

RECEIVED BY: _____

DATE OF RETURN: _____

DEPUTY ASSIGNED: _____ DATE: _____

**BACKGROUND INVESTIGATION QUESTIONNAIRE
KANAWHA COUNTY SHERIFF'S OFFICE
CHARLESTON, WEST VIRGINIA**

Are you pursuing a position as a full time law enforcement officer? Circle Yes or No

Are you a certified law enforcement officer? Y or N

If so, date and State certified: _____
Date State

I. PERSONAL DATA

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Age: _____ Sex: _____ Weight: _____ Height: _____ Build: _____

Complexion: _____ Hair Color: _____ Eye Color: _____

Residence Address: _____

City, State, Zip () Phone

Time at Current Address: _____ Years _____ Months

Time in WV: _____ Years _____ Months Time in Kan. Co.: _____ Years _____ Months

Current Employer or School: _____

Address: _____
Street City State Zip

Phone: () _____ Dates of Employment/Enrollment: _____
to/from

May we contact your current employer or school? Yes [] No []

Are you fluent in any language other than English? Yes [] No [] _____
Specify

Are you a U.S. Citizen? Yes [] No [] Date of Citizenship: _____

II. FAMILY INFORMATION

Marital Status: __Single __ Married __ Separated __ Divorced __ Spouse Deceased

If married, how long to present spouse ____ Date/Place of Marriage: _____

Full name of husband or maiden name of wife: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: ____/____/____ Place of Birth: _____

Is Spouse employed? ____ If Yes, Occupation: _____ Salary: _____

Spouse's Employer: _____ How long? _____

Employer's Address: _____

If Divorced or Separated, give date and address of granting court: _____

If remarried, give date and place(s) of previous marriage(s): _____

Name of Divorced or Separated Spouse: _____

Present Address: _____

Divorced or Separated Spouse's Date of Birth: ____/____/____

Divorced or Separated Spouse's Occupation: _____

Where Employed? _____

List all children, whether Dependent or not, and Other Dependents:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Dependent?</u>	<u>Residence</u>	<u>Occupation</u>
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____
_____	_____	_____	Yes No	_____	_____

	Yes	No	
	Yes	No	
Parents' Names	Living?	Address:	Phone:
Father: _____	Yes No	_____	()
Mother: _____	Yes No	_____	()
Spouse's Parents' Names	Living?	Address:	Phone:
Father: _____	Yes No	_____	()
Mother: _____	Yes No	_____	()

List Living Brothers and Sisters:

Name	Address	City	State	Zip	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Relatives Currently or Previously Employed by the Kanawha County Sheriff's Office:

Closest Living Relatives not listed above:

Name	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	()
_____	_____	_____	_____	_____	()
_____	_____	_____	_____	_____	()

III. EDUCATIONAL BACKGROUND

High School Name: _____

Address: _____

Street

City

State

Zip

Phone: () _____ Dates Attended: _____ Diploma/GED: Y or N
to/from

College/University/Technical School: _____

Address: _____

Street

City

State

Zip

Phone: () _____ Dates Attended: _____ Degree: Y or N

Major Field of Study: _____ Credit Hours: _____

College/University/Technical School: _____

Address: _____
Street City State Zip

Phone: () _____ Dates Attended: _____ Degree: Y or N

Major Field of Study: _____ Credit Hours: _____

College/University/Technical School: _____

Address: _____
Street City State Zip

Phone: () _____ Dates Attended: _____ Degree: Y or N

Major Field of Study: _____ Credit Hours: _____

*Attach separate sheet if needed to list all educational facilities.

IV. RESIDENCES

List chronologically all of your residence addresses for the past ten years. Begin with your current residence and proceed backwards therefrom.

1. From: _____ To: _____ OWN [] RENT []
Street Address: _____ Apt. #: _____
City: _____ County: _____ State: _____ Zip: _____
Landlord's Name and/or Rental Agency: _____
Address: _____
Street City State Zip
Phone: () _____

2. From: _____ To: _____ OWN [] RENT []
Street Address: _____ Apt. #: _____
City: _____ County: _____ State: _____ Zip: _____
Landlord's Name and/or Rental Agency: _____
Address: _____
Street City State Zip
Phone: () _____

3. From: _____ To: _____ OWN [] RENT []
Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name and/or Rental Agency: _____

Address: _____

Street City State Zip

Phone: () _____

4. From: _____ To: _____ OWN [] RENT []

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name and/or Rental Agency: _____

Address: _____

Street City State Zip

Phone: () _____

5. From: _____ To: _____ OWN [] RENT []

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name and/or Rental Agency: _____

Address: _____

Street City State Zip

Phone: () _____

6. From: _____ To: _____ OWN [] RENT []

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name and/or Rental Agency: _____

Address: _____

Street City State Zip

Phone: () _____

7. From: _____ To: _____ OWN [] RENT []

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord's Name and/or Rental Agency: _____

Address: _____

Street City State Zip

Phone: () _____

Address: _____
Street City State Zip

Date of Employment: From _____ To _____
Month/year month/year

Position/Title/Major: _____

May we contact? Y or N Phone: () _____ Full or Part Time: _____

Name of immediate supervisor/instructor: _____

Describe duties, responsibilities, courses, and accomplishments.

What was your reason for leaving? _____

Previous Employer: _____

Address: _____
Street City State Zip

Date of Employment: From _____ To _____
Month/year month/year

Position/Title/Major: _____

May we contact? Y or N Phone: () _____ Full or Part Time: _____

Name of immediate supervisor/instructor: _____

Describe duties, responsibilities, courses, and accomplishments.

What was your reason for leaving? _____

Previous Employer: _____

Address: _____

Street City State Zip

Date of Employment: From _____ To _____

Month/year month/year

Position/Title/Major: _____

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Previous Employer: _____

Address: _____

Street City State Zip

Date of Employment: From _____ To _____

Month/year month/year

Position/Title/Major: _____

May we contact? Y or N Phone: () _____ Full or Part Time: _____

Name of immediate supervisor/instructor: _____

Describe duties, responsibilities, courses, and accomplishments.

What was your reason for leaving? _____

Previous Employer: _____

Address: _____

Street City State Zip

Date of Employment: From _____ To _____

Month/year month/year

Position/Title/Major: _____

May we contact? Y or N Phone: () _____ Full or Part Time: _____

Name of immediate supervisor/instructor: _____

Describe duties, responsibilities, courses, and accomplishments.

What was your reason for leaving? _____

VI. MILITARY SERVICE

1. Have you served in the U.S. Armed Forces? Y or N

Branch: _____

Type of Discharge: _____

Rank: _____ Service Number: _____

2. Dates of active military service:

Entry Date: _____ Separation Date: _____

3. Are you presently a member of U.S. Reserve or National State Guard? Y or N

If yes, complete the following:

Rank: _____ Service Number: _____

Length of Service: _____

Service Component: _____

Organization and Station or Unit: _____

Address: _____

Street City State Zip

Active or Inactive? _____

4. Have you ever been a defendant in a court martial (excluding proceedings leading to non-judicial punishment), or any other disciplinary action? Y or N

If yes, explain in detail.

5. Have you ever been denied or had a security clearance revoked?

YES [] NO []

VII. REFERENCES

Do not list relatives or previous employers. Complete all five and give complete addresses, zip and phone numbers.

1.	_____	_____	_____
	Name	Occupation	Years Known
	_____	_____	_____
	Address-Street	City, State, Zip	Phone
	_____	_____	_____
	Business Address-Street	City, State, Zip	Phone
2.	_____	_____	_____
	Name	Occupation	Years Known
	_____	_____	_____
	Address-Street	City, State, Zip	Phone
	_____	_____	_____
	Business Address-Street	City, State, Zip	Phone
3.	_____	_____	_____
	Name	Occupation	Years Known
	_____	_____	_____
	Address-Street	City, State, Zip	Phone
	_____	_____	_____
	Business Address-Street	City, State, Zip	Phone
4.	_____	_____	_____
	Name	Occupation	Years Known
	_____	_____	_____
	Address-Street	City, State, Zip	Phone

Business Address-Street	City, State, Zip	Phone
5. _____		
Name	Occupation	Years Known
Address-Street	City, State, Zip	Phone
Business Address-Street	City, State, Zip	Phone

List three close friends (not relatives) who have known you for at least three years:

6. Name: _____ Occupation: _____
 Complete Address: _____
 Known How Long? _____ Phone Number: () _____

7. Name: _____ Occupation: _____
 Complete Address: _____
 Known How Long? _____ Phone Number: () _____

8. Name: _____ Occupation: _____
 Complete Address: _____
 Known How Long? _____ Phone Number: () _____

VIII. DRIVER’S LICENSE

PRESENT DRIVER’S LICENSE

Driver’s License #: _____ License State: _____ Date Issued: _____

Name, as it appears on driver’s license: _____

Any other driver’s license which you have or have had in the past:

State: _____ Number: _____

State: _____ Number: _____

State: _____ Number: _____

Have you ever had a driver’s license and/or professional or non-professional license, certificate or privilege revoked or suspended—including out of state licenses—for any reason?

YES [] NO [] If yes, explain in detail:

List all traffic summons/citations/tickets/domestic relations petitions received for the past five years, including out of state licenses (not parking tickets).

Date	Location Agency	Violation Type	Penalty/Disposition
------	-----------------	----------------	---------------------

List all traffic crashes in which you have been involved:

Date	Location Agency	Your Fault?	Disposition
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IX. PERSONAL CHARACTER BACKGROUND

A. Has any legal judgment, i.e., divorce, child support, alimony, ever been issued against you? YES [] NO [] If yes, explain:

B. Have you ever been refused a surety bond (i.e., contractor, security guard, or entrepreneurship), or turned down for employment that required bonding? YES [] NO [] If yes, explain:

C. Have you ever been arrested, incarcerated, indicted, issued a Notice to Appear, or otherwise charged with a crime? Include juvenile arrests and sealed/expunged arrests and domestic violence complaints. YES [] NO [] If yes, explain:

X. OTHER NAMES USED

List all names used in the past, locations and circumstances (i.e., divorce, adoption, legal name changes, etc.)

Name	Dates From/To	Circumstances	Location
------	---------------	---------------	----------

Name	Dates From/To	Circumstances	Location
------	---------------	---------------	----------

Name	Dates From/To	Circumstances	Location
------	---------------	---------------	----------

XI. PREVIOUS LAW ENFORCEMENT APPLICATIONS

A. Have you ever applied to the Kanawha County Sheriff's Office in the past?
 YES [] NO [] If so, when? _____

B. Have you ever applied to another law enforcement agency?
 YES [] NO [] If so, list agency and date.

Agency and Department: _____

Street	City	State	Zip
--------	------	-------	-----

Position Applied For: _____

Agency and Department: _____

Street	City	State	Zip
--------	------	-------	-----

Position Applied For: _____

Agency and Department: _____

Street	City	State	Zip
--------	------	-------	-----

Position Applied For: _____

XIII. CERTIFICATION

I declare and affirm that the information provided by me on this Background Investigation Questionnaire is true and correct, complete and not misleading in any way, to the best of my knowledge, information, and belief. I understand that any and all statements given on this or any other personnel background check may result in my not being employed or, if employed, in my information at any stage of my application process is grounds to disqualify me from further consideration for employment and if not discovered before appointment, is grounds for immediate discharge when discovered. I further understand that, as part of the selection process, I may be required to submit to a polygraph (lie detector) examination administered by a certified operator. I understand that refusal to take a requested polygraph test will result in immediate disqualification from the selection process.

Additionally, I understand and agree to submit to a psychiatric evaluation if conditionally appointed as a police officer. I understand and agree that the completed report thereon will be the property of the Kanawha County Sheriff's Office and may be used in whole or in part to evaluate my suitability for selection and employment as a Kanawha County Deputy Sheriff. I also agree that in the event a conditional offer of employment by the department is made, I will submit to a physical examination when requested to do so. Any unsatisfactory evaluation may lead to my conditional appointment being withdrawn.

Date

Signature

XIV. AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that I have applied for a law enforcement position and recognize that the background scrutiny for law enforcement officers is more rigorous than for most other occupations. Accordingly, I hereby authorize each and every of my current and former employers, educational institutions, and all other individuals and entities to provide any information which he/she/it/they may have concerning me, whether or not it is on their records, and to the extent that such information is in written form. I authorize and request that a copy of any such file be provided to the background investigator. I authorize all persons to discuss my personnel, disciplinary, educational or other records and personal recollections and impressions of me. Further, I specifically release each person and their companies from any liability whatsoever for providing information pursuant to this Authorization.

The Kanawha County Sheriff's Office is specifically authorized to request information which includes, but is not limited to, a school/college/academy transcript to verify my education record, a complete copy of any employment file, including disciplinary files (but not medical files). I also specifically authorize the release of general credit information. I also specifically authorize other law enforcement agencies to release investigative information which they may have about me. I agree to being finger-printed and having my records checked through the F.B.I. and other law enforcement agencies.

A copy of this authorization shall be effective as if it were an original.

I have read and understand the above:

_____		_____
Date		Signature
_____		_____
Date of Birth	Social Security #	Print Name of Applicant

State of: _____

County of: _____

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements. Known to me to be the person described in and who executed the foregoing application for employment as his/her act and deed.

Witness my hand and official seal, this ____ day of _____, 20__.

_____	_____
Notary Public	My Commission Expires

