

DO NOT LEAVE ANY SECTIONS BLANK (If an area does not apply, please indicate so)

Ever charged with Reckless Driving?.....YES NO

Date: _____ Location: _____

Disposition: _____

Ever charged with a drunk driving related offense?.....YES NO

Date: _____ Charge: _____

Location: _____ Disposition: _____

Ever charged with a criminal offense?.....YES NO

Date: _____ Charge: _____

Location: _____ Disposition: _____

Drug Use:

	<u>Date of first use</u>	<u>Date of last use</u>	<u>Comments</u>
Marijuana	_____	_____	_____
Cocaine/Crack	_____	_____	_____
LSD	_____	_____	_____
Mushrooms	_____	_____	_____
PCP	_____	_____	_____
Speed	_____	_____	_____
Steroids	_____	_____	_____
Other	_____	_____	_____

Do you have any body art? (Tattoos, piercings, brandings) () NO () YES If Yes, provide:

<u>Size</u>	<u>Location</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Law Enforcement Applications

Prior applications with the Loudoun County Sheriff's Office (if yes, when)? _____

Results: _____

Other agencies:

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Date: _____ Agency: _____

Results: _____

Civil Action

Ever been sued?.....YES NO

Date: _____ Circumstances: _____

Ever brought suit against another?.....YES NO

Date: _____ Circumstances: _____

Ever declared bankruptcy?.....YES NO

Date: _____ Circumstances: _____

Ever had judgments placed against you?.....YES NO

Date: _____ Circumstances: _____

Ever have any debts go to collection?.....YES NO

Date: _____ Circumstances: _____

GENERAL COMMENTS _____

How did you learn about this employment opportunity? _____

DID YOU LEAVE ANY SECTIONS BLANK? (If an area does not apply, please indicate so)

SIGNATURE: _____ **DATE** _____