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: (____)_____ _____ Phone City, State, Zip 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

1

May we contact your current employer or school? Yes [] No []	
Are you fluent in any language other than English? Yes [] No []	
Specify Specify	
Are you a U.S. Citizen? Yes [] No [] Date of Citizenship:	
II. FAMILY INFORMATION	
Marital Status:SingleMarriedSeparatedDivorcedSpouse 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:	
Name Age Relationship Dependent? Residence Occupation	
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 () Nother: Spouse's Parents' Names Living? Address: Phone: Father: Yes No () No Mother: Yes No () No Mother: Yes No () No List Living Brothers and Sisters: Name Address City State Zip Occupation			Yes No			
Father: Yes No () Mother: Yes No () Spouse's Parents' Names Living? Address: Phone: Father: Yes No () Mother: Yes No () Mother: Yes No () Mother: Yes No () List Living Brothers and Sisters: Name Address City State Zip Occupation			Yes No			
Father: Yes No () Mother: Yes No () Spouse's Parents' Names Living? Address: Phone: Father: Yes No () Mother: Yes No () Mother: Yes No () Mother: () Mother: Yes No () Mother: Yes No () () Istance () () List Living Brothers and Sisters: Name Address City State Zip Occupation	Parents' Names	Living?	Address:		Phone:	
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	Father:	-			()	
Father: Yes No () Mother: Yes No () List Living Brothers and Sisters: Name Address City State Zip Occupation	Mother:				()	
Father: Yes No () Mother: Yes No () List Living Brothers and Sisters: Name Address City State Zip Occupation	Spouse's Parents' Nan	nes Living?	Address:		Phone:	
Mother: Yes No () List Living Brothers and Sisters: Name Address City State Zip Occupation Name Address City State Zip Occupation	-	•• ••			()	
Name Address City State Zip Occupation					()	
Name Address City State Zip Occupation	List Living Brothers a	nd Sisters [.]				
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: to/from College/University/Technical School: Address: Street City State Zip	-		City	State	Zip Oc	cupation
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: to/from College/University/Technical School: Address: Street City State Zip						
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: to/from College/University/Technical School: Address: Street City State Zip						
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: to/from College/University/Technical School: Address: Street City State Zip						
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: to/from College/University/Technical School: Address: Street City State Zip						
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: to/from College/University/Technical School: Address: Street City State Zip						
Name Address City State Zip Phone	Relatives Currently or	Previously Employ	ed by the Kana	wha Cou	nty Sheriff'	s Office:
Name Address City State Zip Phone	Closest Living Relativ	es not listed above:				
	Ū			e Zip	Phone	
High School Name:		5		1	()	
High School Name:					()	
High School Name:					()	
Address:	П	I. EDUCATIONA	L BACKGRO	UND		
Address:	High School Name [.]					
Street City State Zip Phone: () Dates Attended: Diploma/GED: Y or N to/from to/from College/University/Technical School: Address: Street City State Zip	Address:					
to/from College/University/Technical School: Address: Street City State Zip			City		State Zip	1
to/from College/University/Technical School: Address: Street City State Zip	Phone: ()	Dates Att	ended:	г)inloma/GE	D· V or N
Address: Street City State Zip	1 none. ()				npioina/OL	D. 1 01 10
Street City State Zip	College/University/Te	chnical School:				
Street City State Zip	Address [.]					
Phone: () Dates Attended: Degree: Y or N					State	Zip
	Phone: ()	Dates Att	ended:		Degree:	Y or N

Ν	/lajor Field	l of Study:		Cred	it Hours:
C	College/Un	iversity/Tech	nical School:		
A	ddress:				
		Street		City	State Zip
Р	hone: ()	Dates Attended:		Degree: Y or N
Ν	Aajor Field	l of Study:		Cred	it Hours:
C	College/Un	iversity/Tech	nical School:		
A	ddress:				
		Street		City	State Zip
Р	hone: ()	Dates Attended: _		Degree: Y or N
Ν	Aajor Field	l of Study:		Cred	it Hours:
	2	-	needed to list all educati		
			IV. RESIDENCE	S	
current r	esidence a	nd proceed ba	residence addresses for the ackwards therefrom.		
1			10		
			County:		
			l/or Rental Agency:		
		Street		City	State Zip
2	. From:		То:	OWN[] RE	NT []
	Street A	ddress:			Apt. #:
	City:		County:	State:	Zip:
	Landlor	d's Name and	l/or Rental Agency:		
	Address	3:			
		Street		City	State Zip
n		()		OWN[] RE	NT[]
3		ddragg	То:		
	Sueet A				Apt. #:

City:	County:	State:	Zip:
Landlord's Name	e and/or Rental Agency:		
Address:			
Street Phone: ()		City	State Zip
4. From:	To:	OWN[] RENT	[]
Street Address: _			Apt. #:
City:	County:	State:	Zip:
Landlord's Name	e and/or Rental Agency:		
Address:			
Street		City	State Zip
Phone: (
	To:	OWN [] RENT	
	~		
City:	County:	State:	Zip:
Landlord's Name	e and/or Rental Agency:		
Address:			
Street Phone: ()		City	State Zip
	To:	OWN[] RENT	' []
	County:		-
	e and/or Rental Agency:		
Address:Street		City	State Zip
Phone: ()		,	- the pip
7. From:	To:	OWN [] RENT	[]
Street Address: _			Apt. #:
	County:		
	e and/or Rental Agency:		
Address:	C J <u>—</u>		
Street		City	State Zip

8.	From:	To:	OWN[] RENT[]	
	Street Address:			_Apt. #:
	City:	County:	State:	_ Zip:
	Landlord's Name	e and/or Rental Agency:		
	Address:			
	Street		City	State Zip
	Phone: ()			

V. EMPLOYMENT RECORD

Complete Employment Record including school periods and periods of employment. LIST ALL
JOBS SINCE HIGH SCHOOL. Begin with your most recent employment and proceed
backwards.

PRESENT EMPLOYER OR SCHOOL CURRENTLY ATTENDING:

Name:			
Address:			
Street	City	State	Zip
Date of Employment, or Attendance: From _		_ То	
		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	accomplishm	ents.	
What was your reason for leaving?			

Previous Employer:

Address:					
Street		C	ity	State	Zip
Date of Employment: From		_ То		_	
	Month/year	1	nonth/year		
Position/Title/Major:					
May we contact? Y or N	Phone: ()		Ful	l or Part Time	:
Name of immediate supervis	or/instructor: _				
Describe duties, responsibilit	ies, courses, a	nd accomp	lishments.		
What was your reason for lea	wing?				
Previous Employer:					
Address:					
Street			ity	State	Zip
Date of Employment: From		To		_	
	Month/year	1	nonth/year		
Position/Title/Major:					
May we contact? Y or N	Phone: ()		Ful	l or Part Time:	
Name of immediate supervis	or/instructor: _				
Describe duties, responsibilit	ies, courses, a	nd accomp	lishments.		
What was your reason for lea	wing?				

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?

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	e 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?

- 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?

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YES [ ] NO [ ]
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VII. REFERENCES

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

•			
	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
•	Name	Occupation	Years Known
	Address-Street	City, State, Zip	Phone
	Business Address-Street	City, State, Zip	Phone
·	Name	Occupation	Years Known
	Address-Street	City, State, Zip	Phone

	Business Address-St	reet	City, State, Zip	Phone
5.	Name		Occupation	Years Known
	Address-Street		City, State, Zip	Phone
	Business Address-St	reet	City, State, Zip	Phone
Lis	st three close friends	(not relatives)	who have known you	for at least three years:
6.	Name:		Occupation	:
				er: ()
7.				:
			_	
	Known How Long?		Phone Number	er: ()
8.				:
			-	
				er: ()
			/ER'S LICENSE	
	DRIVER'S LICEN			
Driver's L	icense #:		License State:	Date Issued:
Name, as i	t appears on driver's	license:		
Any other	driver's license which	ch you have or	have had in the past:	
Sta	ite: N	Number:		
Sta	ite: N	Number:		
Sta	ite: N	Number:		
Have you	ever had a driver's li	cense and/or p	rofessional or non-prop	fessional license, certificate
or privileg	e revoked or suspend	ded—including	g out of state licenses—	-for any reason?
YE	ES[] N	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
ist all tra	ffia araahaa in which you ha	ve haan invalvad:	
List all tra Date	ffic crashes in which you ha Location Agency	Your Fault?	Disposition
	IX. PERSONA	L CHARACTER BACKGR	OUND
A. Ha		L CHARACTER BACKGR vorce, child support, alimony	
	s any legal judgment, i.e., di	vorce, child support, alimony	
yoı 	s any legal judgment, i.e., di 1? YES [] NO []	vorce, child support, alimony If yes, explain:	, ever been issued against
уон — В. На	s any legal judgment, i.e., di 1? YES [] NO [] ve you ever been refused a s	vorce, child support, alimony	ecurity guard, or

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:

- D. Have you been found guilty or pled no contest to a crime, including arrestable traffic offense (driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.). For purposes of this section and/or question, a plea of guilty or no contest shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended. YES [] NO [] If yes, explain:
- E. Have you ever been involuntarily terminated from employment or asked to resign?
 YES [] NO [] If yes, explain:
- F. Have you ever bought, sold, traded, given, or transferred any controlled substance/drug?

 YES []
 NO []

 If yes, explain:
- G. Have you ever used or possessed any controlled substances without a doctor's prescription? YES [] NO [] If yes, explain:
- H. Have you ever used illegal drugs or prescription drugs without a valid prescription? YES [] NO [] List below ALL illegal drugs used.

Name/Type of Drugs	Dates Used	Total Times

X. OTHER NAMES USED

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

	ame		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:	ame		Dates From/To	Circumstances		Location
A. Have you ever applied to the Kanawha County Sheriff's Office in the past? YES [] NO [] If so, when? 3. Have you ever applied to another law enforcement agency? YES [] NO [] If so, list agency and date. Agency and Department:	ame		Dates From/To	Circumstances		Location
YES [] NO [] If so, when?		XI. PREVIO	US LAW ENFORCEM	ENT APPLICATIONS	5	
 Barther and Partment: Barther and Department: Barther and Department:<td>. Have yo</td><td>u ever applied</td><td>to the Kanawha Cou</td><td>nty Sheriff's Office</td><td>in the</td><td>past?</td>	. Have yo	u ever applied	to the Kanawha Cou	nty Sheriff's Office	in the	past?
YES[] NO[] If so, list agency and date. Agency and Department:	YES []	NO[]	If so, when?			
Agency and Department:	•					
Street City State Zip Position Applied For:	YES []	NO[]	If so, list agency	and date.		
Position Applied For:	Agency	and Departme	nt:			
Agency and Department:		Street	Cit	у	State	Zip
Street City State Zip Position Applied For:	Position	Applied For:				
Position Applied For:	Agency	and Departme	nt:			
Agency and Department:		Street	Cit	у	State	Zip
	Position	Applied For:				
Street City State Zip	Agency	and Departme	nt:			
Street City State Zip						
		Street	Cit	у	State	Zip
	Position	Applied For:				

Agency and Department:	

Position Applied For:

XII. ESSAY TOPIC

Use your own handwriting and write one to two paragraphs answering each of the following questions (use the back of this page as necessary):

Why do you want to become a police officer?

What are your long term career goals?

What do you have to offer the citizens of Kanawha County if selected for employment?



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 if 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 the 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.

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

I have read and understand the above.