



VIPS Application Form

Name: (Last)	(First)	(Full Middle)
Maiden Name/Alias:		Social Security Number:
Physical Address (No Post Office Box):		
Home Telephone Number:		Work Telephone Number:
Personal Email Address:		Work Email Address:
Do you have any web/homepages? If so, provide web address and length of time you've had the web/home page.		Are you a participant in a commercial website such as "Facebook" or similar sites? If so, provide web address and length of time you've been a member.
Operator's License (i.e. Driver's License) and state license was issued:		Expiration Date on License:
Commercial Driver's Number and State License was issued:		Expiration Date on License:
Date of Birth (Month/Day/Year):		City and State of Birth:
Current Height, Weight, and Race (required for records check):	Color of Hair:	Color of Eyes:



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<u>Employment History</u>	
Full Name of Employer:	Current Occupation:
Address of Employer:	
Length of Time at Current Employment: Years _____ Months _____	May we Contact Your Current Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been demoted or suspended from your current employment? From any previous employments? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide Details for All Demotions and Suspensions (Dates / Reasons):
Have you been fired from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Do you have a Federal Security Clearance? Yes <input type="checkbox"/> Level _____ No <input type="checkbox"/>	History of Security Clearances Suspended : Yes <input type="checkbox"/> No <input type="checkbox"/> Revoked: Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain Reasons for Suspension/Revocation of Security Clearance to Include Dates:	



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<u>Volunteer Service History</u>			
Name (Organization/Agency):	Location (City, State):	Position:	Dates:
1.			
2.			
3.			
<u>Reason for Leaving Each Volunteer Position</u>			
1.			
2.			
3.			
Have you previously applied for and been denied any type of volunteer position within Loudoun County?		Have you applied for any law enforcement related positions?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Education</u>			
Current level of Education:			
GED <input type="checkbox"/>		HS Diploma <input type="checkbox"/>	Associates Degree <input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	College: _____	Major: _____
Master's Degree	<input type="checkbox"/>	College: _____	Major: _____
PhD.	<input type="checkbox"/>	College: _____	Major: _____
<u>Military Service</u> (Active, Reserves, National Guard)	<u>Disciplinary Action</u>		
Branch of Service: _____	Have you ever been Court Martialed?		
Years of Service: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Discharge: _____	If yes, date and reason:		
Highest Grade/Rank: _____	Non-judicial Punishment (date and reason)		
<u>Polygraph History</u>	Date and Reason for polygraph		
Have you ever taken a polygraph? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Department/Agency:			



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<p style="text-align: center;"><u>Citizenship and Residency</u></p> <p>Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a resident of the Town of Purcellville? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;"><u>Permanent Resident Alien Information</u></p> <p>Country of Birth: _____</p> <p>Date of Entry into U.S.: _____</p> <p>Permanent Resident Alien Number: _____</p>																														
<p style="text-align: center;"><u>Driver License History</u></p> <p>Has your license ever been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details.</p>	<p>List other states where you had a Driver's License issued:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>																														
<p><u>Traffic Citations</u></p> <p>List <u>all</u> traffic citations (excluding parking) received by Offense / Date / Location / Department below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Offense</th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 35%;">Department</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>		Offense	Date	Location	Department	1.				2.				3.				4.				5.									
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3.																															
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<p><u>Criminal History</u></p> <p>List all Criminal Charges/Offenses you have been charged with regardless of the final outcome of any court proceedings. Include all adult or juvenile offenses.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Offense</th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Location</th> <th style="width: 20%;">Police Agency</th> <th style="width: 15%;">Disposition</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Offense	Date	Location	Police Agency	Disposition	1.					2.					3.					4.					5.				
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Financial Responsibility

1. Are you living within your financial means? Yes No If no, provide details below.

2. Have you ever petitioned for bankruptcy (personal /business) Yes No If yes, provide details below.

3. Have you written any non-sufficient funds checks within the past five years?
Yes No If yes, provide details below.

4. Any current or previous credit liens against your vehicle(s) and/or property?
Yes No If yes, provide details below.

5. Have you been sued in civil court? Yes No If yes, provide details below.

6. Have you received financial counseling? Yes No If yes, provide details below.



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<p style="text-align: center;"><u>Drug / Substance Use</u></p> <p>Have you ever used, abused, or experimented with any of the following substances? If yes, provide details as to period of time used, approximately number of times per substance and any comments you wish to provide.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Marijuana / Hashish</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cocaine / Crack</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Amphetamines / Barbiturates</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Steroids</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> LSD / PCP / other Hallucinogens</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Aerosol Inhalants / Glue</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Other substances</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Excessive use of alcohol</p>	<p>Provide details of treatment received due to use of drugs /substances. Space may also be used to explain use of drugs /substances.</p>
<p style="text-align: center;">NOTICE</p> <p>During your personal interview you will be required to sign this application form in front of a representative of the Purcellville Police Department. By signing this form, you are confirming that all information is true and accurate.</p>	<p style="text-align: center;">Signature of Applicant</p>

Use additional paper (if needed) for comments and details for above information.



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References			
(Please provide at least one professional and do not include family members or past supervisors)			
Name:	Phone#:	Relationship:	Best Time to Call:
1.			
2.			
3.			

Non-Disclosure Notice

General Order 116.5 – Volunteers in Police Service (VIPS) reflects requirements regarding confidentiality of police records/information. This Non-Disclosure Notice augments this requirement.

I _____ understand as a volunteer I may have access to confidential records such as criminal histories or investigations, as my duties may dictate. As part of my orientation, I have been made aware of the restrictions of disclosure of such records to unauthorized personnel.

Per the above General Order, I understand that subsequent disclosure of any confidential information, verbally or in writing, shall be grounds for immediate dismissal and possible criminal prosecution.

In addition, I am aware that VIPS personnel are not authorized to release any criminal history information to anyone outside of the Purcellville Police Department.

This form will be placed in my VIPS personnel folder.

Signature of VIPS


Signature of Parent or Guardian of Minor

Printed full name of VIPS

Printed full name of Parent or Guardian

Date form signed

Date form signed

	<h2 style="margin: 0;">Purcellville Police Department</h2> <p style="margin: 0; color: #4F81BD;">AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION</p> <p style="margin: 20px 0 0 0; text-align: right;">PPD.AD.112</p>
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I authorize the release of any information and/or a review of and full disclosure of all records, or any part thereof, concerning myself, by and to the Town of Purcellville Police Department, or its authorized agent, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records listed here: educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking or saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings), medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, public utility companies, employment and pre-employment records, including background reports, results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, and salary records, real and personal tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and or convictions for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of civil nature made by or against me, where so ever located, and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation; which is developed directly or indirectly, in whole or in part; upon this release the Town of Purcellville Police Department will consider authorization in determining my suitability for employment.

A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

Signature:	Full Name:	Date signed (mm/dd/yyyy):
Other names used:	Social Security #:	Date of Birth:
Current Address:		

Notary Public

Given under my hand the ____ day of ____, 20____; in _____.

My commission expires on: _____

Notary Signature: _____