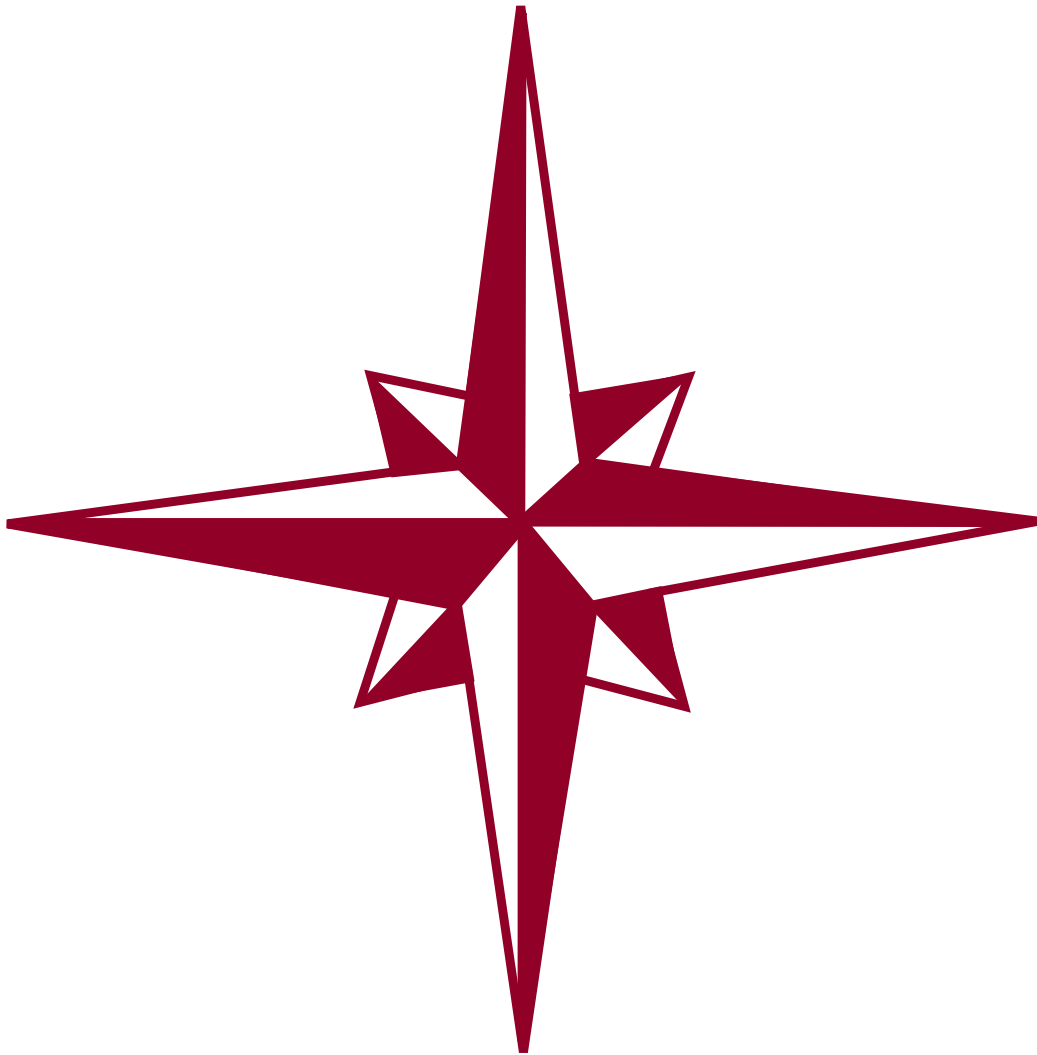


**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY  
PUBLIC SAFETY DIVISION**



**PERSONAL HISTORY STATEMENT**

METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

PERSONAL HISTORY STATEMENT

TABLE OF CONTENTS

	Page
INSTRUCTIONS TO APPLICANT .....	1
PART I (PERSONAL DATA) .....	2 - 4
PART II (CITIZENSHIP) .....	6
PART III (REFERENCES) .....	7
PART IV (ASSOCIATES/FRIENDS).....	8
PART V (RESIDENCE DATA) .....	9 - 11
PART VI (EMPLOYMENT DATA) .....	12 - 16
PART VII (MILITARY DATA) .....	17
PART VIII (DRIVING RECORD) .....	18 - 21
PART IX (FINANCIAL DATA) .....	22 - 23
PART X (EDUCATION) .....	24 - 25
PART XI (ARREST/CONVICTIONS AND/OR UNDETECTED CRIMES)...	26 - 30
PART XII (MISCELLANEOUS) .....	31 - 34
PART XIII (REMARKS SECTION/CONTINUATION SHEETS.....	35 - 38
APPLICANT SIGNATURE PAGE .....	39

## INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT FORM

1. The contents of this questionnaire are confidential. No information will be disseminated to any person except when essential to the conduct of official business.
2. The intentional omission or falsification of any material fact is just cause for disqualification or dismissal. Every answer provided will be checked during the background investigation.
3. All questions must be answered. None may be left blank.
4. On all questions where your answer is followed by a request for an explanation, you must answer the question completely as best you can. If you do not have enough room continue in PART XIII. (PAGE 35 - 38)
5. When completing this booklet, please print or type clearly Use only black or blue ink.
6. Be sure to sign page 39.
7. Call 703/417-8228, 703/417-8229 or 703/412-8230 if you have any questions.
8. The "Americans With Disabilities Act" prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, do not divulge information concerning physical or medical conditions, either past or current.

**METROPOLITAN WASHINGTON AIRPORTS AUTHORITY  
PERSONAL HISTORY STATEMENT  
PART I - PERSONAL DATA**

**POSITION APPLIED FOR:** \_\_\_\_\_

1. **NAME:**  
\_\_\_\_\_

Last	First	Middle	Social Security No.
------	-------	--------	---------------------

**Address:**  
\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

**Telephone Numbers (include hours you can be reached):**  
\_\_\_\_\_

Home (    )                      -                      Hours  
\_\_\_\_\_

Work (    )                      -                      Ext.                      Hours  
\_\_\_\_\_

Cell phone (    )                      e-mail address:  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

Sex	Race	Height	Weight	Color Eyes	Color Hair
-----	------	--------	--------	---------------	---------------

Scars, tattoos or  
identifying marks/features:  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever used a fictitious name, alias, or gone by a different name for any reason? \_\_\_\_\_ If yes, explain in PART XIII:

3. List nicknames: \_\_\_\_\_

4. If your name has been legally changed give the following information:

\_\_\_\_\_

Former name	Date of Change
-------------	----------------

\_\_\_\_\_

Court of Record	City/State
-----------------	------------

5. Check current status: Single \_\_\_\_\_ Married \_\_\_\_\_ (list maiden name)  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

6. Have you ever misrepresented yourself or used false identification for any reason? \_\_\_\_\_ explain in PART XIII, pg. 32

7. If you have ever been divorced give the following details: name of former spouse(s), grounds on which actions(s) was/were based, date of divorce(s), name of court(s) granting divorce(s), custody of children;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a domestic violence issue involved? \_\_\_\_\_ (If yes give details in PART XIII)

8. Are you responsible for paying any court ordered child support?

\_\_\_\_\_ If yes, explain: \_\_\_\_\_

9. Have you ever been involved as a complainant or defendant in a Paternity Proceeding? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

10. DEPENDENTS - List spouse, children, and all other dependents (use continuation sheets in PART XIII to provide additional data, if necessary). (Include ex-spouse or the other parent of the child if not married.)

A.  
**Name** (Spouse) \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date Married: \_\_\_\_\_  
Present Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
B.  
**Name** (Other) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Present Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

CHIDREN:

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

**Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Address \_\_\_\_\_

11. FAMILY/ASSOCIATES - Mother, Father, Step Parents, Brothers, Sisters, Step Brothers/Sisters, Former Spouses (Continue in Part XIII, if necessary):

**Name** \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Name** \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Name** \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

FAMILY/ASSOCIATES (CONT.)

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_

PART II - CITIZENSHIP

12. Are you a native born or naturalized citizen? (Please check one):

\_\_\_\_\_ NATIVE BORN \_\_\_\_\_ NATURALIZED

If not a U. S. Citizen what is your resident status: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Port or place of departure to the U.S.A.: \_\_\_\_\_

Date of departure: \_\_\_\_\_

How were you transported to the U.S.A.? (Please check one):

\_\_\_\_\_ SHIP \_\_\_\_\_ PLANE \_\_\_\_\_ TRAIN \_\_\_\_\_ OTHER: \_\_\_\_\_

Port or place of entry into the U.S.A.: \_\_\_\_\_

Date of entry: \_\_\_\_\_

Name and address of person who sponsored you on arrival:

\_\_\_\_\_  
\_\_\_\_\_

First address after arrival: \_\_\_\_\_

How did you obtain citizenship? (Give details): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PETITION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

COURT: \_\_\_\_\_ STATE: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

Court where sworn in (Oath of Citizenship) \_\_\_\_\_

(IF FROM CHINA, GIVE NUMERICAL CODE FOR LAST NAME. THIS INFORMATION  
CAN BE OBTAINED FROM THE CHINESE EMBASSY.) \_\_\_\_\_



**PART III - REFERENCES**

13. Give the data below on three (3) references, not related by blood or marriage, not former employers and not mentioned elsewhere in this form. They should be responsible adults of reputable standing in their community, who have known you for at least five (5) years. References may include, but are not limited to: teachers, counselors, property owners, members of the clergy, and business people.

A.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS				
LAST	FIRST	INITIAL						STREET			
HOME TELEPHONE NUMBER			YEARS KNOWN								
					CITY				STATE / ZIP CODE		
- - - / - - - / - - - -											
OCCUPATION		PLACE OF EMPLOYMENT			WORK ADDRESS						
					STREET						
WORK TELEPHONE NUMBER		EXTENTION						CITY		STATE / ZIP CODE	
- - - / - - - / - - - -											

B.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS				
LAST	FIRST	INITIAL						STREET			
HOME TELEPHONE NUMBER			YEARS KNOWN								
					CITY				STATE / ZIP CODE		
- - - / - - - / - - - -											
OCCUPATION		PLACE OF EMPLOYMENT			WORK ADDRESS						
					STREET						
WORK TELEPHONE NUMBER		EXTENTION						CITY		STATE / ZIP CODE	
- - - / - - - / - - - -											

C.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS				
LAST	FIRST	INITIAL						STREET			
HOME TELEPHONE NUMBER			YEARS KNOWN								
					CITY				STATE / ZIP CODE		
- - - / - - - / - - - -											
OCCUPATION		PLACE OF EMPLOYMENT			WORK ADDRESS						
					STREET						
WORK TELEPHONE NUMBER		EXTENTION						CITY		STATE / ZIP CODE	
- - - / - - - / - - - -											

**PART IV - ASSOCIATES/FRIENDS**

14. Give the data requested below on three (3) persons with whom you have associated (i.e., persons whom you have seen frequently) during the past three (3) years. Exclude relatives, former employers and persons mentioned elsewhere in this form.

A.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS		
LAST	FIRST	INITIAL					STREET		
HOME TELEPHONE NUMBER		YEARS KNOWN						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									
OCCUPATION	PLACE OF EMPLOYMENT		WORK ADDRESS						
WORK TELEPHONE NUMBER		EXTENTION						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									

B.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS		
LAST	FIRST	INITIAL					STREET		
HOME TELEPHONE NUMBER		YEARS KNOWN						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									
OCCUPATION	PLACE OF EMPLOYMENT		WORK ADDRESS						
WORK TELEPHONE NUMBER		EXTENTION						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									

C.

NAME			MR.	MRS.	MS.	MISS	RESIDENCE ADDRESS		
LAST	FIRST	INITIAL					STREET		
HOME TELEPHONE NUMBER		YEARS KNOWN						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									
OCCUPATION	PLACE OF EMPLOYMENT		WORK ADDRESS						
WORK TELEPHONE NUMBER		EXTENTION						CITY	STATE / ZIP CODE
- - - / - - - / - - - -									

**PART V - RESIDENCE DATA**

15. Provide the information on all your residences since birth, beginning with your present residence. Give the name and present address of your neighbors, (not necessarily a personal acquaintance). Give the name and address of the realty company or property owner to whom you pay/paid rent if applicable, or the name and address of the mortgage holder. Include your mailing and/or street addresses during all periods of military service. (Continue in PART XIII, if necessary).

START WITH YOUR PRESENT RESIDENCE:

A.

DATES OF RESIDENCY				ADDRESS OF RESIDENCE			
FROM			TO	STREET ADDRESS	APT NO:	CITY	STATE/ZIP
MONTH	DAY	YEAR	PRESENT				
1) NEIGHBOR: MR/MRS/MS/MISS				NEIGHBOR'S ADDRESS			
LAST			FIRST MI	STREET ADDRESS		APT NO:	CITY STATE/ZIP
2) NEIGHBOR: MR/MRS/MS/MISS				NEIGHBOR'S ADDRESS			
LAST			FIRST MI	STREET ADDRESS			
YOUR REALTY COMPANY OR PROPERTY OWNER'S NAME:							
REALTY/OWNER'S PHONE NO:				REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:			
AREA CODE				STREET ADDRESS		APT NO:	CITY STATE/ZIP

FOR PRESENT RESIDENCE ONLY:

B.

DO YOU _____ RENT OR _____ OWN THIS PROPERTY?		
WITH WHOM DO YOU RESIDE? _____		
IF YOU RESIDE WITH SOMEONE OTHER THAN SPOUSE OR PARENTS, PLEASE LIST:		
(Name)	(DATE OF BIRTH)	(OCCUPATION)
LIST HIS OR HER PLACE OF EMPLOYMENT, EMPLOYMENT ADDRESS AND TELEPHONE NUMBER BELOW:		

C.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE		STREET ADDRESS		APT NO:	CITY STATE/ZIP

D.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE		STREET ADDRESS		APT NO:	CITY STATE/ZIP

E.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE		STREET ADDRESS		APT NO:	CITY STATE/ZIP

F.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE				STREET ADDRESS	APT NO: CITY STATE/ZIP

G.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE				STREET ADDRESS	APT NO: CITY STATE/ZIP

H.

PREVIOUS STREET ADDRESS		APT. NO.		CITY	STATE/ZIP
FROM		TO		NEIGHBOR'S NAME: MR/MRS/MS/MISS	
MONTH	YEAR	MONTH	YEAR		
NEIGHBORS CURRENT STREET ADDRESS				APT NO:	CITY STATE/ZIP
YOUR REALTY COMPANY OR OWNER'S NAME:					
REALTY/OWNER'S PHONE NO:			REALTY COMPANY OR PROPERTY OWNER'S ADDRESS:		
AREA CODE				STREET ADDRESS	APT NO: CITY STATE/ZIP

**PART VI - EMPLOYMENT HISTORY**

16. List your complete work history, starting with your present position. Be sure to list all periods of active military duty (including active duty for training for more than fifteen days) and all periods of unemployment (identifying it as such). Also include all part-time, temporary, and/or voluntary employment and identify it as such. (Continue in PART XIII, if necessary).

START WITH PRESENT EMPLOYMENT STATUS:

A. DATES OF EMPLOYMENT				NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO				
Month	Day	Year	PRESENT				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED				TELEPHONE NUMBER _ _ _ / _ _ _ / _ _ _ _ EXT. _ _ _ _			
				STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION				NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)							
REASON FOR LEAVING							

B. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER _ _ _ / _ _ _ / _ _ _ _ EXT. _ _ _ _			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

C. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

D. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

E. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

F. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

G. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									

H. DATES OF EMPLOYMENT						NAME OF EMPLOYER / FIRM / AGENCY			
FROM			TO						
Month	Day	Year	Month	Day	Year				
PLACE AN X IN ONE BOX <input type="checkbox"/> FULL TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> UNEMPLOYED						TELEPHONE NUMBER ___ / ___ / ___ EXT. ___			
						STREET ADDRESS		CITY	STATE/ZIP CODE
YOUR TITLE/POSITION						NAME OF SUPERVISOR		TITLE OF SUPERVISOR	YOUR ANNUAL SALARY
DESCRIBE YOUR DUTIES (BRIEFLY)									
REASON FOR LEAVING									



17. Have you:

A. Ever been discharged (fired) from employment for any reason?

Yes  No

B. Ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?

Yes  No

C. Ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?

Yes  No

-If you answered "Yes" to any of the above three questions, give full Details in the Remarks Section - PART XIII, including the employer's name, date and the circumstances in each case.

18. Were you ever reprimanded by a supervisor for being late or absent?

\_\_\_\_\_ If yes, explain in PART XIII. (Give employer's name, dates and details in each case.)

19. Were you ever reprimanded for misconduct or not doing your job

right?\_\_\_\_\_ If yes, explain in PART XIII. (Give employer's name, dates and details in each case.)

20. Have you applied for a position with the Metropolitan Washington

Airports Authority before? \_\_\_\_\_ If "yes" when?

\_\_\_\_\_ (Date) \_\_\_\_\_

(Position)

A. Which Airport:  Reagan National  Dulles International

21. Have you had any extended work absences for reasons other than earned vacations, medical reasons or workers' compensation?  
\_\_\_\_\_ If yes, explain including when, name of employer, and why.

22. If you are currently unemployed list your present source of income or benefits. Give details, including the name(s) of the individual(s) or organization(s) providing the benefits or income. Do not provide any information pertaining to workers' compensation claims or if for medical reasons:

PART VII - MILITARY DATA

23. ACTIVE DUTY

- A. Branch of Service \_\_\_\_\_
- B. Last duty station: \_\_\_\_\_
- C. Dates of Service: From \_\_\_\_\_ TO \_\_\_\_\_
- D. Rank at discharge following most recent period of military service: \_\_\_\_\_ E. Highest rank attained: \_\_\_\_\_
- F. Type of Discharge: \_\_\_\_\_ G. Re-enlistment code \_\_\_\_\_
- H. Have you ever received a discharge from the armed forces which was other than honorable? \_\_\_\_\_ If other than medical, explain in PART XIII.
- I. Were you recommended for re-enlistment after each period of military duty? [ ] Yes [ ] No - explain in PART XIII.
- J. Were you ever subjected to any disciplinary actions (judicial or non-judicial) while in the armed forces? [ ] Yes [ ] No  
If yes, explain the circumstances in PART XIII.
- K. If you still have a military obligation, list the branch of service you are currently in and list the date such obligation is scheduled to terminate. \_\_\_\_\_

24. National Guard or Reserve membership: [ ] Yes [ ] No

- a. Organization \_\_\_\_\_
- b. City and state: \_\_\_\_\_
- c. Dates of membership: from \_\_\_\_\_ to \_\_\_\_\_

PART VIII - DRIVING RECORD

25. Presently held Driver's License #: \_\_\_\_\_  
State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_  
Restriction(s) \_\_\_\_\_  
How long have you been a licensed driver? \_\_\_\_\_  
Approximately how many miles driven a year? \_\_\_\_\_

26. List all motor vehicles registered in your name:  
Make: \_\_\_\_\_ Color: \_\_\_\_\_  
Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag Number: \_\_\_\_\_  
Make: \_\_\_\_\_ Color: \_\_\_\_\_  
Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag Number: \_\_\_\_\_

(Continue in PART XIII, if necessary).

27. List all motor vehicles that you have the regular use of:

VEHICLE 1

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Year \_\_\_\_\_ State \_\_\_\_\_ Tag Number \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

VEHICLE 2

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Year \_\_\_\_\_ State \_\_\_\_\_ Tag Number \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

(Continue in PART XIII, if necessary).

28. Are your vehicle license plates now or have they ever been:

A. Denied?                    \_\_\_\_\_ yes        \_\_\_\_\_ no

B. Suspended?                \_\_\_\_\_ yes        \_\_\_\_\_ no

C. Revoked?                   \_\_\_\_\_ yes        \_\_\_\_\_ no

D. Subjected to any other similar penalty or action?    [ ] Yes    [ ] No

If you answered "Yes" to any of the above, explain below:

29. List all motor vehicle accidents you have been involved in:

(Give full details to include dates, where and disposition):

30. Has your driver's license ever been suspended or revoked in this or any other state? \_\_\_\_\_ If so, when, where and why:

31. List all traffic violations or citations (excluding parking tickets) that you have received, give the following data:

Date	Violation/Charge	Location City & State	Police Agency	Final Disposition

(Continue in PART XIII)

32. List any additional motor vehicle history not listed above to include any and all licenses held in other states (give # - if known):

Issuing State	License Number	Expiration Date	Type of License

(Continue in PART XIII)

33. Have you ever been involved in any civil action, court or out of court disposition, as a plaintiff or defendant, as a result of a traffic or criminal incident?

Yes    No

---



---

34. Have you ever received a "warning letter" from the Motor Vehicle Administration of this state or any other state that your driving license or registration could be canceled, suspended or revoked?  
 Yes     No If yes, explain:

35. Have you ever attempted or received a license under a different name other than your own?     Yes     No    If yes, explain:

36. Do you now have any tickets in this state or any other state, that has not been paid?     Yes     No    If yes, explain:

**PART IX - FINANCIAL DATA**

37. Do you have any credit problems at present? \_\_\_\_\_  
If yes, explain in PART XIII.
38. Do you now have (or have you ever had) any wage garnishments or assignments on your salary? \_\_\_\_\_ If yes, explain in PART XIII.
39. Have you ever been found delinquent on income or other tax payments? (Include only those situations where your delinquency was discovered and brought to your attention before you actually made payment.) \_\_\_\_\_ If yes, explain in PART XIII.
40. Are you currently behind on any state or federal taxes? \_\_\_\_\_ If yes, explain in PART XIII.
41. Have you ever had a court ordered financial judgement against you or presently have a financial judgement pending in court? \_\_\_\_\_ If yes, explain in PART XIII.
42. Have you ever had any real or personal property repossessed? \_\_\_\_\_ If yes, explain in PART XIII.
43. Have any debts/bills ever been turned over to a collection agency? \_\_\_\_\_ If yes, explain in PART XIII.
44. Are any of your creditors pressing you for payment? \_\_\_\_\_  
If yes, explain in PART XIII.
45. Have you ever filed for or declared bankruptcy? \_\_\_\_\_ Ever utilized a wage earner's plan? \_\_\_\_\_ If yes, explain in PART XIII.
46. Do you presently hold active or silent controlling interest in any company? \_\_\_\_\_ If yes, explain your interest in PART XIII.



47. List below all pertinent information concerning your current liabilities (i.e. mortgage loans, personal loans, credit cards, auto loans, etc. Continue in PART XIII if more space is needed):

CREDITOR'S NAME		ACCOUNT NUMBER	COMPLETE ADDRESS			
A.						
B.						
C.						
D.						
E.						
F.						
DATE ACCOUNT OPENED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT	PURPOSE	CURRENT STATUS	
A.						
B.						
C.						
D.						
E.						
F.						

48. Any other type of credit or financial debt not listed above:

---



---



---



---



---

**PART X - EDUCATION**

49. Provide the information requested below on all schools you have attended since the ninth (9th) grade, beginning with the most recent. Be sure to include colleges, universities, business or trade schools, and if relevant to the position for which you are applying, military schools(Give month and year when specifying dates):

NAME OF SCHOOL	City & State	DATES FROM	DATES TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE	TYPE OF DEGREE / OR CREDIT HOURS RECIEVED

50. Did you graduate from high school and receive a diploma?

Yes    No

51. Did you pass a G.E.D.(General Educational Development) test?

Yes   Date: \_\_\_\_\_ School: \_\_\_\_\_

No    N/A

52. Did you obtain your G.E.D. Certificate from the Armed Forces?

Yes    No    N/A

53. If you have a G.E.D. Certificate, has it been presented to a Board of Education?    Yes Date: \_\_\_\_\_    No    N/A

54. If you answered "Yes" to Question 51., did that board present you with a High School Diploma? [ ] Yes [ ] No [ ] N/A If yes, complete the following:

A. Name of Board of Education \_\_\_\_\_

B. Board's complete mailing address \_\_\_\_\_  
\_\_\_\_\_

C. Date Diploma issued \_\_\_\_\_

55. If you have taken a GED, but you answered "No" to Questions No. 51., and 52., explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. What college degree(s) do you possess:

\_\_\_\_\_  
\_\_\_\_\_  
Undergraduate major: \_\_\_\_\_

Grade point average (cumulative): \_\_\_\_\_

Total credits achieved towards degree: \_\_\_\_\_

Graduate major: \_\_\_\_\_

57. List any other specialized training you have received not listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART XI - ARRESTS/CONVICTIONS AND/OR UNDETECTED CRIMES**

58. Have you ever committed, participated in, or conspired to commit any of the following serious crimes (answer "yes" or "no" to each):

Murder	_____	Larceny	_____
Rape	_____	Arson	_____
Robbery	_____	Mayhem	_____
Manslaughter	_____	Burglary	_____
Sodomy	_____	Sex Crimes	_____

If you answered "Yes" to any of the above, explain: \_\_\_\_\_

\_\_\_\_\_

(Continued PART XIII)

59. Have you ever been arrested, charged, cited or held by Federal, state, local law enforcement or juvenile authorities? \_\_\_\_\_ List, even if the arrest or citation was dropped, dismissed, or you were found not guilty. This includes all court-martials or non-judicial punishment while in the military service and any DWI/DUI'S. Disregard traffic citations listed in PART VIII Driving Record.

If "Yes" - give full details in PART XIII.

60. If you answered "yes" to question 59, have you ever been convicted, fined, forfeited bond to Federal, state, other judicial authority?

\_\_\_\_\_ If "Yes" - give full details in PART XIII.

Were you adjudicated a youthful offender or juvenile delinquent?

\_\_\_\_\_ Include whether the record in your case has been "sealed" or stricken through the court? If "Yes" - give full details in PART XIII.

61. Have you ever been detained, held, served time in any jail, prison, reform school, juvenile facility or institution under the jurisdiction of any city, county, state, federal or foreign country?

\_\_\_\_\_ If "Yes" - give full details in PART XIII.

62. Have you ever been arrested as a juvenile? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

63. As a juvenile, did you ever have to report to a juvenile officer? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

64. As a juvenile, were you ever released to your parents by a law enforcement officer? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

65. Were you ever expelled or suspended from school? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

66. Do you have any criminal charges, as a juvenile or adult, that have been expunged or dismissed? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

67. Have you ever been served a summons to appear in court? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

68. Have you ever been in a jail, prison, or training school because of a motor vehicle or criminal charge? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

69. Have you ever been convicted or are you now under suspended sentence, parole, or probation? \_\_\_\_\_ Are you awaiting any actions or charges against you? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

---

---

70. While in the military service did you receive any type of punishment(s) (include fines, extended duty days, extended duty hours, loss of leave, or loss of rank - name type of hearing)? \_\_\_\_\_ If yes, explain:

---

---

---

---

71. Did you ever serve any time in a military stockade? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

72. Did you complete your entire enlistment period? \_\_\_\_\_ If no, give full details in PART XIII. If discharge was for medical reasons, DO NOT provide medical information at this time.

73. Have you ever appeared in court as an accused? \_\_\_\_\_ If yes, explain:

---

74. Did you ever steal anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

---

---

Include:

Shoplifting	_____	From other persons	_____
Money	_____	From employees	_____
Merchandise	_____	From a residence	_____
Office Supplies	_____	From parents/relatives	_____
From the Government	_____	Receive stolen goods	_____

Other: \_\_\_\_\_

---

75. Have you ever been involved in the illegal purchase, possession, use, or sale of any drug, narcotic, depressant, stimulant, hallucinogen, inhalant, cannabis (marijuana), prescription or designer drugs?

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, explain:

---

---

---

---

---

---

---

---

(Continue in PART XIII)

76. Did anyone ever try to bribe you? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

---

---

77. Have you ever been involved in any type of situation for which someone could blackmail you? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

---

---

---

---

78. Have you ever been fingerprinted before? \_\_\_\_\_ If yes, who, where, when, and why:

---

---

---

---



**PART XII - MISCELLANEOUS**

79. ORGANIZATIONS - List all organizations, except labor unions, to which you now belong or previously belonged: (Continue in PART XIII, if more space is needed.)

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

80. VOLUNTEER SERVICE - List all volunteer activities you have been involved with (presently active and previously served with): (Continue in PART XIII if more space is needed.)

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

81. SUBVERSIVENESS: Do you now belong to or have you ever been a member of (or paid dues to) a group or organization whose intent is to overthrow the government by illegal means? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

82. Have you ever been issued a permit or license to carry a firearm?

\_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

83. Have any of your family members or blood relatives ever been arrested for other than traffic violations? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

84. Have you ever been refused any type of insurance for any reason?

[ ] Yes [ ] No - If yes, explain: \_\_\_\_\_

\_\_\_\_\_

85. Have you ever had an insurance policy(s) canceled? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

86. Have you ever made application with any other law enforcement agency or fire dept? \_\_\_\_\_ If yes, list the agency's name, date and disposition:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(Continued in PART XIII)

87. Have you ever been employed by another law enforcement agency or fire dept.? \_\_\_\_\_ If yes, list name(s), address, position and dates employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

88. Why did you leave that department? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

89. Do you have applications pending for any type of employment with any other agencies at this time? \_\_\_\_\_ If yes, who: \_\_\_\_\_

\_\_\_\_\_

90. FOREIGN LANGUAGES - List all foreign languages other than English (include sign language) that you can fluently speak or read:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

91. Are you legally eligible for employment in the United States? \_\_\_\_\_

If no, explain \_\_\_\_\_

\_\_\_\_\_

92. SKILLS - List special skills, training, qualifications or accomplishments that are related to the position for which you are applying. Some examples are: related courses or training, skills with machines, job related licenses or certificates, public speaking, writing experience, professional societies, patents or inventions, etc.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

93. Have you anything to add? Something that has not been mentioned or something which you believe should be noted (job problems, disciplinary actions, domestic problems, or ongoing internal investigations):

---

---

---

---











## SIGNATURE PAGE

I certify there are no fraudulent misrepresentations, omissions, or falsifications in the foregoing statements and answers. All entries made by me in this questionnaire are true, complete, and correct to the best of my knowledge and belief. I understand any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given in this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I also understand that all appointments are probationary for a period of twelve months. During my probationary period, I must demonstrate my fitness for continued employment with the Metropolitan Washington Airports Authority Public Safety Division.

---

Date

---

Signature of Applicant