



Berryville Police Department

101 Chalmers Ct., Suite A, Berryville, Virginia 22611

policeadmin@berryvilleva.gov

(540) 955-3863 (540) 955-0207 (Fax)

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 Berryville Police Department. False or misleading information will disqualify you from further consideration. Please do not leave any sections blank, if they do not apply please indicate so. If you fail to complete any section, no further action will be taken on your application. Thank you for your cooperation.

Date : _____ How were you referred? _____

Name: _____
Last First Middle

Address: _____

Telephone: (Home): _____ (Work): _____

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

College or University: _____
School & Location From/To Degree Area of Study

Other Education: _____
School & Location From/To Degree Area of Study

Please list any qualification and skills: _____



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MILITARY EXPERIENCE

Years of Service: _____ Branch: _____

Discharge: Honorable / General / Dishonorable Date: _____

Any Court Martial / Article 15 Proceedings? Yes / No

Explain: _____

Do you have any previous law enforcement, corrections, or dispatcher experience? Yes / No

Agency: _____ Years of Service: _____

Reason for Leaving: _____

Do you currently hold a Virginia Law Enforcement Certification? Yes / No

If yes, date of Expiration: _____

DRIVING HISTORY

Has your operator's license ever been suspended or revoked in Virginia or any other State? Yes / No

If so, when and for what reason: _____

Please list all traffic charges, tickets, summons', etc. regardless of final disposition for your entire driving history:

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

Date (year only): _____ Charge: _____

Location: _____ Disposition: _____

Date (year only): _____ Charge: _____



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Location: _____ Disposition: _____

Have you ever been charged with reckless driving? Yes / No Date: _____

Location: _____ Disposition: _____

Have you ever been charged with a drunk driving related offense? Yes / No Date: _____

Location: _____ Disposition: _____

Have you ever been charged with a criminal offense? Yes / No Date: _____

Charge: _____ Location: _____

Disposition: _____

DRUG USE

	Number of times	Date of last use	Comments
Marijuana:	_____	_____	_____
Cocaine:	_____	_____	_____
LSD:	_____	_____	_____
Mushrooms:	_____	_____	_____
PCP:	_____	_____	_____
Speed:	_____	_____	_____
Steroids:	_____	_____	_____
Heroin:	_____	_____	_____
Other:	_____	_____	_____

OTHER LAW ENFORCEMENT APPLICATIONS

Have you previously filed an application with our agency? Yes / No Date: _____

1. Date: _____ Agency: _____

Result: _____

2. Date: _____ Agency: _____



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Result: _____

3. Date: _____ Agency: _____

Result: _____

GENERAL COMMENTS

WORK HISTORY

Please start with your current job and work back. Please fill out this section to include all military and volunteer experience. Please be sure to include all requested information for each entry.

Have you ever been dismissed or forced to resign a position? Yes / No

1. Employer: _____

Address: _____

Phone Number: _____ Fax: _____

Dates of employment: From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Work Description: _____

May we contact your current employer? Yes / No



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2. Employer: _____

Address: _____

Phone Number: _____ Fax: _____

Dates of employment: From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Work Description: _____

May we contact your current employer? Yes / No

3. Employer: _____

Address: _____

Phone Number: _____ Fax: _____

Dates of employment: From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Work Description: _____

May we contact your current employer? Yes / No

4. Employer: _____

Address: _____

Phone Number: _____ Fax: _____

Dates of employment: From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____



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Reason for Leaving: _____

Work Description: _____

May we contact your current employer? Yes / No

Please list any former address where you have resided in past 15 years:

Address: _____

Address _____

CIVIL ACTION

Have you ever been sued? Yes / No Date: _____

Circumstances: _____

Have you ever declared bankruptcy? Yes / No Date: _____

Circumstances: _____

Have you ever had judgments placed against you? Yes / No Date: _____

Circumstances: _____

Have you ever had any debts go to collection? Yes / No Date: _____

Circumstances: _____



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PLEASE LIST 5 PROFESSIONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

PLEASE LIST 5 PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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 misrepresentation or omissions may result in rejection of my application, permanent ineligibility for appointments or dismissal,

Signature of Applicant

Date