



**MARYLAND STATE POLICE
APPLICANT POLYGRAPH SCREENING BOOKLET**

Position Applied For:

Trooper Cadet Civilian Allied Agency Other

Have you received a written Conditional Offer of Employment? Yes No

INSTRUCTIONS TO APPLICANT:

You are being considered for employment with the Maryland State Police. As a prerequisite for employment, you are required to submit to a pre-employment polygraph examination. As part of that process, it will be necessary for you to complete this booklet. The contents of this booklet are held "CONFIDENTIAL," except when essential to the conduct of proper official police business and national security. It is important that you understand that the intentional misrepresentation, omission, or falsification of any material fact may be just cause for disqualification or dismissal from the applicant process.

Maryland State Police employees, regardless of position, are placed in a position of trust and responsibility. Because of this trust, the MSP expects candor and honesty from all employees. The purpose of this examination is to determine the truthfulness of the information provided to the polygraph examiner. The areas of inquiry will deal with your background and experience.

During the interview with the polygraph examiner, you will discuss many aspects of your background. Some may seem so "bad" that you are afraid it will disqualify you from this job. What will disqualify you is your failure to provide truthful, accurate, and complete information.

The next page is your written permission for the examiner to administer your examination. Do not mark on the page except to sign it in the lower right corner marked "signature."

Name (Last, First Middle) _____

Date of Birth _____ Driver's License Number / State _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell Phone _____

E-mail address _____

Current Employer _____

Employment Address _____

City _____ County _____ State _____ Zip Code _____

Date Booklet Completed: _____



RELEASE

I hereby voluntarily submit to a polygraph examination (detection of deception) by the Maryland State Police. I understand and agree that the polygraph examination will be audio and video recorded and that the recordings as well as the results of the polygraph examination may be made available to the proper authorities, including but not limited to other law enforcement agencies, social service agencies and current or past employers. In consideration of being given a polygraph examination without cost to me, I, for myself, my heirs, personal representatives and assigns, hereby agree to hold harmless, the Maryland State Police, its officers, employees, and agents from any liability for any damage to me as a result of said examination and I hereby remise, release, waive, and forever discharge and exonerate said Maryland State Police, its officers, employees, agents from any and all action or cause of action, claim, or demand which I have now or may ever have resulting directly, indirectly, or remotely from said examination or making known any reactions, statements, information, and incidental opinions made by me as part of the examination.

In witness whereof, I have hereunto set my hand and seal the day and date set forth above.

WITNESS

SIGNATURE / DATE

SECTION A: PERSONAL BACKGROUND INFORMATION

PART 1: IDENTITY

Full Name: (Last, First Middle): _____

Date of Birth: _____ Race: _____ Gender: _____ Place of Birth: _____

Social Security Number: _____

Scars, marks, or tattoos: (explain any significance) _____

Excluding nicknames, list any other names you have ever used and the periods of time you used them:

- | | <u>YES</u> | <u>NO</u> | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Has your name ever been changed by court order? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used a false name, date of birth, or place of birth for any reason? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever obtained, possessed, or used any form of false identification? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used a false Social Security Number or someone else's SSN? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever misrepresented your identity to any law enforcement agency? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever falsified your identity on any job application? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever falsified your identity on any credit application? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever falsified your identity on <u>any other</u> application or official document? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | While underage, did you ever use any type of false identification to buy alcoholic beverages? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 1 - IDENTITY:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 2: CITIZENSHIP

YES **NO**

Have you ever held citizenship in any country other than the United States?

IF YOU ANSWERED “YES” TO THE ABOVE QUESTION, YOU MUST ALSO ANSWER THE BELOW QUESTIONS ON THIS PAGE. IF YOU ANSWERED “NO” TO THE ABOVE QUESTION, YOU DO NOT HAVE TO ANSWER THE BELOW QUESTIONS ON THIS PAGE. PROCEED TO SECTION A, Part 3 (page 6).

Excluding the United States, list all foreign countries where you have held citizenship and the periods of time for each:

In what country were you born? _____

At what age did you leave your country of birth? _____ At what age did you come to the U.S.? _____

Why did you leave your country of birth? _____

Why did you come to the U.S.? _____

With whom did you come to the U.S.? _____

To what country do you hold your primary allegiance (loyalty)? _____

YES **NO**

1. Have you ever worked for a foreign government or foreign law enforcement agency?
2. Have you ever been a member of a foreign military service?
3. Have you ever worked for, or been affiliated in any way, with a foreign intelligence agency?
4. Are you now a Naturalized United States Citizen?
5. Have you provided this department with a valid Naturalization Certificate?
6. Do you possess a valid passport issued by a foreign country?
7. Have you taken part in committing any crime(s) in another country?

WRITTEN EXPLANATIONS FOR ANY “YES” ANSWERS TO SECTION A, PART 2 – CITIZENSHIP:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 3: RESIDENCY

List your current home address: _____

List any other addresses where you stay on a regular basis: _____

- | YES | NO | |
|------------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been evicted or threatened with eviction from any places you have lived? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a mortgage foreclosure taken against you? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Excluding eviction or foreclosure, have you ever been ordered to vacate any place you have lived? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been forced to vacate housing at any colleges due to disciplinary problems? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a notice to appear in Landlord-Tenant Court? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Do you reside at any other address on a regular basis? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever broken a lease at any place you lived? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Have any liens been placed against any property you have owned? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you had any police contact while leasing or renting? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you been involved in any arguments or fights with any of your neighbors? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Will any of your current or former neighbors say anything derogatory about you? |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever moved out of any place you have lived due to arguments or disputes with your spouse, family members, roommates, neighbors, or landlords? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 3 - RESIDENCY:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 4: EDUCATION

Name of High School Attended: _____ Dates Attended: _____

Address: _____ Diploma Received: Yes No

Highest Grade Completed: _____ Graduation Date: _____ High School Equivalency (GED): Yes No

COLLEGES / UNIVERSITIES ATTENDED (Include name, address, # of credit hours, major, degree received)

1.	2.	3.	4.

YES NO

1. Were you ever suspended or expelled from any type of learning establishment for any reason?
2. Did you ever have any adverse contact with high school security or school police?
3. Were you ever taken into custody or charged with any crimes by high school security or police?
4. Did you ever have any adverse contact with college campus security or college police?
5. Were you ever taken into custody or charged with any crimes by campus security or police?
6. Were you ever questioned as a suspect in any crimes by campus security or police?
7. Were you ever ineligible to return to any high school or college due to disciplinary reasons?
8. Were you ever barred from entering the property of any high school or college?
9. Did you ever have any adverse contact with any resident assistants?
10. Were you ever required to appear before any college hearing board as a result of disciplinary action?
11. Did you ever cheat on any exams, tests, assignments, projects, or papers in high school or college?
12. Were you ever caught cheating in any educational or training environment?
13. Did you ever falsify your high school or college grades or grade point average?
14. Did you ever falsify any information on your high school or college transcripts?
15. Did you ever have any academic/disciplinary probations in high school or college?

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 4 - EDUCATION:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 5: EMPLOYMENT

Please list places of employment starting from most recent. Also include dates employed. (If needed, use additional space provided in the remark sections)

1.	2.	3.	4.

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been fired from any job? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been allowed to resign from any job in place of being fired? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever quit any job because you thought you were going to get fired? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are you ineligible for rehire at any place of employment now? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied any merit increases due to poor performance evaluations? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in any physical or verbal confrontation with any coworker, supervisor, or customer? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever quit any job due to allegations of misconduct on your part? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any written disciplinary action on any jobs? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been suspended (with or without pay) from any job? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been investigated for any criminal acts against any of your employers? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in industrial or corporate espionage? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed any criminal acts against any of your employers or coworkers? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately violated any serious employment rules or regulations? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately violated any employment nondisclosure agreements? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied employment due to adverse results of a background investigation? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever applied to any police department or law enforcement agency? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been employed by any police department or other law enforcement agency? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been rejected for employment by any police department or law enforcement agency? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any prior polygraph examination? If "Yes", list when, where, and results. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever before made application for employment with the Maryland State Police? If yes, when, what position, and what is the status of that application. |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 5 - EMPLOYMENT:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 6: FINANCES / CREDIT / LAWSUITS

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever declared bankruptcy? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have any court ordered financial judgments ever been taken against you? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any property repossessed? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any accounts taken over by a collection agency? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your current debts or bills 30 or more days delinquent? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have any liens been placed against any property you have owned? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been sanctioned by the IRS or any state income tax agency? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any alimony or child support obligations? |

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, STATE WHAT SPECIFIC ACTIONS YOU TOOK OR ARE NOW TAKING TO RESOLVE THESE FINANCIAL PROBLEMS.

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have your wages ever been garnished? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone ever sued you? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sued anyone? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any out of court settlements? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have any of your bank accounts ever been garnished or frozen? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 6 - FINANCES / CREDIT / LAWSUITS:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 7: MILITARY SERVICE

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in any branch of the United States military? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been rejected by any branch of the military? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in, or attempted to enlist in, any branch of a foreign military? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you registered for selective service? |

IF YOU SERVED IN THE MILITARY (U.S. OR FOREIGN) YOU MUST ALSO ANSWER THE FOLLOWING QUESTIONS. IF YOU HAVE NOT SERVED IN THE MILITARY, YOU DO NOT HAVE TO ANSWER THE BELOW QUESTIONS AND CAN NOW PROCEED TO SECTION 8.

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an Honorable Discharge? (IF NO, EXPLAIN) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever court-martialed? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever receive any nonjudicial punishments (written or verbal reprimand, etc.)? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever questioned as a suspect in any crimes by any U.S. or foreign military police? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever have any adverse contact with any U.S. or foreign police? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever denied eligibility for re-enlistment? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever charged with any violations of the Uniform Code of Military Justice (UCMJ)? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever altered a copy of your DD-214 during any pre-employment investigation? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 7 - MILITARY SERVICE:

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

PART 8: DRIVER'S LICENSE / RECORD / ACCIDENTS

- | YES | NO | |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever operated a vehicle after consuming any intoxicating substance to the point of impairment? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever operated a vehicle after consuming any intoxicating substance to the point of intoxication? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever fled from, or attempted to elude, police while on foot or in a vehicle? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever operated a motor vehicle knowing it was uninsured / unregistered? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have your license plates ever been confiscated by the police or MVA? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Has your vehicle insurance ever been canceled or denied renewal? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed to appear in court as a result of any traffic ticket? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any traffic tickets as a result of a traffic accident? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in any law-suit as a result of a traffic accident? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a hit and run accident? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lied to any police officers to try to get out of a traffic ticket? |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lied to a judge in traffic court? |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have any traffic or parking tickets for which you have not paid the fine or appeared in court for? |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a driver's license in any other state? If so, list the periods of time for each? |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed to have any violations expunged from your driving record? If so, explain. |

List below all traffic stops in this state or any other state that resulted in you receiving any of the following: citations, written warnings, verbal warnings, Safety Equipment Repair Orders, red light tickets, speed camera tickets.

DATE	STATE	VIOLATION(S)	DISPOSITION

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

List below all accidents you have been involved in while operating a motor vehicle. (Include date, whether or not it was investigated by the police, and who was charged with being at fault.)

DATE	STATE	POLICE INVESTIGATION (YES OR NO)	DISPOSITION

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 8 - DRIVER'S LICENSE / RECORD / ACCIDENTS:

PART 9: ALCOHOLIC BEVERAGE USE

- | YES | NO | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever blacked out, passed out, or incurred any loss of memory due to excessive drinking? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever drunk too much because you were depressed? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been rejected for employment by any law enforcement agencies due to your drinking habits or problems in your life due to drinking? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been stopped or detained by any law enforcement authorities for suspicion of driving while intoxicated or impaired? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested, or received any criminal charges or citations for any alcohol related offenses? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever consumed alcoholic beverages during working hours on any jobs in violation of employment rules or regulations? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been in any verbal or physical fights with anyone as a result of your drinking? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | While an adult, have you furnished or provided alcoholic beverages to any person(s) you knew were underage (excluding your own children)? Please provide the details in the table below. |

DATE PROVIDED (IF EXACT DATE UNKNOWN, LIST APPROXIMATE MONTH AND YEAR PROVIDED)	NAME AND AGE OF PERSON(S) TO WHOM YOU PROVIDED	TYPE AND AMOUNT OF ALCOHOLIC BEVERAGE PROVIDED

- | | | |
|------------------------------|--------------------------|---|
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever falsified your identity to buy alcoholic beverages while underage? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever consumed alcoholic beverages while underage? How many times? _____ Date of most recent occasion? (If exact date unknown, list approximate month and year) |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been issued a citation for any underage alcohol violation? |

How many times have you operated a motor vehicle when you have been under the influence, to any degree, of alcoholic beverages? _____ When was the last incident? _____

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

How many times have you operated a motor vehicle while you were consuming alcoholic beverages? _____
When was the last incident? _____

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 9 - ALCOHOLIC BEVERAGE USE:

PART 10: ARRESTS / CRIMINAL CHARGES / CRIMINAL INVESTIGATIONS

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | As an adult or juvenile, have you ever been arrested? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | As an adult or juvenile, have you ever received a criminal/civil summons or citation for a violation of any law? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received an underage alcohol citation? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have any criminal charges against you ever been dropped or dismissed? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received probation before judgment (PBJ) for any criminal charges? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been granted immunity from prosecution for any criminal charges? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever accepted a plea bargain for any criminal charges? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently have any criminal charges pending payment of fine or court disposition? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been investigated or interviewed by any law enforcement or security personnel as a suspect in any crime? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | As an adult or juvenile, have you ever received a criminal/civil summons or citation for a violation of any town/city/municipality code or ordinance? |

SECTION A: PERSONAL BACKGROUND INFORMATION (Continued)

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been concerned that you were under investigation for commission of any crimes even though you were not directly contacted by any law enforcement authorities? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever pled guilty or been found guilty of any criminal charges? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been placed into a jail, prison, or detention center as a result of criminal charges? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently wanted in any jurisdiction for any reason? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been on parole or probation? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION A, PART 10 - ARRESTS / CRIMINAL CHARGES / CRIMINAL INVESTIGATIONS:

SECTION B: FAMILY / DOMESTIC VIOLENCE ISSUES

MOTHER	FATHER	GUARDIAN	GUARDIAN
<i>INCLUDE NAME, ADDRESS, AND WHETHER LIVING OR DECEASED</i>			

SIBLING 1.	SIBLING 2.	SIBLING 3.	SIBLING 4.
<i>INCLUDE FULL NAME AND AGE</i>			

SPOUSE	FORMER SPOUSE	SIGNIFICANT OTHER	FORMER SIGNIFICANT OTHER
<i>INCLUDE FULL NAME, AGE, ADDRESS, LENGTH OF RELATIONSHIP (Significant Other to include boyfriend, girlfriend, fiancé, life partner)</i>			

CHILD 1.	CHILD 2.	CHILD 3.	CHILD 4.
<i>INCLUDE FULL NAME AND AGE</i>			

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have the police ever responded to any domestic violence incident in which you were involved? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been involved in any domestic violence incident when the police did not respond? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever received any of the following court orders against you: ex parte, restraining order, protective order, peace order, or any other court order naming you as a defendant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been investigated by any authority for allegations of physical child abuse or child neglect? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever inflicted any physical injury to any child who was in your care and custody? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been involved in any physical confrontation during any domestic dispute? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever used a weapon or threatened anyone with a weapon during any domestic dispute? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever damaged the personal property of another during any domestic dispute? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Will any of your former spouse(s), fiancé(s), boy or girl friend(s), domestic or life partner(s), or significant others provide any adverse or derogatory information about you? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION B - DOMESTIC VIOLENCE:

.....

SECTION C: SEXUAL CRIME ISSUES

- | YES | NO | |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had sexual contact with any child under the age of 18 when you were four or more years older than that child? (Include whether or not you paid the child in any form to participate in the sexual contact.) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever intentionally viewed, possessed, distributed, or manufactured any form of child pornography? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or attempted to have, sexually explicit conversations with a child via a computer or any other media outlet? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in any sexual acts involving prostitution, to include committing the act of prostitution, arranging the services of a prostitute, or profiting from those services? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in sexual contact with any animal? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed, participated in, or facilitated an act of rape? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sexually touched another person against their will and without their consent? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed any sexual act with another person against their will or when the other person was unable to consent or resist due to a disabling condition such as intoxication or any physically or mentally incapacitating condition or event? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever exposed your sexual parts to harass, frighten, or shock another person? |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had inappropriate sexual contact with any family member? |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever video recorded/taped/photographed a sex act(s) without the consent/knowledge of the other person(s) involved? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION C - SEXUAL CRIMES:

SECTION D: SERIOUS CRIME ISSUES AGAINST PROPERTY

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing a burglary or breaking and entering? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever forged any documents for financial gain or criminal intent? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing arson or malicious burning? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in the malicious destruction of another person's property? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing computer hacking or computer crimes? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in the manufacture or detonation of bombs or explosive devices? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made a false bomb threat, false fire alarm call, or false 911 call? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever committed any form of animal cruelty? (does not include lawful hunting) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing any other crime(s) against property not specifically listed in the above questions? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION D, PART 1 - SERIOUS CRIMES AGAINST PROPERTY:

SECTION D: SERIOUS CRIME ISSUES (Continued)

PART 2: SERIOUS CRIMES AGAINST PERSONS

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been criminally involved in the death of a person (murder, manslaughter)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing an armed robbery? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing a strong-arm robbery, mugging, or purse snatching? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever assaulted anyone with any type of weapon? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Excluding the use of weapons, have you ever physically assaulted anyone? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever seriously injured anyone as a result of assaulting them? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in a kidnapping, abduction, or false imprisonment? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stalked or criminally harassed anyone? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever made any threats of bodily harm to anyone? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing blackmail or extortion? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in illegal gambling? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever impersonated yourself as a police officer or other law enforcement agent? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing any other crime(s) against persons not specifically listed in the above questions? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION D, PART 2 - SERIOUS CRIMES AGAINST PERSONS:

SECTION D: SERIOUS CRIME ISSUES (Continued)

PART 3: SERIOUS CRIMES INVOLVING TERRORISM / HOMELAND SECURITY

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been affiliated with any organizations, groups, gangs, or persons who would seek to engage in acts of violence toward the United States government, military, businesses, or citizens? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been affiliated with any organizations, groups, gangs, or persons who support or advocate any acts of terrorism toward the United States government, military, or any U.S. business or citizen? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in any anti-U.S. rallies, meetings, marches, or protests? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in any acts of treason against the United States? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing sabotage or espionage against the United States? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever donated any money, time, or services to any anti-U.S. organizations? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you accessed any information from any sources about techniques of beating, cheating on, or using countermeasures on polygraph examinations? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you accessed any information from any sources about methods used to cheat on voice stress tests, urinalysis tests, psychological tests, background investigations, or any other aspects of personnel security screening? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been granted a security clearance by the U.S. Government? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Was your security clearance ever suspended or taken away from you due to any allegations of wrong doing on your part or investigations into such activities? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in any activities, behaviors, or incidents that someone could use against you for blackmail? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Is there anything you would like to explain or clarify concerning potentially adverse or derogatory information which may be developed about you during a police background investigation? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION D, PART 3 – SERIOUS CRIMES INVOLVING TERRORISM / HOMELAND SECURITY:

SECTION E: THEFT ISSUES

(The questions in this Section are about your involvement as a perpetrator in the commission of thefts. These questions pertain to any thefts you know you were involved in committing, either directly, indirectly, or as an accomplice or conspirator; and, whether or not you were caught, arrested, charged, or if only you know about the crime.)

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever shoplifted any merchandise from a store? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever helped anyone shoplift (lookout, divert store employees, hide merchandise, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen any money, merchandise, or property from any place you have worked? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen any money, merchandise, or property from any of your coworkers? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Excluding places where you have worked or shoplifted from, have you ever stolen any money, merchandise, or property from any other place or anyone else? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever returned any stolen merchandise to a store for an exchange or refund? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever short-changed customers or over-rung sales and kept the extra money? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in committing embezzlement? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately falsified any time cards, work schedules, expense accounts, payroll documents, purchase orders, bills, invoices, or any other financial document to commit a theft? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever knowingly received, purchased, or sold any stolen property? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever helped anyone steal any money, merchandise, or property? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed any false insurance claims? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings accounts without that person's permission? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever written any checks on an account you knew to be closed |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen from any governmental agency to include intentionally falsifying any income tax return? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken or stolen anything not specifically listed in the above questions? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION E – THEFTS:

SECTION F: ILLEGAL DRUG ISSUES

PART 1: ILLEGAL DRUG USAGE

Check YES or NO if you have ever tried, used, taken, swallowed, experimented with, or in any way ingested or injected any of the listed drugs. Please include information even if the use was legal in the jurisdiction in which you used the drug. **You must provide accurate and specific information as required. Do not intentionally mis-state or understate the number of times you know you used or tried any drug, or the most recent date or age of your use.**

For purposes of your polygraph examination and so that you can accurately indicate the number of times you used a particular drug, an example of what constitutes a “use” is, if you and a friend are at your house and smoke a marijuana joint together, that is one use, regardless of the number of inhalations taken off of that joint. If you and a friend get together after work the same day and meet at a park and smoke another marijuana joint, then that constitutes a second “use”, regardless of the number of inhalations.

Although both incidents occurred during the same day, they were separated by time and location and are considered two uses.

YES	NO	DRUG	MONTH/YEAR/AGE FIRST USED	MONTH/YEAR/AGE LAST USED	# OF TIMES
		Marijuana			
		Spice			
		K2			
		Bath Salts			
		Hashish			
		Cocaine			
		Crack			
		LSD / Acid			
		Salvia			
		Mushrooms			
		Peyote			
		Other Hallucinogens			
		PCP			
		MDMA (Ecstasy)			
		GHB (Date Rape)			
		Special K / Ketamine			
		Methamphetamines			
		Heroin			
		Methadone			
		Morphine			
		Opium			
		Speed (Amphetamines)			
		Downers (Barbiturates)			
		Quaaludes			
		Steroids			
		Nitrous Oxide			
		Whippets			
		Glue			
		Gasoline			
		Paint Thinner			
		Non-Prescribed Narcotics			
Other – List Substance below					

SECTION F: ILLEGAL DRUG ISSUES (Continued)

Since the age of 21, how many times have you smoked marijuana? _____

Since the age of 21, how many times have you used any illegal drug other than marijuana? _____

Detail the extent of your illegal drug use within the last 3 years? _____

PART 1: ILLEGAL DRUG USE (Continued)

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used more than one type of illegal drug at the same time? (Marijuana + Cocaine; Marijuana + LSD; Hashish + Cocaine, etc.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used illegal drugs in combination with alcoholic beverages? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used illegal drugs in combination with prescription or over the counter medicine? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever blacked out, passed out, or incurred a loss of memory due to use of illegal drugs? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used an illegal drug during working hours at any job? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever reported for work to any job while you were high or under the influence of illegal drugs? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used an illegal drug while serving in the military? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used an illegal drug because you were depressed? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received treatment, counseling, or therapy due to illegal drug use? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced any adverse contact with law enforcement due to illegal drug use, possession, or distribution? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Do any of your current close friends, roommates, or family members use illegal drugs? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Do any of your close coworkers use illegal drugs? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | To your knowledge, do you know or suspect that there are any illegal drugs present in the house or apartment where you currently live? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone you currently associate with use any illegal drugs in your presence? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you solicited any persons who may be contacted during your background investigation to falsify information about your use or personal involvement with illegal drugs? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever ingested any substances to attempt to interfere with or falsify the outcome of any drug analysis tests, or any other tests you have taken? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever given or dosed anyone with any illegal drugs without that person's knowledge or permission? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone ever overdosed from substance abuse in your presence? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been issued a civil or criminal citation for a violation of any drug law? |

When was the most recent time you were in the physical presence of anyone who was using illegal drugs?

What type of illegal drug(s) was being used? _____

Where did this take place? _____

Who was using illegal drugs? (list names) _____

What was the specific extent of your involvement? _____

SECTION F: ILLEGAL DRUG ISSUES (Continued)

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION F, PART 1 - ILLEGAL DRUG USE:

PART 2: ILLEGAL DRUG TRANSACTIONS

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever directly purchased any illegal drugs? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever contributed any money toward the purchase of illegal drugs? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any money to purchase illegal drugs? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever loaned anyone any money to purchase illegal drugs? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever traded anything to receive illegal drugs? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever performed any services for anyone to receive illegal drugs? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever directly sold any illegal drugs? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any money from anyone who sold illegal drugs? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any property or merchandise for providing someone with illegal drugs? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone performed any services or favors for you as a result of providing them with illegal drugs? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever driven, taken, or directed anyone to any place to purchase or sell illegal drugs? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever set up, arranged, or facilitated any illegal drug transactions? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever hidden any illegal drugs for yourself or anyone else? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever knowingly transported any illegal drugs in a vehicle, boat, plane, or other conveyance? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever distributed any illegal drugs? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought any illegal drugs over the Internet? |

SECTION F: ILLEGAL DRUG ISSUES (Continued)

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION F, PART 2 - ILLEGAL DRUG TRANSACTIONS:

PART 3: GROWING/MANUFACTURING/SMUGGLING ILLEGAL DRUGS

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever grown or attempted to grow Marijuana or any other illegal drugs? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever helped anyone grow or attempt to grow Marijuana or any other illegal drugs? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in manufacturing any illegal drugs? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in producing any illegal drugs? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken or attempted to take any illegal drugs into or out of the United States? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken or attempted to take any illegal drugs into or out of any foreign country? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used any illegal drugs, which are classified as illegal in the U.S., in any foreign countries where they are legal to use? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought any illegal drugs, which are classified as illegal in the U.S., in any foreign countries where they are legal to buy? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION F, PART 3 - GROWING/MANUFACTURING/SMUGGLING ILLEGAL DRUGS:

SECTION F: ILLEGAL DRUG ISSUES (Continued)

PART 4: ILLEGAL USE OF PRESCRIPTION MEDICINE

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever ingested any prescription medicine for non-medical reasons? (to get high, out of curiosity, for social or recreational reasons, etc.) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever ingested any over the counter medicine for non-medical reasons? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally bought any prescription medicine to include, but not limited to, Percocet, Oxycontin, Oxycodone, etc? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally sold any prescription medicine to include, but not limited to, Percocet, Oxycontin, Oxycodone, etc? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever traded anything for prescription medicine? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone ever given you any prescription medicine for non-medical reasons? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever given anyone any prescription medicine for non-medical reasons? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever performed any services for anyone in order to receive prescription medicine? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone ever performed any services for you in exchange for prescription medicine? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever intentionally over-medicated or over-dosed yourself? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sought any prescriptions for any medicines with the intent to use them to get high? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been a time in your life when you were addicted to any prescription medications? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever secretly given anyone any prescription medicine without that person's knowledge or consent? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken part in any prescription forgeries? |

WRITTEN EXPLANATIONS FOR ANY "YES" ANSWERS TO SECTION F, PART 4 - ILLEGAL USE OF PRESCRIPTION MEDICINE:

READ FIRST BEFORE PROCEEDING TO THE NEXT SECTION

THE QUESTIONS IN THE FOLLOWING SECTION “G” PERTAIN TO PERSONS WHO HAVE BEEN EMPLOYED IN LAW ENFORCEMENT, POLICE, SECURITY, INTELLIGENCE, INVESTIGATIVE, CORRECTIONAL, AND ALLIED CRIMINAL JUSTICE POSITIONS.

IF YOU HAVE BEEN EMPLOYED IN ANY OF THE FOLLOWING JOBS, YOU MUST ANSWER THE QUESTIONS IN SECTION “G”:

- **SWORN POLICE OFFICER**
- **CADET**
- **DEPUTY SHERIFF**
- **SECURITY OFFICER / GUARD**
- **MILITARY POLICE**
- **INVESTIGATOR FOR ANY FEDERAL, STATE, COUNTY, OR MUNICIPAL AGENCY**
- **PROTECTIVE SERVICES / SOCIAL SERVICES INVESTIGATOR**
- **PRIVATE INVESTIGATOR**
- **FEDERAL AGENT**
- **U. S. MARSHAL**
- **CORRECTIONAL OFFICER**
- **PAROLE / PROBATION AGENT OR INVESTIGATOR**
- **INVESTIGATOR FOR ANY PROSECUTOR’S OFFICE, DISTRICT ATTORNEY OR COURT**
- **INTELLIGENCE AGENT, OFFICER, OR ANALYST**
- **JUVENILE INTAKE OFFICER**
- **EMERGENCY COMMUNICATIONS OPERATOR**
- **POLICE DEPARTMENT INTERN**
- **FORENSIC OR CRIME LAB PERSONNEL**
- **CIVILIAN EMPLOYEE OF ANY POLICE DEPARTMENT, SECURITY AGENCY, INTELLIGENCE AGENCY, CORRECTIONAL AGENCY, INVESTIGATIVE AGENCY, OR TRAFFIC, CRIMINAL, OR CIVIL COURT SYSTEMS.**

IF YOU HAVE NOT BEEN EMPLOYED IN ANY OF THE ABOVE JOBS, YOU DO NOT HAVE TO ANSWER THE QUESTIONS IN SECTION “G”.

SECTION G: CURRENT OR PRIOR LAW ENFORCEMENT QUESTIONNAIRE

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever accepted any bribes in exchange for failing to perform your official duties? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used excessive force while handling any person in custody? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used excessive force while handling any citizens or members of the public? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lied or covered up for other police officers, correctional officers, or other criminal justice system employees whom you know have used excessive force? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever solicited any persons to lie about your own actions of using excessive force? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever falsified any reports or official documents with the intent to deceive? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately leaked confidential police information regarding any investigations, surveillances, stake-outs, raids, or any other police operations? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever discharged any firearm in violation of departmental or agency regulations? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever allowed an unauthorized persons to use, carry, possess, or discharge your service weapon or other departmental firearms? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed to submit any found, confiscated, or seized items to the property or evidence room as mandated by your department's regulations? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever kept any found, confiscated, or seized items for personal use? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken anything from the evidence room in violation of departmental regulations? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken anything from arrestees, prisoners, inmates, or detainees and failed to account for or submit the item(s) as mandated by your department's regulations? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are you now in possession (at your residence, in your personal vehicle, etc.) of anything that you know should be accounted for or submitted to your department's property or evidence room? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been fired from any law enforcement, security, investigative, intelligence, corrections, or other allied criminal justice system job? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been allowed to resign in place of being fired from any law enforcement, security, investigative, intelligence, corrections, or other allied criminal justice system job? |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever deliberately associated with any person(s) you knew was involved in criminal activity or illegal drug use, transactions, production, or smuggling? |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved with the transportation of any illegal drugs into any correctional facility? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever provided an inmate or prisoner with any type of contraband? (tobacco products, cell phones, alcohol, magazines, etc.) |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in an internal investigation other than as the investigator? If so, please provide all details. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever engaged in any sexual contact with any prisoners, arrestees, or detainees? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Have you illegally used any drugs while employed as a law enforcement officer? |

WRITTEN EXPLANATIONS FOR SECTION G: CURRENT OR PRIOR LAW ENFORCEMENT:

THIS SPACE PROVIDED FOR ADDITIONAL RESPONSES TO ANY PREVIOUS QUESTION IN THE SCREENING BOOKLET (MAKE COPIES IF ADDITIONAL SPACE IS NECESSARY):

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