



City of Richmond, Virginia  
Police Department



**BACKGROUND PRE-SCREENING FORM**

<b>PERSONAL HISTORY</b>		
Print Full Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: (Home) _____	(Work) _____	(Cell) _____
Email Address: _____		
Date of Birth: _____	Social Security #: _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth: _____
Years of College: _____	Degree/Major: _____	
Years Served in Military: _____	Branch & MOS: _____	
Years of Police Experience: _____	What Agency: _____	
How did you hear about the RPD? _____		

<b>DRIVING HISTORY</b>			
Driver's License Number: _____		State: _____	
Has your license EVER been suspended or revoked by ANY State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give State, Date and Reason: _____			
List ALL traffic violations, whether convicted or not, for the past 10 years			
Date	Charge	City/County	Disposition

<b>POLICE RECORD HISTORY</b>
Have you ever been arrested or detained by a Law Enforcement Officer for ANY reason, to include the issuance of a summons? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Have you ever been ordered to pay a fine or appear in a court of law as a defendant? <input type="checkbox"/> Yes <input type="checkbox"/> NO
If yes, explain:     



# BACKGROUND PRE-SCREENING FORM, CON'T



## DRUG USAGE

Have you EVER used, tried or experimented with any illegal drug, narcotic or substance not prescribed to you by a physician?

Yes  No

If Yes, Please Explain

Drug Type	Date 1st Used	Date Last Used	Total Times Used

## FINANCIAL STATUS

Are you currently paying all of your financial obligations in a timely manner?  Yes  No

If No, Explain:

Do you now have any judgments or collections against you?  Yes  No

If Yes, Explain:

Are you currently obligated to pay child support?  Yes  No

## CERTIFICATION

I certify that the information I have supplied on this pre-screening form is true and correct and that I have not attempted to falsify or conceal pertinent information. I further understand that the information supplied is subject to verification by a Polygraph Examination and that **ANY** attempt to falsify or conceal pertinent information is grounds for **Automatic Disqualification.**

I hereby authorize the Richmond Police Department to verify the information provided on this pre-screening form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date