

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Henrico County  
Department of Emergency Communications

911 DISPATCHER  
Personal History Statement



**CONFIDENTIAL**

Please make a copy of this document when completed and retain for your records.



A TRI-ARC ACCREDITED PUBLIC SAFETY PARTNER

Revised August 2024

**INSTRUCTIONS TO THE APPLICANT**  
**PLEASE READ BEFORE COMPLETING THIS PACKET!**

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. Fill out the questionnaire completely and accurately, to the best of your ability. Keep in mind that:

Integrity is of the utmost importance in our hiring processes. All statements and information you provide us are subject to verification.

Failure to follow instructions or to answer questions completely and accurately may remove you from further consideration for employment. Deliberate inaccuracies or omissions may also remove you from further consideration for employment.

Information regarding previous arrest(s), conviction(s), criminal activity, drug use, or credit history will not automatically disqualify you from consideration for employment. 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. The more information you provide regarding these subjects, the easier it will be for the Hiring Process Coordinator to determine its relevance regarding your ability to continue in the process.

All time periods in your background must be accounted for to the best of your ability. Several sections provide specific instructions regarding the length of time in the past you need to report on. Pay attention to all instructions within this packet.

You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, change of telephone number, change of current employer, etc.) Notification of such changes must be submitted to the Communications Personnel Unit within 72 hours of the change. You may email these changes to [911careers@henrico.gov](mailto:911careers@henrico.gov) or notify your background investigator.

If you have any questions regarding any section or part of this application, do not hesitate to contact us for clarification. Our personnel will willingly take time to explain any section or part of the application that you do not fully understand. You can email questions to [911careers@henrico.gov](mailto:911careers@henrico.gov) or reach the Communications Hiring Process coordinator by phone at 804-501-4806.

When completing this packet:

Please print legibly (in black ink) or type 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, use the reverse side of the page.

## PERSONAL

Last Name	First Name	Middle Name

Social Security Number	DOB	City and State of Birth

Descriptors					
Biological Sex	Race	Height	Weight	Eye Color	Hair Color
Legal Gender		Preferred Pronouns			

List any other names you have used, to include aliases, maiden name, nicknames, and former names that have been changed legally or otherwise.

Current Physical Address			
Street	City	State	Zip
Rent or own?	Apartment Complex or Rental Agency Name (if applicable)		
Current Mailing Address (if different from above)			
Street	City	State	Zip

Phone Numbers & Email			
Cell Number		Alternate Number	
Email Address		Alternate Email	

Are you a United States citizen?	Yes or No
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Are you legally eligible to work in the United States?	Yes or No
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List any social media accounts you have and the username. (i.e. Facebook, Twitter, Instagram etc.)



Going back three years, list ALL previous dating partners (boyfriends/ girlfriends), along with their addresses and phone numbers.

\*Dating partners include anyone that you have established a relationship over a period of over 30 days or with whom you have cohabitated.

Name		Phone	
Address	City	State	Zip
Name		Phone	
Address	City	State	Zip

Provide the following information pertaining to ALL individuals currently residing in your household.

Name	DOB	Relationship

Has any spouse/ fiancée/ significant other or dating partner ever called the police on you for ANY reason?

Yes or No

If Yes, complete below:

Date	Reason	Agency	Disposition

Provide the below information on one person in your neighborhood that has not been listed elsewhere in this packet. This person should live adjacent to your home or apartment.

Name		Cell Phone	Home Phone
Address	City	State	Zip

## EDUCATION

Beginning with high school, list all high schools, colleges and/or universities you have attended.				
Name of School	City & State	Dates Attended From (mo/yr) To		Degree or Course of Study

If you do not possess a college degree, have you earned any college credits?		
If so, how many?		
If you are currently enrolled in college, what is your anticipated graduation date?		

In the past 10 years, have you been suspended, expelled, or placed on academic probation from any school or educational facility?		
Yes or No		
If Yes, explain below:		
School	Date	Circumstances

In the past 10 years, have you been interviewed, cited, detained or had any other contact with any college police agency?		
Yes or No		
If Yes, explain below.		
School	Date	Circumstances

Do you possess any foreign language skills (including sign language?)	Yes or No
If Yes, specify language and skill level.	

List any organizations, clubs, social groups, etc. of which you are now or have ever been a member of, that you feel is relevant to the position for which you have applied, or speak to your skill set or character.

**MILITARY**

Have you ever served in the Armed Forces, National Guard or Military Reserve?				
Yes or No				
If Yes, please provide the following information. If No, please proceed to Page 8.				
Branch of Service	Service Number	Dates of Service From To		Type of Discharge or Current Status

Have you ever been rejected from any Military Service? (excluding medical reasons)	
Yes or No	If No, please proceed to the Financial section (pg 8)
If Yes, please explain.	

List your rank, military occupation and specialty, and describe your duties.

Have you ever received any disciplinary actions (including Article 15 or court-martial) under the Uniform Code of Military Justice while serving in the Armed Forces?
Yes or No
If Yes, explain below:

Were you ever reduced or demoted in rank?
Yes or No
If Yes, describe in detail.

List ALL duty stations, including basic training and other schools		
Military Installation	City & State	Assignment

<b>Have you ever had ANY contact with military police?</b>
This includes as a victim reporting a crime, a witness, or questioned by military police for any reason other than the incidents already listed in this section. Include traffic offenses or encounters.
Yes or No
<b>If Yes, provide details below.</b>

**FINANCIAL**

<b>Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?</b>	
Yes or No	
Date	Circumstances

<b>Have any of your bills ever been turned over to a collection agency?</b>	
Yes or No	
Date	Circumstances

<b>Have you ever had purchased goods repossessed?</b>	
Yes or No	
Date	Circumstances



Have your wages ever been garnished?
Yes or No
If Yes, provide details including when, where and why.

Have you ever been delinquent on income or other tax payments?
Yes or No
If Yes, provide details including when, where and why.

Have you ever been delinquent on child support payments?
Yes or No
If Yes, provide details including when, where, amount and why.

Do you currently have any financial judgments against you?
Yes or No
If Yes, provide case number, court location, reason for case and disposition.

## CRIMINAL HISTORY

Have you ever been arrested?	Yes or No
This includes offenses as a juvenile. Do not omit any offenses regardless of how minor they may seem.	

Have you ever been issued a misdemeanor summons? Not including traffic citations
Yes or No

Have you ever been released on your own signature or turned yourself in for any reason?	Yes or No
Are you currently under provisions of a protective order or any court orders?	Yes or No

If you answered Yes to any of the above, complete the following:			
Date	Arresting Agency	Charge	Disposition

In the past 5 years, have you been charged or convicted of a DUI related offense?
Yes or No
If Yes, please details including when, where and why.

How many times have you driven an automobile while intoxicated in the past -			
12 months?		Past 5 years?	

Check <input type="checkbox"/> either Yes or No to the following questions.			
Have you ever participated in, conspired to participate in, or been present during any of the following?		Yes	No
1	Lied or committed perjury in court or other judicial proceeding?		
2	Lied to anyone in authority or made a false police report?		
3	Entered any building, business, dwelling or house without permission?		
4	Intentionally injured anyone as the result of a fight?		
5	Received or paid money for any sex act?		
6	Left a restaurant or food establishment without paying?		
7	Assisted in a larceny?		
8	Knowingly received stolen property?		
9	Falsified or lied on an employment application?		
10	Provided a discount at your place of employment without permission?		
11	Stolen anything from any of your employers?		
12	Given anything to anyone that was not yours to give away?		
13	Been accused of or arrested for domestic violence/ spousal/ elder abuse?		
14	Slapped, pushed or struck your current dating partner, former dating partner, girlfriend, boyfriend, spouse, ex-spouse or significant other?		
15	Been questioned by the police as a suspect as part of a criminal investigation?		
16	Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?		
17	Used a weapon of any kind during a fight or altercation?		
18	Used false, fraudulent, altered or borrowed identification of any kind?		
19	Been placed on parole or probation for any reason?		
20	Allowed your car to be used in the commission of a crime?		
21	Knowingly committed a weapons violation of any kind (includes illegal possession, wearing, carrying, transporting, selling, purchasing or modifying)?		
22	Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being?		
23	Knowingly engaged in any acts or activities designed to overthrow the United States government by force?		
24	Been involved in making, constructing, assembling, manufacturing, or detonation of any bomb, Molotov cocktail, explosive or other incendiary device?		
25	Knowingly filed a false or fraudulent insurance claim with any insurance company regarding a traffic accident, theft or other monetary or property loss?		
26	Been subjected to forfeiture of collateral in connection with an arrest?		
27	Been involved in any college fraternity/ sorority hazing incident?		
28	Been pardoned for any crime?		
29	Illegally set a fire, been involved in an arson or reckless burning?		
30	Purchased and/ or provided alcohol to someone under 21 years of age?		
31	Conspired with anyone to commit an illegal act or crime of any kind?		
32	Participated in "street racing" or racing on public highways?		
33	Intentionally damaged someone else's property?		
34	Viewed, produced, or participated in any child pornography or pedophilia?		
35	Been a member of a gang or participated in gang activity.		



If you marked an X in any of the previous categories (pg 12), please explain in detail in the space below. Include the dates and circumstances for each situation.
Have you ever committed any other illegal act or done anything that would have been considered unlawful if caught?
Yes or No
If Yes, provide details including when, where and why.

In the past 10 years have you had ANY contact with law enforcement?
This includes as a victim reporting a crime, a witness, or questioned by law enforcement officer for any reason <u>other than</u> the incidents already listed in this section. DO NOT include traffic related offenses and encounters.
Yes or No
If Yes, provide details below.

## DRUG HISTORY/ ILLEGAL DRUG OFFENSES

Have you ever used, purchased, transported, and/or sold any of the following substances? Indicate by circling Yes or No to each drug listed below. If you circle yes, state the date of your last usage, or indicate "S" if you sold, "POS" for possessed, or "PUR" if you purchased the substance. Be specific.

Cocaine / Powder	Yes or No	Date of Last Use		Type	
Cocaine / Crack	Yes or No	Date of Last Use		Type	
Opium Derivative (heroin, morphine, etc.)	Yes or No	Date of Last Use		Type	
Amphetamines / Speed	Yes or No	Date of Last Use		Type	
Barbiturates / Downers	Yes or No	Date of Last Use		Type	
Inhalants	Yes or No	Date of Last Use		Type	
Anabolic Steroids	Yes or No	Date of Last Use		Type	
Hallucinogenic (LSD, PCP, Ecstasy, psilocybin mushrooms, etc.)	Yes or No	Date of Last Use		Type	
Any other illegal drug not listed	Yes or No	Date of Last Use		Type	
Any prescription drug not prescribed to you or used in a manner that it was not intended. (Including Adderall)	Yes or No	Date of Last Use		Type	

If you answered Yes to any of the questions above, please explain in detail in the space below. Indicate the type, duration of usage and circumstances, including experimentation of any of these.


Before July 1, 2021, did you use, purchase, transport and/or sell marijuana, cannabis, and/or cannabis-based products? Indicate by circling Yes or No. If you circle yes, state the date of your last usage, or indicate "S" if you sold, "POS" for possessed, or "PUR" if you purchased the substance. Be specific.

Marijuana, Cannabis, Cannabis products	Yes or No	Date of Last Use		Type	
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Since July 1, 2021, have you possessed, purchased, and/or sold marijuana, cannabis, and/or cannabis-based products in violation of Virginia Law? Indicate by circling Yes or No. If you circle yes, state the date, and indicate "S" if you sold, "POS" for possessed, or "PUR" if you purchased the substance. Be specific.

Marijuana, Cannabis, Cannabis products	Yes or No	Date of Last Use		Type	
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Since the date of your application to the Henrico County Police Division, have you used marijuana, cannabis, or cannabis-based products?

Marijuana, Cannabis, Cannabis products	Yes or No	Date of Last Use			
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If you answered Yes to any of the questions above relating to marijuana, cannabis, or cannabis-based products, please explain the circumstances in detail in the space below.
Are you currently using any drugs illegally?
Yes or No
If Yes, please explain.

Have you ever been or are you currently associated with, related to, or have/had an ongoing friendship/personal relationship with anyone you suspected or knew was selling, distributing or using narcotics or controlled substances?
Yes or No
If Yes, please explain including the name of the individual(s), your relationship to them, and the criminal act/conduct they are responsible for.

Have you ever manufactured, transported or stored any illegal drugs?
Yes or No
If Yes, please explain.

**GENERAL INFORMATION**

Have you ever previously applied for employment with the Henrico Police Division?									
Yes or No									
If Yes, complete the information below:									
<table border="1"> <thead> <tr> <th>Position</th> <th>Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Position	Date	Status						
Position	Date	Status							

Are you personally acquainted with any members of the Henrico Police Division?
Yes or No

If yes, provide the information below:		
Division Member's Name	Relationship	How Long Have You Known Each Other?

In the past 10 years have you applied for employment with another law enforcement agency?					
Yes or No					
If Yes, complete the information below:					
Agency	Position	Date	Status	Background Investigator	Investigator's Phone

In the past 10 years have you taken a polygraph exam as part of the hiring process for any law enforcement agency?		
Yes or No		
If Yes, provide the information below:		
Agency	Date	Outcome

Do you have experience as a 911 Emergency Communications Dispatcher, Law Enforcement Officer, or other civilian position within a Police Department?			
Yes or No			
If Yes, complete the information below:			
Agency	Position	Length of Service	Reason for Separation of Employment



Have you ever participated in an internship program with a law enforcement agency?		
Yes or No		
If Yes, provide the information below:		
College/University Affiliation	Law Enforcement Agency	Dates

## EMPLOYMENT

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

When may we contact your current employer?

If you have had no prior employment, explain why.

In the past 10 years, have you received disciplinary action, including termination, by a former or present employer?
Yes or No
If Yes, explain including when, where and the circumstances.

In the past 10 years, have you resigned (quit) from a job because you anticipated your employer terminating you?
Yes or No
If Yes, explain.

In the past 10 years, have you left a job without giving proper notice?
Yes or No
If Yes, explain.

Have you ever been under the influence of alcohol or illegal drugs while working on any job?
Yes or No
If Yes, explain including the type of drug, how it was used, dates, etc.

Are you able and willing to perform the essential job functions of the position for which you have applied?
Yes or No
If No, explain why.

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

If you are successful in gaining an appointment to this Division, do you expect to engage in any other gainful occupation (have a second job)?
Yes or No
If Yes, explain where you plan to work and the job duties.

For the previous 10 years, list ALL jobs you have held on the following pages. Do not leave out any employment regardless of how short it was. Include full time (F), part time (P), military (M), temporary or seasonal work (T), volunteer work or internships (V), and periods of unemployment (U). Employment will be verified.

Omitting any employment could be cause for disqualification.

List in order beginning with your current or most recent employer. If additional space is needed you may make additional copies of page 20.

Name of Employer					
Address			City & State		
Phone Number	Dates of Employment From: mo/yr – To: mo/yr		Job Title		Employment Status (F, P, M, T, V, U)
Supervisor (at time of employment)		Salary/Rate	Circumstances for Leaving		Reason for Leaving?
			<input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Business Closed		
Were you ever disciplined?		Yes or No	If Yes, state reason.		
Your name (if different)					

Name of Employer					
Address			City & State		
Phone Number	Dates of Employment From: mo/yr – To: mo/yr		Job Title		Employment Status (F, P, M, T, V, U)
Supervisor (at time of employment)		Salary/Rate	Circumstances for Leaving		Reason for Leaving?
			<input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Business Closed		
Were you ever disciplined?		Yes or No	If Yes, state reason.		
Your name (if different)					

Name of Employer					
Address			City & State		Zip
Phone Number	Dates of Employment From: mo/yr – To: mo/yr		Job Title		Employment Status (F, P, M, T, V, U)
Supervisor (at time of employment)		Salary/Rate	Circumstances for Leaving		Reason for Leaving?
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Were you ever disciplined?		Yes or No	If Yes, state reason.		
Your name (if different)					

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Supervisor (at time of employment)		Salary/Rate	Circumstances for Leaving		Reason for Leaving?
			<input type="checkbox"/> Resigned/Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Business Closed		
Were you ever disciplined?		Yes or No	If Yes, state reason.		
Your name (if different)					

