

**Report To:**

Buena Vista Police Department  
Professional Standards Division  
306 Park Avenue  
Buena Vista, Virginia 24416



**Employment Application**  
POLICE DEPARTMENT  
02/2026

## Buena Vista Police Department

### Application for Employment

**PLEASE CHECK THE POSITION YOU ARE APPLYING FOR:**

CIVILIAN POSITION                      POLICE OFFICER

PRINT OR TYPE FULL NAME (FIRST, MIDDLE, LAST)

### TO THE APPLICANT – **IMPORTANT NOTICE!**

Employees in this agency routinely handle confidential and law enforcement-sensitive information. Accordingly, all applicants are subject to a comprehensive background investigation that includes, but is not limited to, family, personal, employment, financial, driving, and criminal history. This review is necessary to properly assess each applicant's suitability for employment.

The instructions below are provided to guide you in accurately and thoroughly completing the Application for Employment.

**IT IS ESSENTIAL THAT ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE IN EVERY RESPECT. PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.**

**ANY MISSTATEMENT, MISREPRESENTATION, FALSIFICATION OF FACT, OR OMISSION OF REQUESTED INFORMATION IN THIS APPLICATION OR AT ANY STAGE OF THE HIRING PROCESS MAY RESULT IN PERMANENT DISQUALIFICATION FROM EMPLOYMENT WITH THE BUENA VISTA POLICE DEPARTMENT.**

*"I hereby certify that I have read, understand, and agree to the foregoing information and conditions, as well as the instructions that follow. I further certify that all statements and responses contained herein are, to the best of my knowledge and belief, true, complete, accurate, and made in good faith. I understand that any knowing or willful false statement in this Personal History Statement constitutes grounds for immediate disqualification from the hiring process or, if discovered after employment, termination."*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

#### Instruction to the Applicant:

1. Your application must be **TYPED** or printed legibly in **BLACK INK**.
2. You are responsible for providing accurate and complete addresses. If you are uncertain of an address, verify it before entering it on your application. **All addresses must be complete and include the correct ZIP code.**
3. All time periods on your application must be accounted for.
4. You are responsible for providing written notification of any changes to the information submitted in your application, including updates to your address or telephone number.
5. You are required to respond to every item and question. If a question does not apply to you, enter "N/A" (not applicable) in the space provided. All questions must be answered fully before the application will be accepted for processing.
6. If additional space is needed for any response, attach a separate sheet of paper and clearly identify the corresponding question by number.
7. The following is a list of documents required to process your application. Submit copies of all applicable documents with your completed application. Do not submit original documents. Copies provided will not be returned.

- Valid Driver's License
- Social Security Card
- Certified Birth Certificate
- High School Diploma or GED Certificate
- College Degree or Transcript
- Military DD form 214
- Naturalization Certificate (if applicable)

SECTION 1: PERSONAL			
YOUR FULL NAME			
LAST	First	MIDDLE	
OTHER NAMES			
Have you ever used, been known by, or conducted business under any other name? .....			Yes    No
Has your name ever been legally changed by court order? .....			Yes    No
List all names used, including maiden names and nicknames:			
CURRENT RESIDENTIAL ADDRESS			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM CURRENT RESIDENCE)			
CONTACT INFORMATION			
HOME	CELL	EMAIL	OTHER
CITIZENSHIP			
Are you a United States citizen? .....			Yes    No
BIRTHPLACE (CITY / COUNTY / STATE / NATIVE COUNTRY)			
BIRTHDATE (MM/DD/YYYY)	9. SOCIAL SECURITY NUMBER		
PHYSICAL DESCRIPTION			
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:

SECTION 2. DRIVERS LICENSE			
<b>Current Driver's License:</b>			
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	LIST ANY ENDORSEMENTS OR RESTRICTIONS
<b>List any other states in which you have held a valid driver's license.</b>			
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	LIST ANY ENDORSEMENTS OR RESTRICTIONS
STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE	LIST ANY ENDORSEMENTS OR RESTRICTIONS

Have you ever been refused a driver's license by any state? .....	Yes    No
If yes, explain each incident:	

Has your driver's license ever been suspended or revoked? .....	Yes    No
If yes, explain each incident:	

**SECTION 2. DRIVERS LICENSE *continued***

**2.1** Have you received any traffic citations, excluding parking violations, **within the past ten years (include all pending charges)?** Yes      No  
If yes, provide details below:

2.2			
TYPE OF CHARGE OR VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OF CHARGE / VIOLATION	DISPOSITION		
DD/MM/YYYY	NOT GUILTY	GUILTY	TRAFFIC SCHOOL      DISMISSED

2.3			
TYPE OF CHARGE OR VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OF CHARGE / VIOLATION	DISPOSITION		
DD/MM/YYYY	NOT GUILTY	GUILTY	TRAFFIC SCHOOL      DISMISSED

2.4			
TYPE OF CHARGE OR VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OF CHARGE / VIOLATION	DISPOSITION		
DD/MM/YYYY	NOT GUILTY	GUILTY	TRAFFIC SCHOOL      DISMISSED

2.5			
TYPE OF CHARGE OR VIOLATION	LOCATION (STREET)	CITY	STATE
DATE OF CHARGE / VIOLATION	DISPOSITION		
DD/MM/YYYY	NOT GUILTY	GUILTY	TRAFFIC SCHOOL      DISMISSED

**2.6** Have you been involved as the driver in a motor vehicle collision **within the past 10 years?** ..... Yes      No  
If yes, provide details below:

2.7			
DATE OF COLLISION	LOCATION (STREET)	CITY	STATE
POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT	ANY INJURIES AS A RESULT
Yes      No		Yes      No	Yes      No

2.7			
DATE OF COLLISION	LOCATION (STREET)	CITY	STATE
POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT	ANY INJURIES AS A RESULT
Yes      No		Yes      No	Yes      No

2.7			
DATE OF COLLISION	LOCATION (STREET)	CITY	STATE
POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT	ANY INJURIES AS A RESULT
Yes      No		Yes      No	Yes      No

**SECTION 3: SPOUSE / DOMESTIC PARTNER**

**IMMEDIATE FAMILY**

- Provide all applicable information in the spaces below.
- Mark "Deceased" if appropriate.
- Mark "N/A" if a category is not applicable

**3.1 Current Spouse / Domestic Partner** Deceased  N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	EMPLOYER / PLACE OF EMPLOYMENT	CITY	STATE	ZIP
CELL PHONE	DATE OF BIRTH	EMAIL		

DATE OF MARRIAGE <small>MM/YYYY</small>	Is there, or has there ever been a protective or restraining order in effect involving this individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---	------------------------------	-----------------------------

**3.2 Former Spouse / Domestic Partner** Deceased  N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	EMPLOYER / PLACE OF EMPLOYMENT	CITY	STATE	ZIP
CELL PHONE	DATE OF BIRTH	EMAIL		

DATE OF MARRIAGE/REGISTRATION <small>MM/YYYY</small>	DATE OF DISSOLUTION <small>MM/YYYY</small>	Is there, or has there ever been a protective or restraining order in effect involving this individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---	---	------------------------------	-----------------------------

**3.3 Former Spouse / Domestic Partner** Deceased  N/A

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	EMPLOYER / PLACE OF EMPLOYMENT	CITY	STATE	ZIP
CELL PHONE	DATE OF BIRTH	EMAIL		

DATE OF MARRIAGE/REGISTRATION <small>MM/YYYY</small>	DATE OF DISSOLUTION <small>MM/YYYY</small>	Is there, or has there ever been a protective or restraining order in effect involving this individual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	---	---	------------------------------	-----------------------------

**SECTION 4: ADDITIONAL HOUSEHOLD MEMBERS**

**OTHERS RESIDING WITH YOU** N/A

NAME	AGE	RELATIONSHIP
HOME ADDRESS (NUMBER / STREET / APT)		CITY
		STATE
		ZIP
CONTACT NUMBER	EMAIL (If 18 YOA or older)	

SECTION 4: ADDITIONAL HOUSEHOLD MEMBERS <i>continued</i>				
<b>OTHERS RESIDING WITH YOU</b>				N/A
NAME	AGE	RELATIONSHIP		
HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE
CONTACT NUMBER (if 18 YOA or older)		EMAIL (If 18 YOA or older)		
NAME	AGE	RELATIONSHIP		
HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE
CONTACT NUMBER (if 18 YOA or older)		EMAIL (If 18 YOA or older)		
NAME	AGE	RELATIONSHIP		
HOME ADDRESS (NUMBER / STREET / APT)			CITY	STATE
CONTACT NUMBER (if 18 YOA or older)		EMAIL (If 18 YOA or older)		

*Attach a supplemental page for additional household members.*

<b>4.5</b>	Has your spouse, significant other, or any family member ever contacted law enforcement regarding your conduct during a domestic-related incident?	Yes	No
<b>4.6</b>	Has your spouse, significant other, or any family member ever accused you of assault or physical violence?	Yes	No
<b>4.7</b>	Have you ever been removed from a residence, separated from a partner, or otherwise directed by law enforcement to leave during a domestic-related incident?	Yes	No
<b>4.8</b>	Has anyone, including a spouse, significant other, or family member, ever alleged that you engaged in abuse, neglect, or inappropriate conduct involving a child?	Yes	No
<b>4.9</b>	Have you ever been the subject of a protective order, emergency protective order, or restraining order involving a domestic relationship?	Yes	No
<b>4.10</b>	Have you ever been investigated by law enforcement or a social services agency regarding allegations of domestic violence or child abuse?	Yes	No
<b>4.11</b>	Have you ever been the subject of a Child Protective Services (CPS) or similar agency inquiry concerning the welfare of a minor?	Yes	No

**SECTION 5: REFERENCES**

**LIST OF REFERENCES**

Provide the information requested below for FOUR references who are not related to you by blood or marriage, are not former employers, and are not listed elsewhere in this application. Each reference must be a responsible adult and have known you personally for at least three years. Acceptable references may include, but are not limited to, former teachers, counselors, landlords or property owners, clergy members, and business professionals.

**5.1 Reference**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		

**5.2 Reference**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		

**5.3 Reference**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		

**5.4 Reference**

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
WORK PHONE	WORK ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON?		HOW LONG HAVE YOU KNOWN THIS PERSON?		

**SECTION 6: EDUCATION**

- NOTE: If selected for employment, official transcripts or other verifiable documentation to substantiate all educational information listed in Section 4 will be required.

CHECK APPLICABLE	MM/YYYY	MM/YYYY	MM/YYYY
High School Diploma		High School Equivalency	College Diploma
<b>6.1 NAME OF HIGH SCHOOL(S) ATTENDED</b>			
NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
NAME OF HIGH SCHOOL		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE

<b>6.2 NAME OF COLLEGE/UNIVERSITY ATTENDED</b>			
NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
DEGREE EARNED	MAJOR / AREA OF STUDY	TOTAL UNITS COMPLETED	
Yes      No			
<b>6.3 NAME OF COLLEGE/UNIVERSITY ATTENDED</b>			
NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
DEGREE EARNED	MAJOR / AREA OF STUDY	TOTAL UNITS COMPLETED	
Yes      No			

<b>6.4 NAME OF TRADE, VOCATIONAL, BUSINESS SCHOOLS / INSTITUTES ATTENDED</b>			
NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
DID YOU COMPLETE THE COURSE	TYPE OF SCHOOL AND TRAINING		
Yes      No			

Attach a supplemental page for additional schools.

**SECTION 7: RESIDENTIAL HISTORY**

- List all residences you have occupied within the past ten (15) years, including complete addresses and dates of occupancy.

**7.1 LIST OF RESIDENCES**

FORMER ADDRESS	CITY	STATE
<b>IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER</b>	FROM (MM/YYYY)	TO (MM/YYYY)

Reason for moving?

**7.2 LIST OF RESIDENCES**

FORMER ADDRESS	CITY	STATE
<b>IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER</b>	FROM (MM/YYYY)	TO (MM/YYYY)

Reason for moving?

**7.3 LIST OF RESIDENCES**

FORMER ADDRESS	CITY	STATE
<b>IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER</b>	FROM (MM/YYYY)	TO (MM/YYYY)

Reason for moving?

**7.4 LIST OF RESIDENCES**

FORMER ADDRESS	CITY	STATE
<b>IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER</b>	FROM (MM/YYYY)	TO (MM/YYYY)

Reason for moving?

**7.5 LIST OF RESIDENCES**

FORMER ADDRESS	CITY	STATE
<b>IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER</b>	FROM (MM/YYYY)	TO (MM/YYYY)

Reason for moving?

*Attach a supplemental page for additional residences.*

<b>7.6</b>	Have you ever been evicted, formally removed, or asked to vacate a residence by a landlord, property owner, or court order?	Yes	No
<b>7.7</b>	Have you ever left a residence owing rent, utilities, or other household expenses?	Yes	No

**SECTION 8: EMPLOYMENT HISTORY**

- List all employment held, including full-time, part-time, temporary, self-employment, and volunteer positions. Begin with your current or most recent position and work backward.
- If you have prior military service, including Reserve or National Guard duty, list your unit(s), and primary duty assignment(s).
- Identify and account for all periods of unemployment exceeding thirty (30) consecutive days, including applicable dates and an explanation of activities during those periods.
- Attach a supplemental page for additional employment history.

**8.1 EMPLOYMENT HISTORY**

NAME OF CURRENT EMPLOYER OR BUSINESS		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
JOB TITLE	SALARY	TYPE OF EMPLOYMENT	
		FULL TIME	PART TIME
		TEMP	VOLUNTEER
		SELF-EMPLOYED	
DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EMAIL
May we contact your current employer? ..... Yes No			

**8.2 EMPLOYMENT HISTORY**

NAME OF PREVIOUS EMPLOYER OR BUSINESS		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
JOB TITLE	SALARY	TYPE OF EMPLOYMENT	
		FULL TIME	PART TIME
		TEMP	VOLUNTEER
		SELF-EMPLOYED	
DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EMAIL

**8.3 EMPLOYMENT HISTORY**

NAME OF PREVIOUS EMPLOYER OR BUSINESS		FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS		CITY	STATE
JOB TITLE	SALARY	TYPE OF EMPLOYMENT	
		FULL TIME	PART TIME
		TEMP	VOLUNTEER
		SELF-EMPLOYED	
DUTIES AND RESPONSIBILITIES		REASON FOR LEAVING	
SUPERVISOR		CONTACT NUMBER	EMAIL

8.4 EMPLOYMENT HISTORY						
NAME OF PREVIOUS EMPLOYER OR BUSINESS			FROM (MM/YYYY)	TO (MM/YYYY)		
ADDRESS			CITY	STATE		
JOB TITLE	SALARY	TYPE OF EMPLOYMENT				
		FULL TIME	PART TIME	TEMP	VOLUNTEER	SELF-EMPLOYED
DUTIES AND RESPONSIBILITIES			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EMAIL			

8.5 EMPLOYMENT HISTORY						
NAME OF PREVIOUS EMPLOYER OR BUSINESS			FROM (MM/YYYY)	TO (MM/YYYY)		
ADDRESS			CITY	STATE		
JOB TITLE	SALARY	TYPE OF EMPLOYMENT				
		FULL TIME	PART TIME	TEMP	VOLUNTEER	SELF-EMPLOYED
DUTIES AND RESPONSIBILITIES			REASON FOR LEAVING			
SUPERVISOR		CONTACT NUMBER	EMAIL			

<b>8.6</b> Have you ever applied for any position at this or any other law enforcement agency (city, county, state, or federal)? <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No </div>					
<ul style="list-style-type: none"> <li>If you answered "YES" to Question 8.6, list EVERY agency you have applied to, starting with the most recent.</li> <li>All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.</li> <li>Attach a supplemental page for additional response.</li> </ul>					
NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
ADDRESS	CITY	STATE	ZIP	CONTACT NUMBER	
NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
ADDRESS	CITY	STATE	ZIP	CONTACT NUMBER	
NAME OF LAW ENFORCEMENT AGENCY					DATE APPLIED (MM/YYYY)
ADDRESS	CITY	STATE	ZIP	CONTACT NUMBER	

**SECTION 9: MILITARY EXPERIENCE**

<b>9.1</b>	If you are required by law to register with the Selective Service System, have you done so? .....	Yes	No
<b>9.2</b>	IF, NO, please explain on a supplemental page .....	Yes	No
<b>9.3</b>	Have you served in the military? .....	Yes	No

**9.4** If you answered "YES" to Question 9.3, include the following information:

BRANCH OF SERVICE		FROM (MM/YYYY)	TO (MM/YYYY)
TYPE OF DISCHARGE	HIGHEST RANK ATTAINED	POSITION OR ASSIGNMENT	
Are you currently participating in one of the following?			
<input type="checkbox"/> Military Reserve	<input type="checkbox"/> National Guard	IF CHECKED, date obligation ends (MM/DD/YY): _____	

Attach a supplemental page for additional military service.

**SECTION 10: LEGAL**

**DISCLOSURE OF ARRESTS AND CONVICTIONS**

- You must disclose all detentions, arrests, and convictions, including any diversion programs that were not successfully completed. Certain offenses that may have been pardoned must also be reported. Applicants are required to provide this information unless a specific state or federal law exempts disclosure. **If you are unsure whether something must be listed, consult an attorney before leaving it out.**
- Attach supplemental page if additional space is needed.

Have you ever been detained for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony offense in this state or any other jurisdiction, including offenses under the Uniform Code of Military Justice? ..... Yes No

If yes, explain each incident:

CHARGE	APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
DISPOSTION OR PENALTY		

CHARGE	APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
DISPOSTION OR PENALTY		

<b>10.1</b>	Have you ever been placed on probation by a court? .....	Yes	No
<b>10.2</b>	Have you ever been involved as a party in a civil lawsuit (e.g., small claims, divorce, child custody, paternity, or support matters)?	Yes	No

**SECTION 10: LEGAL *continued***

If you answered "YES" to any of **Questions 10.1 - 10.2**, explain (include court case or document, dates, and circumstances – *reference corresponding numbers*). *If more space is needed, attach a supplemental page.*

**SECTION 11: ILLEGAL USE OF NARCOTICS**

- For purposes of the following questions, "illegal drugs" includes the unlawful or unauthorized use of prescription medications, over-the-counter drugs, or any other substance used to produce a mind-altering or intoxicating effect. Attach supplemental page if additional space is needed.
- Your responses must include, but are not limited to, any use of the following:

- |   |  |
|---|--|
| ➤ Amphetamines / Methamphetamines                           | ➤ Marijuana or its synthetics (K2) ( <i>with or without a prescription</i> ) |
| ➤ Barbiturates ( <i>Downers</i> )                           | ➤ Mescaline  |
| ➤ Cocaine / Crack Cocaine                                   | ➤ Morphine   |
| ➤ Designer Drugs ( <i>Ecstasy, Synthetic Heroin, etc.</i> ) | ➤ PCP / Angel Dust   |
| ➤ GHB ( <i>Date Rape Drug</i> )                             | ➤ Quaaludes (Methaqualone)   |
| ➤ Hallucinogens ( <i>Peyote, LSD, Mushrooms</i> )           | ➤ Steroids   |
| ➤ Hashish / Hashish Oil                                     | ➤ Tetrahydrocannabinol (THC)   |
| ➤ Heroin / Opium  | ➤ Glue, paint, or any substance containing toluene                           |

**11.1** Have you ever used any drug(s) as defined above? ..... Yes No

If yes, provide details, including the drug(s) used, the most recent date of use, and the circumstances surrounding the use:

**11.2** Have you ever engaged in any of the activities listed below involving drugs, narcotics, illegal substances, or prescription medications obtained or used without a valid prescription? Yes No **If yes, indicate which activities (mark all that apply):**

SOLD MANUFACTURED PURCHASED FURNISHED CULTIVATED CARRIED, TRANSPORTED, OR HELD

IF ANY ITEM IS CHECKED, provide complete details, including the **drug(s) involved, the time period(s) of use, and circumstances surrounding the activity.**

**11.3** Within the past five years, have you associated with any friends, acquaintances, roommates, or family members who have illegally used drugs or narcotics, or misused prescription medications? Yes No If yes, explain:

*Attach a supplemental page for additional narcotic information.*

### SECTION 12: SOCIAL MEDIA ACCOUNTS

- Please list all social media platforms you currently use or have used within the past **ten (10) years**, including accounts that are inactive, deleted, or under a different username. This information is requested for background investigation purposes.
- I understand that failure to disclose social media accounts may be considered a material omission and may result in disqualification from employment or termination if discovered after appointment.

Platform/Website	Username/Screen Name	Dates Used (From - To)	Account Status (Active/Deleted)	Account Name (if Different)
Facebook				
Instagram				
TikTok				
LinkedIn				
Snapchat				
OTHER				
OTHER				
OTHER				

Attach a supplemental page for additional social media account information.

### SECTION 13: GENERAL QUESTIONS

13.1	Are you willing and able to work 12-hour shifts, including nights and weekends?	Yes	No
13.2	Are you willing to work a 24/7 rotating schedule, including days you would normally spend with family or friends?	Yes	No
13.3	Are you willing to work holidays such as Christmas, Thanksgiving, and New Year's if scheduled?	Yes	No
13.4	Are you willing to respond to emergency call-backs or extended shifts during major incidents or staffing shortages?	Yes	No
13.5	Are you comfortable dealing with people who may be angry, intoxicated, mentally unstable, or violent?	Yes	No
13.6	Are you prepared to see and handle traumatic incidents, including serious injuries, death, and crimes against children?	Yes	No
13.7	Are you willing to testify in court, sometimes on your days off or after working overnight shifts?	Yes	No
13.8	Are you willing to follow strict policies, supervision, and accountability standards, including internal investigations if complaints are filed?	Yes	No
13.9	Are you prepared to have your personal conduct, social media activity, and past behavior closely reviewed during a background investigation?	Yes	No
13.10	Are you willing to maintain the physical fitness, training, and professional standards required throughout your entire law enforcement career?	Yes	No

### SECTION 14: CERTIFICATION

*I certify that I have personally completed each page of this form, including any attached supplemental pages, and that all information provided is true, accurate, and complete to the best of my knowledge and belief. I understand that any material misstatement or omission may result in disqualification from the hiring process or, if appointed, termination of employment. I further understand that I am required to successfully pass a physical examination, and that all information submitted is subject to verification.*

**Signature in Full:**

**Date:**



# Buena Vista Police Department

## APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby authorize a duly authorized representative of the agency to conduct a comprehensive background investigation. I grant permission to contact any current or former employer, educational institution, financial institution, law enforcement agency, or other relevant source to verify information and obtain records pertinent to my application.

I understand that any false statement, misrepresentation, omission, or incomplete response provided in this application or during any phase of the selection process may result in disqualification from further consideration or termination of employment if already appointed.

I acknowledge that it is my responsibility to promptly notify the agency of any changes to my employment status, criminal history, driving record, financial status, or any law enforcement contact occurring during the application process. Failure to do so may result in removal from the hiring process.

I understand that if information is discovered during the background investigation that renders me ineligible for employment, the process may be discontinued.

I certify that all statements and responses provided in this application are true, complete, and accurate to the best of my knowledge and belief.

---

Applicant's Printed Name

---

Applicant's Signature



# Buena Vista Police Department

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize any duly authorized representative of the Buena Vista Police Department to obtain, review, and receive copies or summaries of records and information pertaining to my background for the purpose of conducting a comprehensive background investigation.

This authorization constitutes my consent for any individual, employer (past or present), educational institution, law enforcement agency, military organization, medical provider, financial institution, government agency, or other record custodian to release information concerning me to the agency upon request.

Specifically, I authorize the release of the following information, where applicable:

- Internet and social media records
- Police reports, criminal history, and law enforcement records
- Employment records, performance evaluations, and disciplinary files
- Educational transcripts and records
- Military service records, including medical and discharge information
- Selective Service registration information
- Medical and psychological records relevant to employment standards
- Credit reports and financial history

This authorization is provided in connection with a complete background investigation related to my application for employment, continued employment, or other official consideration by the agency.

I understand that this authorization shall remain valid throughout the duration of the hiring process and, if applicable, during my period of employment as permitted by law. A photocopy or electronic copy of this authorization shall be considered as valid as the original.

I release all persons and entities from any liability arising from the lawful disclosure of this information.

Applicant Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Investigator: \_\_\_\_\_