

Personal History Statement



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

HCSO_Recruitment@henrico.gov



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.gov.

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.gov.
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
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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)

(ADDRESS)

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 you be by the hire date?			
Will you be over age 21 by your hire date if applying for Sheriff Deputy II Position ? OR Will you be over age 18 by the application date if applying for Sheriff Deputy I Position ?			
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 804-501-5558 for further instructions.

Answer Yes or No 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					

No application for the position of Sheriff's Deputy will be considered if there is an indication of the following:

- Use of marijuana or THC products from the date of your application (regardless of whether such products are considered legal at the time and place of use.)

Signature

Date



COUNTY OF HENRICO
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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.**

Are you currently involved in a criminal or civil lawsuit?
Yes ____ **No** ____ **If yes, 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. Attach photos of documents in the email along with this packet.
2. Send the documents to the office via USPS.
3. Bring the documents in person to the office.
4. Scan the documents and email them to HCSO_Recruitment@henrico.gov.

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 provided forms

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

Date