



City of Richmond, Virginia
Police Department



BACKGROUND PRE-SCREENING FORM

PERSONAL HISTORY			
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? _____			

DRIVING HISTORY			
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

POLICE RECORD HISTORY
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:



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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

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