO: Mo. Yr.	
		/	/



## 11) EMPLOYMENT

Dates of Employment	Name and address of employer	Telephone number
From _____ To _____ Mo. _____ Yr. Mo. _____ Yr. _____ / _____ / _____	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Your name if different</b> _____ <b>Salary</b> _____	
Starting: _____		Ending: _____
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain: _____		
_____		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. _____ Yr. _____	TO: Mo. _____ Yr. _____
		/	/

Dates of Employment	Name and address of employer	Telephone number
From _____ To _____ Mo. _____ Yr. Mo. _____ Yr. _____ / _____ / _____	_____ _____ _____ <u>Title or duties</u> _____ _____	_____ _____ <u>Name of supervisor:</u> _____ <u>Names of co-workers:</u> _____ _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	<b>Your name if different</b> _____ <b>Salary</b> _____	
Starting: _____		Ending: _____
Termination Status		
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Resigned in lieu of being fired <input type="checkbox"/> Fired <input type="checkbox"/> Position Eliminated		
Explain: _____		
_____		

<input type="checkbox"/> Military Service	<input type="checkbox"/> Not employed	FROM: Mo. _____ Yr. _____	TO: Mo. _____ Yr. _____
		/	/



## 11) EMPLOYMENT

Would any problems result if your present employer were contacted during the course of the background investigation?  Yes  No If "Yes", explain why.

When should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain.

Have you ever been disciplined, suspended, or otherwise received punitive actions at a current or former place of employment? If yes, please explain.  Yes  No

Are you willing to work any type of shift associated with the position for which you have applied? If "No" explain why.  Yes  No

Have you ever been fired, asked to resign, or resigned because you believed you would be fired from a job? If yes, please give details (include when, where, & circumstances).  Yes  No

Have you ever been involved in any administrative or internal affairs investigations?  Yes  No If yes, attach explanation regardless of whether it was conducted by your organization or an outside organization.

\_\_\_\_\_

**Wythe County Sheriff's Office**  
**245 South 4th Street**  
**Wytheville, VA 24382**  
**(276) 223-6099**

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The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the Wythe County Sheriff's Office. If such intentional misstatements or omissions are found after employment, it will be considered grounds for dismissal.

I understand that this completed application and any materials submitted with it are the property of the Wythe County Sheriff's Office and will not be returned regardless if I am offered employment.

I understand that any offer of employment is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility, if necessary, for employment.

**RELEASE OF INFORMATION**

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I authorize the release of any and all employment related information that the Wythe County Sheriff's Office may request or any records pertaining to past or present employment which may now exist or exist in the future.

I fully understand this release of information is a necessary part of the background investigation used by the Wythe County Sheriff's Office to screen prospective employees.

I understand that a copy of this letter will be considered the same as the original.

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Signature

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Date Completed

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Notary Public

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Date my commission expires