



COMMONWEALTH of VIRGINIA

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DIRECTOR

Department of Corrections

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IMPORTANT NOTICE
PLEASE READ THIS PAGE CAREFULLY

Date

Name and Address

Dear

All applicants recommended for hire for the Virginia Department of Corrections must submit to a background investigation. You will need to complete the attached Background Investigation Questionnaire and return it within 2 business days as part of the hiring process. It is imperative that you fill out this questionnaire completely. All questions must be answered, with full explanations when needed. Although you may have responded to some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The information you supply to complete the investigation will not be used for any purpose other than determining your suitability for employment. If the Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, the hiring process can be delayed or you may be disqualified. Information obtained after the completion of the questionnaire, which suggests intended omission or falsification by you, can also be considered grounds for disqualification or dismissal. It is in your best interest to be truthful, thorough, and as complete as possible in your responses. Some of the information requested may be impossible to obtain due to circumstances beyond your control. Should this be the case, please give a brief explanation. However, be aware this may affect the ability to judge your suitability for hire.

Return your completed Background Investigation Questionnaire within two (2) business days to the Human Resource Officer or other designated hiring official at the facility/unit where you have applied. Options for acceptable ways to submit the completed questionnaire will be provided to you by the designated hiring official at the unit where you have applied.

If you have questions regarding the content of the Background Investigation Questionnaire, please contact the Background Investigation Unit:

Email Background.Investigations@VADOC.Virginia.Gov

Phone (804) 887-7832

Be aware that the Background Investigation Unit cannot answer questions pertaining to specific positions, benefits, training, hiring dates, etc. Please direct those questions to the Human Resource Office of the facility for which you are applying.

Thank you and good luck!



Background Investigation Questionnaire

APPLICANT INFORMATION

NOTE: Answering "YES" to any of the conviction questions below does not automatically disqualify an applicant from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness and the extent to which it is related to the job for which you are applying.

Full Name: _____ Date: _____

Current Address: _____

Day Phone: _____ Evening Phone: _____

Email address: _____

Date of Birth: _____ SSN: _____

Position applied for: _____ Facility/Unit: _____

Are you a citizen of the U.S.? Yes No
If "No". Have you provided documentation of your legal status and eligibility to work in the U.S. to the facility/unit accepting your application? Yes No

Have you ever worked or volunteered for the Department of Corrections or any other government agency? Yes No

If "Yes". Where and when?

Have you ever been convicted of domestic violence? Yes No

Have you ever been convicted of a felony? Yes No

If "Yes", is the answer to one or both of the two prior questions please complete the below (if more space is needed, continue on a supplemental form)

Charge	Where	When	Were you incarcerated or on probation as a result?

Have you ever been convicted of a misdemeanor or traffic violation? Yes No
If "Yes", please complete the below (if more space is needed, continue on a supplemental sheet)

Charge	Where	When	Were you incarcerated or on probation as a result?



Have you ever engaged or attempted to engage in sexual abuse in an institutional setting; for example, prison, jail, juvenile facility? Yes No

Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force (as described above)? Yes No

*Have you ever had any association/affiliation with a gang or gang member? Yes No
(gangs, terrorist organizations, or any group advocating violence, restriction of basic freedoms, or organized crime)

If "Yes", please explain:

*Do you have any tattoos, marks, or scars on your body that could be interpreted (or mistaken) as being gang related? Yes No

If "Yes", please explain:

*Do you have any friends and/or relatives who were/are incarcerated or under the supervision of Community Corrections or Probation & Parole in the State of Virginia or elsewhere? Yes No

If "Yes" please complete all that apply (if more space is needed, continue on a supplemental sheet):

***Answering "Yes" to any of the above questions does not automatically disqualify an applicant**

Name	Relationship to You	Name of Jail, Prison, Probation District, Community Corrections Program, etc.	Did you visit them while they were incarcerated?

PERSONAL HISTORY

What other names do you/have you gone by? *(this includes maiden names, nicknames, and aliases)*

Have you ever legally changed your name (for reasons other than marriage)? Yes No

If "Yes", what Court of Jurisdiction approved the change?

Have you provided documentation to the facility accepting your application? Yes No



PERSONAL HISTORY CONTINUED

List all your addresses over the last **five** years:

Address:	From:	To:
Address:	From:	To:
Address:	From:	To:
Address:	From:	To:
Address:	From:	To:

EDUCATION

Have you provided to the facility accepting your application, documentation of the highest level of education you attained? Yes No

High School / GED Program:		Location:
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Diploma	<input type="checkbox"/> GED	
Technical School / College / University:		Location:
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree:		Certificate:
Technical School / College / University:		Location:
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree:		Certificate:



EMPLOYMENT HISTORY

Document your employment history, including periods of unemployment or full-time student status, for at least the last **five** years. Document any and all prior law enforcement or state service since your 18th birthday. Fill out a supplemental form if you need additional space. *(NOTE: If you were self-employed, you will be asked to provide documentation)*

Company: _____ Supervisor: _____
Address: _____ Contact Number: _____

Dates of employment: From: _____ To: _____ Title: _____
Reason for leaving: _____
Your name while employed there: _____

Company: _____ Supervisor: _____
Address: _____ Contact Number: _____

Dates of employment: From: _____ To: _____ Title: _____
Reason for leaving: _____
Your name while employed there: _____

Company: _____ Supervisor: _____
Address: _____ Contact Number: _____

Dates of employment: From: _____ To: _____ Title: _____
Reason for leaving: _____
Your name while employed there: _____

Company: _____ Supervisor: _____
Address: _____ Contact Number: _____

Dates of employment: From: _____ To: _____ Title: _____
Reason for leaving: _____
Your name while employed there: _____

Company: _____ Supervisor: _____
Address: _____ Contact Number: _____

Dates of employment: From: _____ To: _____ Title: _____
Reason for leaving: _____
Your name while employed there: _____



PROFESSIONAL REFERENCES

Please provide complete contact information for three people who know you professionally.

Name:

Address:

Day phone:

Evening phone:

Email address:

Professional association (how do you know each other):

How long?

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by:

Name:

Address:

Day phone:

Evening phone:

Email address:

Professional association (how do you know each other):

How long?

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by:

Name:

Address:

Day phone:

Evening phone:

Email address:

Professional association (how do you know each other):

How long?

Does this person know you by a name other than the name on your application? Yes No

If "Yes", what name does this person know you by:

MILITARY HISTORY

Have you ever served in the armed forces? Yes No

If "Yes", please provide the following:

Branch:

Dates of Service:

(include multiple periods of enlistment)

Character of Discharge:

If you did not receive an "Honorable" discharge, please explain:

Have you provided your Member 4 Form DD 214 to the facility accepting your application? Yes No



PROFESSIONAL LICENSES, REGISTRATIONS, & CERTIFICATIONS

Do you currently hold any professional licenses, registrations, and/or certifications? Yes No

If "Yes", please complete all that apply:

Type	Where was it issued?	Who issued it?	When does it expire?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

*** An Investigator from the Department of Corrections may contact you if additional information or clarification by you is needed.**

Disclaimer: This information is for the sole use of the intended recipient(s), to be used in conjunction with a background investigation by the Virginia Department of Corrections. Any access, use, disclosure or distribution of this information to anyone other than those having a need to know is unauthorized and prohibited.