



Background Investigation Questionnaire

APPLICANT INFORMATION

NOTE: Answering "YES" to any of the conviction questions below does not automatically disqualify an applicant from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

Full Name: _____ Date: _____

Current Address: _____
(not PO Box) _____

Day Phone: _____ Evening Phone: _____

Email address: _____

Date of Birth: _____ Driver's License Number: _____

Position applied for: _____ Facility/Unit: _____

Are you a citizen of the U.S.? Yes No

If "No" have you provided documentation of your legal status and eligibility to work in the U.S. to the facility/unit accepting your application? Yes No

In the last two years, have you refused to submit to a Department of Corrections (DOC) pre-employment substance abuse test, or tested positive for illegal or unlawful drug use on DOC pre-employment substance abuse test results? Yes No

If "Yes", what was the date of refusal or testing? Click or tap to enter a date.

Have you ever worked (including assignments as a temp or contractor) or volunteered for the Department of Corrections or any other government agency? Yes No

If "Yes" Please provide additional details as requested below (if more space is needed, continue on a supplemental sheet)

Which agency, where and when?

What were your last two evaluation ratings? Year Rating Year Rating

Not Applicable (N/A)

Did you receive any group notices or other disciplinary action(s)? Yes No N/A

If "Yes", please provide a detailed explanation

Did you resign in lieu of termination or were you terminated from this agency? Yes No N/A

If "Yes", please provide a detailed explanation





NOTE: When answering the following questions, applicants should *not* provide any information not open to public disclosure pursuant to Virginia Code § 19.2-389.3(A)

Have you ever been convicted of domestic violence? Yes No

Have you ever been convicted of a misdemeanor offense? Yes No

Have you ever been convicted of a felony offense? Yes No

If "Yes" is the answer any or all of the prior questions, please provide additional details as requested below (if more space is needed, continue on a supplemental sheet)

Charge	Where	When	Were you incarcerated or on probation as a result?

Have you been convicted of a traffic infraction in the last 10 years? Yes No

If "Yes", please complete the below (if more space is needed, continue on a supplemental sheet)

Charge	Where	When

Do you have an active order of protection against you? Yes No

Do you have any upcoming court appearance(s) for a criminal charge(s)? Yes No

All security positions require firearms certification. Are you aware of any reason why you would not be able to carry a firearm? Yes No N/A

If "Yes" is the answer to any of the questions above, please explain:

NOTE: Answering "Yes" to any of the below questions does not automatically disqualify an applicant from any specific job. Each answer will be judged on its own merits with respect to its circumstances and the extent to which it could be related to the job for which you are applying.

Have you ever engaged or attempted to engage in sexual abuse/sexual harassment in an institutional setting; for example, prison, jail, juvenile facility? Yes No

Have you been convicted of engaging or attempting to engage in sexual activity/sexual abuse/sexual harassment in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Have you been civilly or administratively adjudicated for engaging in sexual activity / sexual abuse/sexual harassment in the community where there was use of force (as described above)? Yes No



SOCIAL HISTORY

Have you ever had any association/affiliation with a gang or gang member? Yes No
(gangs, terrorist organizations, or any group advocating violence, restriction of basic freedoms, or organized crime)

If "Yes", please explain:

Do you have any tattoos, marks, or scars on your body that could be interpreted (or mistaken) as being gang related? Yes No

If "Yes", please explain:

Have you ever applied to visit an inmate who is/was incarcerated by the Virginia Department of Corrections?
 Yes No

Have you ever visited an offender who is/was confined in any Virginia Department of Corrections facility?
 Yes No

Have you ever communicated by letter, email, or phone with an offender who is/was confined in any Virginia Department of Corrections facility?
 Yes No

Are you currently, or have you ever been listed, as a point of contact for an inmate confined in any institution of the Virginia Department of Corrections?
 Yes No

Do you know anyone who is/was ever incarcerated or served a period of probation or parole in the State of Virginia or elsewhere?

A Friend Yes No

Any family member(s) Yes No

A current or former spouse or significant other Yes No

Someone you share a child with Yes No

Any other person(s) whose relationship to you is not listed above Yes No

If any "Yes", please complete all that apply (if more space is needed, continue on a supplemental sheet):

Full Name and Date of Birth/Age	Relationship to You	Name and location of Jail, Prison, Probation District, Community Corrections Program, etc.	Did you visit them while they were incarcerated?	Do you, or have you ever, lived at the same address with this person?





PERSONAL HISTORY

What other names do you/have you gone by? *(this includes maiden names, nicknames, and aliases)*

Have you ever legally changed your name (for reasons other than marriage)? Yes No

If "Yes", what Court of Jurisdiction approved the change?

Have you provided documentation to the facility accepting your application? Yes No

List all addresses and PO Boxes you have used during the last **five** years:

Address/PO Box:	City and State	From:	To:

EDUCATION

Have you provided to the facility accepting your application, documentation of the highest level of education you attained? Yes No

Name of High School/GED Program:

City & State:

From: To: Did you graduate? Yes No
 Diploma OR GED

Name of Technical School/ College / University:

City & State:

From: To: Did you graduate? Yes No
Degree: Certificate:

Name of Technical School/ College / University:

City & State:

From: To: Did you graduate? Yes No
Degree: Certificate:

PROFESSIONAL LICENSES, REGISTRATIONS, & CERTIFICATIONS

Do you currently hold any professional licenses, registrations, and/or certifications? Yes No

If "Yes", please complete all that apply:

Type	Identification Number	State Issued	Issued by	Expiration Date





EMPLOYMENT HISTORY

Document your employment history, including periods of unemployment or full-time student status, for at least the last five years. The following exceptions and special circumstances should also be noted:

- 1) Document any and all prior law enforcement or state service since your 18th birthday
- 2) Documentation of self-employment during the last five years should be attached. Acceptable documentation includes: Copy of a Business License AND a Schedule C business profit and loss statement from IRS Form 1040, OR a list of clientele who can verify the services you provided.
- 3) If you worked as a "temp" or contractor, please provide the below requested information for the company you worked for AND the jobsite(s) you were assigned to.

Fill out a supplemental form if additional space is needed.

Company:	Supervisor:	
Address:	Phone Number:	
Dates of employment: From:	To:	Title:
Reason(s) for leaving:		
Did you leave this employer as a result of being terminated or in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please explain:		
Your name while employed there:		
Company:	Supervisor:	
Address:	Phone Number:	
Dates of employment: From:	To:	Title:
Reason(s) for leaving:		
Did you leave this employer as a result of being terminated or in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please explain:		
Your name while employed there:		
Company:	Supervisor:	
Address:	Phone Number:	
Dates of employment: From:	To:	Title:
Reason(s) for leaving:		
Did you leave this employer as a result of being terminated or in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please explain:		
Your name while employed there:		
Company:	Supervisor:	
Address:	Phone Number:	
Dates of employment: From:	To:	Title:





Reason(s) for leaving:			
Did you leave this employer as a result of being terminated or in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please explain:			
Your name while employed there:			
Company:		Supervisor:	
Address:		Phone Number:	
Dates of employment:	From:	To:	Title:
Reason(s) for leaving:			
Did you leave this employer as a result of being terminated or in lieu of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please explain:			
Your name while employed there:			

MILITARY SERVICE

Have you ever served in the armed forces? Yes No

If "Yes", please provide the following:

Branch: _____ Dates of Service: _____
(include all periods of enlistment)

Character of Discharge:

If you did not receive an "Honorable" discharge, please explain:

Have you provided your Member 4 Form DD 214 to the facility accepting your application?

Yes No

If "No", please attach a copy of your Member 4 Form DD 214 (long form) to this document



PROFESSIONAL REFERENCES

Please provide complete contact information for three people who know you professionally. Do not include family members unless they are associated with a family owned business that you also worked for.

Name: _____

Address: _____

Day phone: _____ Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____ How long? _____

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by: _____

Name: _____

Address: _____

Day phone: _____ Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____ How long? _____

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by: _____

Name: _____

Address: _____

Day phone: _____ Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____ How long? _____

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

An Investigator from the Department of Corrections may contact you if additional information or clarification by you is needed. It is imperative that you respond in a timely manner. If the Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, the hiring process may be delayed.

Disclaimer: This information is for the sole use of the intended recipient(s), to be used in conjunction with a background investigation by the Virginia Department of Corrections. Any access, use, disclosure or distribution of this information to anyone other than those having a need to know is unauthorized and prohibited.

