



SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT PRE-BACKGROUND INTERVIEW QUESTIONNAIRE

Date: _____ Position Applied for: _____

Name: _____ Social Security Number: _____
Last First

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

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____
Home Cell Work

E-Mail Address(s): _____

How did you hear about the San Bernardino County Sheriff's Department? (Check One)
County Human Resources Department Member Advertisement Job Fair
Sheriff's Website Other: _____

As an applicant for a position with the San Bernardino County Sheriff's Department, you are required to complete this background questionnaire. This questionnaire supplements your Personal History Statement (PHS) or application, which will be treated in the same manner.

Pursuant to the Americans with Disabilities Act (ADA), you are not required nor are you expected to furnish any information in this questionnaire that is of a medical nature. For example, do not report any work absences for illness or workers compensation claims. Do not discuss or report any disabilities you might have. This information is strictly medical in nature, and as this questionnaire is part of the pre-job offer background investigation, is not subject to disclosure during this portion of the background investigation.

For the purpose of this questionnaire, drug possession shall be defined as each time the drug was in your personal possession either on or within the body or in the hands, clothing, vehicle, home, residence or any other area that you controlled.

Please read and answer all of the questions. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration for this position. Remember that your response may be subject to verification by a polygraph examination.

BACKGROUND INTERVIEW QUESTIONNAIRE INSTRUCTION SHEET

- ★ Carefully read and answer each question.
- ★ If you answer “YES” to **any** question, you **must** write a complete explanation in handwriting on the blank sheets attached (use additional paper if needed).
- ★ Print only using **black ink**.
- ★ All written responses must be answered **completely, accurately and truthfully**. (Provide dates, locations, amounts, etc.)
- ★ Write the corresponding question number adjacent to the written explanation.
- ★ After completing each page, you **must** initial the bottom right corner of each page.
- ★ In accordance with the Americans with Disabilities Act (ADA), **do not** list any medical related information or history about yourself on this questionnaire or any attached pages.
- ★ Vague, ambiguous, misleading, illegible or unanswered responses may be cause for disqualification from further consideration.
- ★ If you see the word “ever” in any question that means your entire lifetime.

San Bernardino County Sheriff’s Department employees must be able to read, interpret, comprehend, and complete police reports, forms and other documents accurately and in a timely manner. For this reason, in addition to evaluating your moral character and suitability, we will evaluate your ability to complete this questionnaire accurately. Your ability to write clear statements, which accurately describe an occurrence, will be evaluated.



ADVISEMENT TO APPLICANT

The purpose of a pre-employment background investigation, for all intents and purposes, is to verify that the application you have submitted and any statements you have made to the San Bernardino County Sheriff's Department, concerning your qualifications, are true.

The California Courts have held that an employer has a legal duty to know the persons whom it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

Both State and Federal Courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background which have no legitimate bearing on their qualifications for the job. However, you should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, have used illegal drugs, may have been fired from a job or even have been convicted of a crime as an adult. While these things, in and of themselves, may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application in order to fulfill the legal mandates imposed by the Courts and the Legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

CERTIFICATION

I understand that any false statements and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.

Dated this _____ day of _____, 20____, in the County of San Bernardino, State of California.

Signature of Applicant

Signature of SBSD Agent

PERSONAL DATA

1.	Do you use, or are you known by any other names, or monikers, or aliases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever impersonated another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever impersonated a police officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL STATUS

4.	Have you ever provided false information on a credit or loan application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever had a poor credit rating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been refused credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been evicted or threatened with an eviction process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been sued over a debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever filed for debt reorganization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever written a check knowing funds were not available to cover payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever bounced a check? If so, what did you do about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been late paying rent or a mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has your salary ever been attached for non-payment of debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever avoided paying any lawful debt by moving away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been late paying your taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever failed to support any child of yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you ever been late in repaying a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever filed a false insurance claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Have you ever-obtained financial gain through dishonest means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	During your background investigation, is anyone likely to report that you have or had financial problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Have you ever filed Bankruptcy or Chapter 13 relief?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you ever falsified any information on a Bankruptcy Petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Have you ever had any property, including a vehicle, repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY (IF APPLICABLE)

26.	Did you ever fail to register for the military draft when required to do so by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are you concerned about an investigation into your military record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Have you ever been denied enlistment or re-enlistment in the military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Were you discharged from the military in any way other than honorable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Have you ever been considered absent without leave (A.W.O.L.) or taken an unauthorized absence from the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Were you ever restricted to the base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Were you ever in military confinement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Were you ever court-martialed or subject to an administrative discharge board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Did you ever receive non-judicial punishment, non-judicial office hours, Captain's Mast, or similar punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	While in military, did you receive any type of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	While in the military, were you ever reduced in grade or rank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.	During your background investigation, is anyone likely to report that you had any other problems while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Did you ever use deadly force while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC/VEHICLE OPERATION

39.	Has your driver's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Have you ever received a traffic citation, other than for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Have you ever had a traffic citation that did not show on your DMV record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Have you ever had a traffic citation go to warrant? If yes, include dates and county where original violation took place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
43.	Are you currently driving without automobile insurance? If yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Have you ever driven an uninsured vehicle? If yes, please give specific time frames.	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Have you ever been denied vehicle insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Have you ever been placed on probation for a traffic-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47.	Have you ever been involved in a police pursuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	Have you ever fled the scene of a traffic accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Have you ever caused anyone serious injury or death by your operation of a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Have you ever driven a vehicle without a valid drivers license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	As a driver, have you ever been involved in a traffic collision? If yes, explain (give dates, locations, whether you were at fault)	<input type="checkbox"/> Yes <input type="checkbox"/> No

77.	Were you ever asked to resign from a job? If yes, include employers and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
78.	Did you ever resign from a job to avoid being fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79.	Have you ever left a job without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80.	Have you been disciplined by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81.	Are there any reasons for you not showing true and complete explanation(s) for leaving each of your previous jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82.	Have you ever left a job with hard feelings toward the management or co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83.	Are there any reasons you could not return to work for all of your former employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
84.	Have you ever stolen any money from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
85.	During your background investigation, is anyone likely to report derogatory information about your work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86.	Have you ever borrowed money from an employer with or without their permission and not paid it back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87.	Have you ever been over paid by an employer and not reported it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
88.	Have you ever embezzled any money from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
89.	Have you ever stolen, given away or discounted any merchandise or property from any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90.	Have you ever stolen any merchandise or property from an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91.	Have you ever taken any property that didn't belong to you from a place where you worked? If yes, include name of employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
92.	During your background investigation, is anyone likely to report that you have stolen something from a place where you worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
93.	Have you ever been accused of sexual harassment? If yes, was there an investigation conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
94.	Has a bonding company ever turned you down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
95.	Have you ever filed a false worker's compensation claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GOVERNMENT APPLICATIONS

96.	Have you ever previously applied to the San Bernardino County Sheriff's Department for a sworn and/or civilian position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
97.	Have you ever applied to another law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
98.	Have you ever been rejected by this or any other law enforcement agency for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
99.	Have you ever worked at this or any other law enforcement agency in any capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL BEHAVIOR/LAW ENFORCEMENT CONTACTS

100. Have you ever committed any of the following?		
A.	ARSON (unlawfully set fire)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	BURGLARY (entry of a structure or vehicle to commit theft or any felony)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	ROBBERY (theft from another person using a weapon or force)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	HOMICIDE / MANSLAUGHTER	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	THEFT (including switching price tags, shoplifting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	FORGERY	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.	KIDNAPPING	<input type="checkbox"/> Yes <input type="checkbox"/> No
H.	EXTORTION (blackmail)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.	EMBEZZLEMENT (theft of money or other valuables entrusted to you)	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.	RAPE (sexual intercourse by force, threat, alcohol or drug, including your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K.	ANY SEX ACT WITH A PERSON UNDER AGE 18	<input type="checkbox"/> Yes <input type="checkbox"/> No
L.	INCEST (sexual intercourse with a member of your immediate family, other than your spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No
M.	SEX IN A PLACE EXPOSED TO PUBLIC VIEW	<input type="checkbox"/> Yes <input type="checkbox"/> No
N.	VIOLENT ASSAULT UPON ANOTHER PERSON (including spouse, significant others)	<input type="checkbox"/> Yes <input type="checkbox"/> No
O.	DOMESTIC VIOLENCE (including spouse, common-law, significant others): 1. Have you ever assaulted another person in a dating relationship or during the relationship's termination? 2. Have you ever committed any act of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, etc.) within an intimate relationship (including casual and long-term relationships)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
P.	CHILD/ELDER ABUSE: 1. Have you ever neglected the care of a child or elderly person who was your responsibility (i.e. did not feed, clean, clothe, or take care of medical needs as deemed appropriate, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q.	CHILD MOLESTATION (any sex act with a child) 1. Have you ever had sexual contact with a child (i.e. fondling, taking pornographic pictures, masturbating in a child's presence, sexual acts, sexual intercourse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
R.	BEASTIALITY (any sex act with an animal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
S.	PROSTITUTION OR OTHER ILLEGAL SEXUAL ACTS (intercourse or other sexual acts for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
T.	SOLICITING PROSTITUTION (asking for sex in exchange for money or other considerations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.	VANDALISM (illegally damaged or destroyed property or committed any act of malicious mischief)	<input type="checkbox"/> Yes <input type="checkbox"/> No
V.	PUBLIC INTOXICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
W.	COMPUTER CRIMES (fraud, identity theft, or false impersonations, cyber sex, child pornography, solicited sexual acts from a person under 18 years old).	<input type="checkbox"/> Yes <input type="checkbox"/> No
101. Have you ever carried a concealed weapon without a permit to do so?		<input type="checkbox"/> Yes <input type="checkbox"/> No

102.	Are you prohibited by law from owning, possessing, or carrying a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
103.	Have you ever applied for a permit to carry a concealed weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
104.	Have you ever illegally carried a weapon? (Includes any dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short-barreled shotgun/rifle, butterfly knife, or any explosive substance.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
105.	During your background investigation, is anyone likely to report that you have illegally used or carried a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
106.	Either as an adult or juvenile, have you ever been questioned or detained by any law enforcement agency during an investigation? (Detention in and of itself is not disqualifying.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
107.	Have you ever been placed on court probation as a juvenile or an adult? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
108.	Have you ever had a warrant issued for your arrest (including traffic warrants)? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
109.	Are you currently, or have you ever been on parole or probation? If yes, give details (including dates, where and why.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
110.	Have you ever been arrested or convicted of any crime, as an adult or juvenile (excluding traffic citations)? If so, please provide the following information: Date of incident, police agency, circumstances, sentences, court case number, police case number, police reports, and court.	<input type="checkbox"/> Yes <input type="checkbox"/> No
111.	Are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
112.	Have you ever had a criminal record (adult or juvenile) sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
113.	Have you ever had to testify in a criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
114.	Have you ever had your vehicle searched?	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.	Have you ever been reported to any law enforcement agency as a runaway or missing person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
116.	Have you ever been named on or been party to a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
117.	Have you ever refused to obey a restraining order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
118.	Has your spouse ever called the police on you for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
119.	Have you ever been a victim of gang violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
120.	Have you ever “tagged” or participated in “tagging” someone else’s property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
121.	Have you ever had a drunk driving arrest reduced to a reckless driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
122.	Have you ever engaged in any criminal activity using a computer or any other communication device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
123.	Have you ever been a victim of a criminal act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
124.	Have you ever committed any dishonest act in order to obtain a Police Officer position? (i.e., cheating on written exam, or having another person take your medical exam, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
125.	Have you ever used falsified identification or identification belonging to another?	<input type="checkbox"/> Yes <input type="checkbox"/> No
126.	Have you cheated on a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
127.	Did you omit from your application any employment issues (i.e., terminations, or layoffs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HONESTY

128.	Have you intentionally omitted any fact or facts from your application or withheld any adverse information from the background investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
129.	Have you ever given any confidential information to any organization or individual that would jeopardize our national security?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRIENDS, ASSOCIATES & FAMILY MEMBERS

130.	Have you ever had any difficulties or disputes with a neighbor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
131.	Has any of your high school, college friends or current associates ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
132.	Have you ever committed a crime not previously mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
133.	Have you or your family or associates ever violated any law while associating with members of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
134.	Have you, your family or associates ever participated in a drive by shooting of a person, home or vehicle? If yes, what role did you play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
135.	Do you know, or have you or your family members ever knowingly associated with any member of a street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
136.	Have you ever been a member or participated in any gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
137.	Have you ever attended a gathering of any street gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No
138.	To your knowledge, have any of your immediate family members, friends, or associates ever been arrested or are they now involved in any illegal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
139.	Have any of your family members or associates ever been placed on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
140.	During your background investigation, is anyone likely to report that you have any personality characteristics that would make you unsuitable for the position you have applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
141.	Do you now or have you ever had any character defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRUGS AND NARCOTICS

142.	Do any of your friends, immediate family, or associates use any drugs, narcotics, or other illegal substances? If yes, are you in contact with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
143.	Have you ever remained in a place where drugs, narcotics or other illegal substances were being used, possessed, sold, manufactured, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
144.	Have you ever purchased narcotics or drugs, including marijuana, without a doctor's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
145.	Have you ever furnished, manufactured, cultivated or possessed any drug, narcotic, or other illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
146.	Have you ever knowingly allowed anyone to use illegal drugs in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
147.	Have you ever sold narcotics or drugs, including marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
148.	Have you ever worked under the influence of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
149.	Have you ever ingested a substance you thought was an illegal drug and then found out it wasn't?	<input type="checkbox"/> Yes <input type="checkbox"/> No
150.	Have you ever been involved in the manufacturing of any drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
151.	Have you ever been the "middle man" for a drug deal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
152.	Have you ever purchased steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No

153.	Have you ever helped another person purchase steroids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
154.	Have you or anyone else (other than medical personnel) injected anything into your body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
155.	If applying for Deputy Sheriff: Would you arrest a friend if you came upon that friend using narcotics or illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
156.	Do you object to other people using illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
157.	During your background investigation, is anyone likely to report that you have been involved in the use or sales of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
158.	Have you ever-tested positive on an employment related drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

159.	Have you <i>ever</i> , during the course of your lifetime, used, tried, experimented, or in <i>any way</i> ingested into your body:	Month/Year First Used	Month/Year Last Used
	Marijuana (THC/STP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hashish / Hash Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Barbiturates (Downers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Amphetamines (Uppers, Speed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	LSD (Acid), Mushrooms, or other Hallucinogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Peyote or Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Opium / Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PCP (Angel Dust)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Steroids – Oral or Injectable (Other than prescribed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Toluene (Inhalants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Combination of Substances or any “Designer Drug”	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ecstasy, GHB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Any other drug (Other than prescribed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have used any of the listed drugs above or any other illegal drug, you must write a complete explanation in handwriting on the blank sheets attached. Be specific as possible.			

TEMPERAMENT

160.	Do you frequently lose your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
161.	Have you ever lost your temper with your family, friends, co-workers, supervisors, or a stranger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
162.	Have you ever been involved in a fight? If yes, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
163.	In the past year, have you ever been in or started any fights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
164.	Since you were 18, have you struck or injured any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
165.	Have you ever struck someone living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

166.	Have you had to physically defend yourself? If yes, how many times (other than training, e.g., military, police academy, or self-defense courses, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
167.	Other than in warfare, have you ever caused serious injury to a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
168.	Other than in warfare, have you ever used any weapon against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
169.	Other than in warfare, have you been involved in a violent incident such as a shooting, knifing, or fight where someone was, or could have been, seriously injured or killed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
170.	Other than in warfare, have you ever caused the death of a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No
171.	If applying for Deputy Sheriff: If it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other personal beliefs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
172.	During your background investigation, is anyone likely to report that you have violent tendencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
173.	During your background investigation, is anyone likely to report that you have a problem with your temper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
174.	Have you ever mentally or emotionally abused someone in an intimate relationship (i.e. frequently called them harmful names, threatened them, terrorized them, humiliated them, insulted them, intentionally tried to hurt their feelings, or make them feel bad?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
175.	Have you ever been in a physical confrontation with someone in an intimate relationship (i.e. push, shove, hit, slap, hold, grab, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
176.	Have you ever been controlling in an intimate relationship (i.e. told partners what to wear, whom they could and could not see, when they should be home, how they should act, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MISCELLANEOUS

177.	Have you ever taken a polygraph? If yes, when and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
178.	Have you ever been refused a security clearance? If yes, where, when and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
179.	Have you ever belonged to a subversive or militant group that has advocated the use of violence or unlawful means to obtain its goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
180.	Do you have any tattoos? If yes, give description and location.	<input type="checkbox"/> Yes <input type="checkbox"/> No
181.	Have you ever been involved in a hazing incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
182.	Are there any actions pending in civil court in which you are a defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
183.	Is there anything in your background that you have not been asked about that might eliminate you from consideration for this job if it were found out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LAW ENFORCEMENT / MILITARY POLICE EXPERIENCE

THOSE APPLICANTS WHO ARE NOW OR HAVE PREVIOUSLY BEEN PEACE OFFICERS, RESERVE PEACE OFFICERS OR MILITARY POLICE OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS.	
184. As a peace officer, have you ever accepted a gratuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
185. As a peace officer, have you ever accepted anything for overlooking a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
186. As a peace officer, have you ever made a false official report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
187. As a peace officer, have you ever used your official position for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
188. As a peace officer, have you ever withheld evidence seized in the course of your official duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No
189. As a peace officer, have you ever had sex on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOR THE FOLLOWING QUESTIONS, INCLUDE: DATES, AGENCY'S NAME, NAMES OF OTHER OFFICERS, LOCATION, CASE NUMBERS, AND A CONTACT PERSON IN CHARGE OF THE INVESTIGATION/COMPLAINT.	
190. Have you ever been the subject of an Internal Affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
191. Have you ever had a citizen's complaint alleged against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
192. Have you ever had any disciplinary actions taken against you, including suspensions, demotions, or written and oral reprimands	<input type="checkbox"/> Yes <input type="checkbox"/> No
193. Have you ever been involved in an incident where it was necessary to use deadly force, regardless if the person died or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am aware that any false statements or omissions made on this questionnaire will cause my name to be removed from the eligibility list, or be cause for non-selection by the San Bernardino County Sheriff's Department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. Additionally, I understand that I am to immediately notify my background investigator of any changes in the above information. Failure to notify the Sheriff's Background Unit of these changes could also be grounds for disqualification and/or non-selection.

Print Name: _____

Signature: _____ **Date:** _____

Background Investigator: _____

Signature: _____ **Date:** _____

