



# COMMONWEALTH of VIRGINIA

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*Department of Corrections*

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## **IMPORTANT NOTICE** **PLEASE READ THIS PAGE CAREFULLY**

Dear Applicant:

All applicants 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 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.

You can complete the Background Investigation Questionnaire via internet and submit it by email to [Background.Investigations@VADOC.Virginia.Gov](mailto:Background.Investigations@VADOC.Virginia.Gov)

The form is located at: <http://www.vadoc.virginia.gov/forms/biQuestionnaire.doc>

OR Mail your completed Background Investigation Questionnaire with in 2 business days to:

Virginia Department of Corrections  
Background Investigation Unit  
P.O. Box 26963  
Richmond, VA 23261

If you have questions regarding the Background Investigation Questionnaire, please contact the Background Investigation Unit via Email [Background.Investigations@VADOC.Virginia.Gov](mailto:Background.Investigations@VADOC.Virginia.Gov) or Phone (804) 674-3041

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.

Please keep a copy of the completed questionnaire for your records.  
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 or 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 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)

| <b>Charge</b> | <b>Where</b> | <b>When</b> | <b>Were you incarcerated or on probation as a result?</b> |
|---------------|--------------|-------------|---|
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |

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 form)

| <i>Charge</i> | <i>Where</i> | <i>When</i> | <i>Were you incarcerated or on probation as a result?</i> |
|---------------|--------------|-------------|---|
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |
|               |              |             |   |

\*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 form):

| <i>Name</i> | <i>Relationship to you</i> | <i>Name of Jail, Prison, Probation District, Community Corrections Program, etc</i> | <i>Did you visit them while they were incarcerated?</i> |
|-------------|----------------------------|---|---|
|             |                            |   |   |
|             |                            |   |   |
|             |                            |   |   |
|             |                            |   |   |
|             |                            |   |   |

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

**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 Cont'd**

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

Address:

From:            To:

-----  
Address:

From:            To:

-----  
Address:

From:            To:

-----  
Address:

From:            To:

-----  
Address:

From:            To:

**Attention**

***The next three sections have already been addressed on your state application. Please complete them if:***

- 1) You did not provide complete names and contact information for any school, employer, or professional reference listed on your application.
- 2) You did not provide a complete history of your employment, or other activities (*ex: full time student, stay at home mom, etc*) during periods of unemployment, during the last 5 years or since your 18<sup>th</sup> birthday.
- 3) Your application is more than 30 days old and requires updating.

**Education**

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

**High School / GED Program:**

Location:

From:            To:                      Did you graduate?     Yes             No

Diploma/GED?

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**Employment History Cont'd**

Company:

Supervisor:

Contact information:

Dates of employment: From: To:

Title:

Reason for leaving:

Your name while employed there:

-----

Company:

Supervisor:

Contact information:

Dates of employment: From: To:

Title:

Reason for leaving:

Your name while employed there:

-----

Company:

Supervisor:

Contact information:

Dates of employment: From: To:

Title:

Reason for leaving:

Your name while employed there:

-----

Company:

Supervisor:

Contact information:

Dates of employment: From: To:

Title:

Reason for leaving:

Your name while employed there:

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## 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:

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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 Service Record

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:

| <i>Type</i> | <i>Where was it issued?</i> | <i>Who issued it?</i> | <i>When does it expire?</i> |
|-------------|-----------------------------|-----------------------|-----------------------------|
|             |                             |                       |                             |
|             |                             |                       |                             |
|             |                             |                       |                             |
|             |                             |                       |                             |
|             |                             |                       |                             |

## 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 of the information provided 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.