



BERRYVILLE POLICE DEPARTMENT

101 Chalmers Ct., Suite A, Berryville VA 22611
(T) 540.955.3863 (F) 540.955.0207
policeadmin@berryvilleva.gov
W. Neal White – Chief of Police

Applicant Screening Questionnaire

The purpose of this questionnaire is to assist with the background investigation required to determine if you meet the standards established by the Code of Virginia and the Town of Berryville for employment as a certified law enforcement officer. False, misleading, or untruthful information will disqualify you from further consideration. Please do not leave any sections blank, if they do not apply, please indicate so. Failure to complete a section may result in your application being disqualified from the process.

Date		How were you referred?	
Applicant Information			
Name			
Address			
Contact Phone		Alternate Phone	
E-mail			
Date of Birth		Are you legally eligible to work in the U.S.?	Yes No
Do you have a valid driver's license	Yes No	Issuing State	O.L. #

Education			
Name and location of High School attended			
Did you graduate?	Yes No	If not, have you passed a GED test?	Yes No
Secondary Education			
University / School	Dates Attended	Degree	Area of Study
Other Relevant Certifications			
Issuing Body / Organization	Certification Type		Date

Military Experience			
Have you served in the armed forces?	Yes No		
Years of Service		Dates of Service	
Military Branch		Discharge Date	
Discharge Classification	Honorable General Dishonorable		
Any Court Martial / Article 15 Proceedings?	Yes No		
Explanation			



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Criminal Justice Experience			
Do you currently hold a Virginia LEO Certification?	Yes	No	Expiration
Do you have any previous law enforcement, corrections, or dispatcher experience?	Yes	No	
Agency	Position	Dates	

Law Enforcement Applications		
Have you previously applied for a position with another law enforcement agency?	Yes	No
If yes, please list all agencies where you have applied in the past 5 years below		
Agency	Date	Outcome

Driving History			
Has your driver's license ever been suspended or revoked?		Yes	No
If yes, when and for what reason			
Have you ever been charged with reckless driving?		Yes	No
Date	Location	Disposition	
Have you ever been charged with an impaired driving offense?		Yes	No
Date	Location	Disposition	
Please list all traffic charges regardless of final disposition for your entire driving history			
Date	Location	Charge	Disposition



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Drug Use				
Type	Yes/No		Number of Times	Date of Last Use
Marijuana	Yes	No		
Cocaine	Yes	No		
Heroin	Yes	No		
LSD	Yes	No		
Mushrooms	Yes	No		
PCP	Yes	No		
Speed	Yes	No		
Steroids	Yes	No		
MDMA	Yes	No		
Methamphetamine	Yes	No		

Work History					
Have you ever been dismissed or forced to resign from a position?				Yes	No
May we contact your current employer?				Yes	No
Please start with your current employer and work back					
Employer					
Address					
Phone Number	Employment Dates				
Job Title	Start Salary		End Salary		
Supervisor's Name	Contact # or Email				
Work Description					
Reason for Leaving					
Employer					
Address					
Phone Number	Employment Dates				
Job Title	Start Salary		End Salary		
Supervisor's Name	Contact # or Email				
Work Description					
Reason for Leaving					
Employer					
Address					
Phone Number	Employment Dates				
Job Title	Start Salary		End Salary		
Supervisor's Name	Contact # or Email				
Work Description					
Reason for Leaving					



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Employer							
Address							
Phone Number		Employment Dates					
Job Title		Start Salary		End Salary			
Supervisor's Name		Contact # or Email					
Work Description							
Reason for Leaving							
Employer							
Address							
Phone Number		Employment Dates					
Job Title		Start Salary		End Salary			
Supervisor's Name		Contact # or Email					
Work Description							
Reason for Leaving							

Previous Addresses			
Please list any former address where you have resided in the past 15 years			
Address		Dates	

Civil Action				
Have you ever been sued?	Yes	No	Date	
Circumstance				
Have you ever declared bankruptcy?	Yes	No	Date	
Circumstance				
Have you ever had any judgments placed against you?	Yes	No	Date	
Circumstance				
Have you ever had any debts go to collections?	Yes	No	Date	
Circumstance				



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Professional References – Please List 5			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			

Personal References – Please List 5			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
Address		Contact Number	
E-mail			
Name		Occupation	
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Attention: This statement must be signed

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge, and that misrepresentations or omissions may result in the rejection of my application, permanent ineligibility for appointments, or dismissal.

Printed Name			
Signature		Date	