



# Personal History Statement



**Henrico County Sheriff's Office**  
**4317 East Parham Road, Henrico County, Virginia 23228**



Alisa A. Gregory  
SHERIFF

Office of the Sheriff  
**COUNTY OF HENRICO**  
COMMONWEALTH OF VIRGINIA

Tyrone. Montague II  
UNDERSHERIFF

Dear Applicant:

Thank you for your interest in joining the Henrico County Sheriff's Office.

**We have received your online application completed on Henricojobs.com and are including a Personal History Statement for you to complete.**

Now that you are in receipt of the Personal History Statement, you will have 10 business days to complete and return to our Office, located at 4317 East Parham Road Henrico, VA 23228. Once your Personal History Statement is completed the hiring process will begin.

The hiring process consists of the following:

1. Complete County Application
2. Complete Personal History Statement/Background Investigation
3. Panel Interview

Once steps 1-3 are successful; Henrico County HR will extend a conditional offer and steps 4-6 will begin.

4. Polygraph/Fingerprinting
5. Physical Exam Scheduled /MMPI/Psychological Test/Uniform Fitting
6. Meet the Sheriff

If you have any questions, please contact the Sheriff's Office Human Resources team at (804) 501-5495, (804) 501-5558 or [HCSO\\_Recruitment@henrico.us](mailto:HCSO_Recruitment@henrico.us).

Thank you,

Human Resources Team at Henrico County Sheriff's Office

Accredited by the American Correctional Association

4317 E. Parham Rd / Henrico, VA 23228 (804) 501-5860 FAX (804) 501-5443



COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



### INSTRUCTIONS TO THE APPLICANT

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. Please fill out the questionnaire completely and accurately. Keep in mind the following instructions.

1. **All statements are subject to verification. It is to your advantage to respond truthfully. All Sworn Staff responses will be used and compared to answers during the polygraph examination. Initial Here \_\_\_\_\_.**

---

2. **Deliberate inaccuracies or omissions may bar or remove you from further consideration for employment.**
3. **Failure to follow instructions, or answer questions completely and accurately may bar or remove you from further consideration for employment.**
4. You are responsible for updating this Personal History Statement in the event changes occur during the background investigation (e.g. change of address, telephone number changes). Notification of such changes must be submitted in writing to the Henrico County Sheriff's Office, Human Resources, PO Box 90775, Henrico, VA 23273 or via email [HCSO\\_Recruitment@henrico.us](mailto:HCSO_Recruitment@henrico.us)
5. If you have any questions regarding any section or part of this application, do not hesitate to contact this office for clarification. Our personnel will willingly take time to explain any section or part of the application that you do not fully understand.

**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.**

During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job. Please **TYPE** or clearly **PRINT** (in black ink) 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.

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



**AUTHORIZATION TO OBTAIN INFORMATION**

I authorize the **County of Henrico, Sheriff's Office** to perform a background investigation in such as my credit history report, school/education records, arrest and conviction records, Division of Motor Vehicle records, contacting personal and professional references, previous employers, present employers, polygraph results, and any other appropriate sources that the Sheriff's Office deems necessary.

Pursuant to 15.2-1705(B) of the Code of Virginia, if I have at any time been employed as a police officer, deputy sheriff, or jail officer by another law-enforcement agency or jail, I hereby authorize any prior employing law- enforcement agency or jail to release to the Henrico County Sheriff's Office any information (i) related to an arrest or prosecution of myself, including any expunged arrest or criminal charge known to the agency or disclosed during the hiring process that would otherwise be prohibited from disclosure in accordance with § 19.2-392.4; (ii) related to a civil suit regarding my employment or performance of my duties; (iii) obtained during the course of any internal investigation related to my alleged criminal conduct, use of excessive force, or other official misconduct in violation of the state professional standards of conduct adopted by the Criminal Justice Services Board; and (iv) related to my job performance that led to my resignation, dismissal, demotion, suspension, or transfer.

I authorize the release of any information that the County of Henrico Sheriff's Office may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the County of Henrico Sheriff's Office in connection with this background investigation is confidential and shall not be disclosed to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Applicant's Name (Print)

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

State of Virginia, County of Henrico.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Applicant's Name \_\_\_\_\_

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SERVICES ADMINISTRATION  
National Personnel Records Center  
(Military Personnel Records)  
9700 Page Boulevard  
St. Louis, Missouri 63132

RE: \_\_\_\_\_

To Whom It May Concern:

The above individual is an applicant for Deputy Sheriff with the Henrico County Sheriff's Office. His appointment is subject to the completion of a background investigation being conducted. The applicant provided the following information about his military service:

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Disciplinary Actions: \_\_\_\_\_

Please verify or refute the above information and send copies of any disciplinary actions physical or psychological evaluations.

**Tyrone Montague II**  
**UNDERSHERIFF**

---

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Henrico County Sheriff's Office, information or photocopies from my military personnel records and related evaluations, disciplinary records, and criminal convictions. This will include a photocopy of my DD form 214, Certificate of Release or Discharge from Active Duty, and the type and reason for release or discharge.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

NOTARY PUBLIC: \_\_\_\_\_

DATE: \_\_\_\_\_

My Commission expires: \_\_\_\_\_



COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



**PREA ACKNOWLEDGEMENT**

Henrico County Sheriff's Office has zero tolerance for all forms of sexual misconduct. Henrico County Sheriff's Office will impose disciplinary sanctions for such conduct, up to and including dismissal of the employee(s). Incidents of sexual misconduct will be referred for criminal prosecution when appropriate. **The HCSO PREA Policy is 4D-22-8.**

**I understand my reporting requirements as identified below:**

I must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a HCSO facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

Information obtained about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident will be confidentially delivered **directly and immediately to any Supervisor, any Staff Member.**

I will maintain confidentiality and follow the directions of the Appointing Authority/ Designee (e.g., question individuals, identify potential witnesses, secure statements), unless the incident is an emergency.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



**PREA HIRING AND PROMOTIONS PROHIBITIONS NOTICE & FORMS**

The Henrico County Sheriff’s Office must adhere to the United States Department of Justice Final Rule on the “National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards” at 28 C.F.R. Part 115 Docket No. OAG-131 RIN 1105-AB34. The Henrico County Sheriff’s Office may not hire or promote anyone who may have contact with inmates, residents or offenders under supervision who answers “Yes” to any of the following questions.

	YES	NO
Have you ever engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution?		
Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse?		
Have you been civilly or administratively adjudicated to have engaged in the activities described?		

I acknowledge and understand that, should I become subject to these prohibitions in my current position or any subsequent departmental position I may hold involve contact with persons in confinement or under supervision; I will notify Internal Affairs within twenty-four hours of my involvement in any of the above. I understand that this agency has the authority to conduct random criminal history background checks to ensure compliance with these federal standards in relation to the agency’s employment practices. Further, I understand that if I am subject to these prohibitions, I may be subject to termination of employment. In addition, if I falsely certify my eligibility for employment and it is subsequently discovered that I have involvement in any of the above, I will be subject to termination or disqualification for employment for the falsification.

\_\_\_\_\_  
Applicant’s Name (Print)

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

State of Virginia, County of Henrico.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant’s Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public





COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



**AFFIRMATION OF QUALIFICATIONS**

	YES	NO	N/A
Are you a United States Citizen, or will be by the hire date?			
Will you be over age <b>21</b> by the hire date if applying for a <b>Sheriff Deputy Position</b> ? OR Will you be over age <b>18</b> by the hire date if applying for a <b>Jailor or Civilian Position</b> ?			
Are you a high school graduate, or will have graduated or have a G.E.D. by the hire date?			
If you are former military, were you discharged under honorable conditions?			
Do you possess a valid VA driver's license/ will you be able to obtain one by the hire date?			

**If you have answered "no" to any question above, you're automatically disqualified from the application process. If an answer disqualifies you, please contact Henrico Sheriff's Office Human Resources at 804-501-5588 for further instructions.**

Answer <b>Yes</b> or <b>No</b> with a check mark ✓ in the box next to every offense possibly committed, participated in, or conspired to commit, or for which resulted in being convicted, arrested, charged, or detained.					
	YES	NO		YES	NO
Any Sex Offense			DUI Related Offense		
Arson/Fire Setting/Reckless Burning			Embezzlement		
Assault			Harassment/ Threats		
Bomb Threats			Impersonating a Police Officer		
Burglary/Breaking and Entering			Indecent Exposure		
Child Abuse/Molestation			Pedophilia		
Concealed Weapons			Perjury		
Domestic Assault/Violence			Prescription Drugs (Illegal Use)		
Drugs/Narcotics Schedule 1,2 Class			Prostitution		
(Cocaine, Heroin, Methamphetamines)			Rape		
Use			Robbery		
Possession/Transportation			Stalking		
Sale/Purchase					

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



**PERSONAL HISTORY**

**Personal Information**

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other names (including nicknames) you have used or been known by \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, tattoos, or other distinguishing marks \_\_\_\_\_

Marital Status:      Single \_\_\_\_\_      Married \_\_\_\_\_      Divorced \_\_\_\_\_      Separated \_\_\_\_\_

If Married:      Spouse Name \_\_\_\_\_      Daytime Phone \_\_\_\_\_

**Education - Indicate below the highest level of education you have completed.**

---

School Name \_\_\_\_\_ City & State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Degree/Course of Study \_\_\_\_\_

**Military Service – If applicable**

---

Have you ever served in the Armed Forces, National Guard, or Military Reserves? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered Yes, please supply the following information.

Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_ Dates of Service \_\_\_\_\_

Current Status \_\_\_\_\_ If Discharged list the type of Discharge \_\_\_\_\_

Are you currently participating in any Military Reserve or National Guard Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been rejected from Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

## Motor Vehicle Information

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Driver's License \_\_\_\_\_

Virginia law requires that operator and owners of motor vehicles be covered by automobile liability insurance or that the Uninsured Motorists Fee be paid. Please list the current liability insurance information for each of your vehicles

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you own more than one vehicle, enter your additional information below.

Make	Year	Insurance	Address	Policy Number	Expiration Date

## General Information

Have you ever applied for employment with another law enforcement agency? Yes \_\_\_ No \_\_\_  
If yes, please provide the following information.

Agency Name	Position	Date	Disposition

Have you ever applied for employment with the Henrico County Sheriff's Office? Yes \_\_\_ No \_\_\_  
If yes, please provide the following information.

Position	Date	Disposition

Are you acquainted with any members of the Henrico County Sheriff's Office? Yes \_\_\_ No \_\_\_  
If yes, please list their names below.

Name of Member	Department

Are you acquainted any members of our inmate population who are currently or previously incarcerated at one of our Jail facilities? Yes \_\_\_ No \_\_\_ If yes, please list their names below.

Name of Inmate	Location : East or West

## EMPLOYMENT HISTORY

---

Beginning with your most current employment, please list your 3 most recent jobs including part-time, temporary, and voluntary positions. For the purpose of this employment history report, voluntary work should be included as employment.

**Employer Name #1** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Voluntary \_\_\_\_ Salary or Hourly Wage \_\_\_\_\_

Dates of Employment - Started \_\_\_\_\_ Ended \_\_\_\_\_

Direct Supervisor Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Termination Status – Check One

Voluntary \_\_\_\_ Involuntary \_\_\_\_ Position Eliminated \_\_\_\_ Resigned in Lieu of Termination \_\_\_\_\_

Explain Circumstances of Involuntary Termination or Resigned in Lieu of Termination.

\_\_\_\_\_

---

**Employer Name #2** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Voluntary \_\_\_\_ Salary or Hourly Wage \_\_\_\_\_

Dates of Employment - Started \_\_\_\_\_ Ended \_\_\_\_\_

Direct Supervisor Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Termination Status – Check One

Voluntary \_\_\_\_ Involuntary \_\_\_\_ Position Eliminated \_\_\_\_ Resigned in Lieu of Termination \_\_\_\_\_

Explain Circumstances of Involuntary Termination or Resigned in Lieu of Termination.

\_\_\_\_\_

Employer Name #3 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Voluntary \_\_\_\_ Salary or Hourly Wage \_\_\_\_\_

Dates of Employment - Started \_\_\_\_\_ Ended \_\_\_\_\_

Direct Supervisor Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Termination Status – Check One

Voluntary \_\_\_\_ Involuntary \_\_\_\_ Position Eliminated \_\_\_\_ Resigned in Lieu of Termination \_\_\_\_\_

Explain Circumstances of Involuntary Termination or Resigned in Lieu of Termination.

\_\_\_\_\_

---

---

Would any problems result if your present employer was contacted during the course of the background investigation. Yes \_\_\_\_ No \_\_\_\_ If yes, explain below.

\_\_\_\_\_

Are you willing to work the type of shift associated with the position for which you have applied at Jail East – 17320 New Kent Highway, Barhamsville, VA 23011 Or Jail West – 4317 E. Parham Road, Henrico, VA 23228? Yes \_\_\_\_ No \_\_\_\_ If no, explain below.

\_\_\_\_\_



COUNTY OF HENRICO  
OFFICE OF THE SHERIFF



---

---

## Required Documentation

---

---

In addition to the completion of this packet, the following documents, if they apply to you, must be turned in to the Henrico County Sheriff's Office as soon as possible.

There are several ways to send these forms to the office.

1. Send the documents to the office via USPS.
2. Bring the documents in person to the office.
3. Scan the documents and email them to [HCSO\\_Recruitment@henrico.us](mailto:HCSO_Recruitment@henrico.us).

### Required:

- Copy of Valid VA Driver's License
- Copy of Highest Level of Education Diploma/Certificate
- Copy of Birth Certificate
- Copy of Social Security Card
- Three references using the provided form – [Click Here](#)

### If Applicable:

- Copy Of United States Naturalization Records
- Prior Certificates of Training That Apply to This Job
- Documentation of Military Obligation or Discharge

I have completed the Personal History Statement Package and understand I must provide the above documents to continue the process.

---

Signature