



Rialto Police Department

PRE-INVESTIGATIVE QUESTIONNAIRE



APPLICANT: _____ DATE: _____
(Print Name)

POSITION APPLYING FOR: _____

As an applicant with the Rialto Police Department, you are required to complete this Pre-Investigative Questionnaire. You are admonished with the following:

Read the following admonishment carefully, then sign:

"I am aware that any omissions or false statements made on this questionnaire will cause me to be removed from the hiring process and for non-selection by this department. I understand that I am subject to termination if discrepancies are discovered after I have been appointed. I understand that these records are confidential, are the property of this department and not available for my review. Additionally, I hereby certify all statements and answers made on this questionnaire are true and complete. I understand that my answers will be subject to verification through a polygraph examination.

Applicant Signature: _____ Date: _____

Do you understand this admonishment? Yes ☐ No ☐

Do you have any questions about this admonishment? Yes ☐ No ☐

The information in this form will be used during the background investigation to assist in determining your suitability for the position. It is your responsibility to complete this form and provide all required information. You must respond to all items and questions. Take time to review the form carefully before answering the questions.

Candidates are not expected or required to reveal any medical or other disability related information in response to the questionnaire on this form.

During your polygraph examination, you will be asked if you have falsified or omitted any information on this form or with any other information you have given this department. We are not searching for someone who is faultless; we are looking for candidates who have the integrity to admit to past mistakes.

A normal person in good physical and mental condition cannot fool a polygraph examination. You are expected to cooperate completely with the examiner, and answer each question completely and truthfully. Evasive or uncooperative behavior during the examination will result in disqualification.

Applicant Signature: _____ Date: _____

Witnessed By: _____ Date: _____

INSTRUCTIONS:

All "YES" answers must be explained in detail and in writing. Print neatly with BLACK ink or type on separate sheet of paper. There are thirteen sections - Due to this, please list the section number and question number you are answering. Include dates, locations, dispositions and any other information related to the question.

****DO NOT WRITE ON THE BACK OF THIS FORM****

FAILURE TO FOLLOW THE AFOREMENTIONED DIRECTIONS WILL BE AN AUTOMATIC DISQUALIFICATION

PERSONAL INFORMATION

- a. What is your true first name? _____
- b. What is your true last name? _____
- c. What other first names, last names or nicknames have you gone by?

- d. Is there a different name listed on your birth certificate? Yes ☐ No ☐
If yes, what is it? _____
- e. What is your true date of birth? _____

Read the following questions carefully. Answer honestly. All answers are subject to verification through polygraph. If you make any false statements or deliberately withhold information, you will be disqualified.

SECTION ONE: CRIMINAL/ILLEGAL CONDUCT OR BEHAVIOR – Explain ALL "Yes" answers.

In your lifetime, have you ever committed –OR- participated in any of the following acts?

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| 1. Arson (intentionally set a fire; property damage or injure someone). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Burglary (entry of a structure or vehicle to commit a crime). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Robbery (theft from another person using force or fear). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Homicide or manslaughter. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Theft of <u>any</u> kind, no matter how slight. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Forgery of any kind or type. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Kidnapping. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you ever been involved in any type of stalking of another person, including cyber stalking? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you ever made anonymous, prank, obscene or threatening telephone calls? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you ever committed an assault upon another person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have you ever been arrested for any illegal act(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Have you ever committed perjury (lied under oath) in a court of law? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| 13. | Have you ever shoplifted anything, regardless of age? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have you ever sold or purchased items that you knew or suspect of being stolen? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Have you ever falsified any legal documents to benefit yourself? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Have you ever falsified an income tax form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | Have you ever falsified an insurance claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. | Have you ever broken into or stolen a motor vehicle, vessel or aircraft? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. | Have you ever committed <u>any</u> undetected crimes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. | Do you now or have you ever knowingly associated with ANY member of a street gang? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. | Have you ever attended a gathering of a street gang? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. | Have you ever participated in any gang activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. | Have you ever claimed or been a member of a gang? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. | Have you ever illegally carried any weapon? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. | Have you ever committed a criminal act while associating with members of a street gang? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. | Have any members of your family ever associated with or are current members of a street gang? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. | Have you ever associated with members of a "party crew" or "tagging crew"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. | Do you currently have or ever had any gang tattoos or monikers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. | Have you ever assisted a gang member to commit any crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. | Have you ever committed any graffiti, tagging or similar act(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. | Are you prohibited by law from owning, possessing or carrying a firearm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. | Have you ever had to testify in criminal or civil court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. | Have you ever lied while testifying in court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. | Have you ever had your criminal conviction records dismissed, sealed or expunged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. | Have you or are you currently living with friends or family members that have served time in a prison or any jail facility? If yes, list and your relationship. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. | Have you ever had your vehicle searched by a law enforcement official? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. | Have you ever been reported as a runaway or missing person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. | Other than in warfare, have you ever used a weapon against another person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. | Other than in warfare, have you ever been involved in a violent incident where someone could have been seriously injured or killed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. | Have you ever struck and/or injured anyone, including a family member? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. | Have you ever struck, hit, slapped, kicked, pushed, spit on or grabbed your spouse, girlfriend, boyfriend or domestic partner that you were or are living with in anger while involved in an argument at home or in public? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. | Have you ever been the victim <u>or</u> arrested for a domestic violence incident whether reported or not? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. | Have you ever participated in any act of civil disobedience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. | Have you ever participated in an unlawful assembly or demonstration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. | Have you ever kept found property that wasn't yours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. | Have you ever lied, omitted or distorted the facts on a police report? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 47. | To your knowledge, has ANYONE listed in your Personal History Statement or <u>ANY</u> family member ever been arrested or participated in illegal activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 48. | Do you currently associate with persons whom you know to have engaged in or have been arrested for any unlawful activity, including anyone who is currently on parole or probation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 49. | Have you ever been present when anyone else committed any criminal acts(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 50. | Have you ever been charged, arrested or detained for a hate crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 51. | Have you ever committed a hate crime, even if not caught? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 52. | Have you ever associated with someone who committed a hate crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 53. | Did you, in any way, cheat, lie or commit any fraud during any agency examination process, including the process you are currently involved in? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 54. | Have you ever sold firearms or weapons illegally? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 55. | Have you ever been named in or been party to a restraining order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 56. | Have you ever lied to the police? If yes, explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 57. | Have you ever been the victim of <u>ANY</u> crime? If yes, what crime(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| 58. | Have you ever threatened someone over the telephone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 59. | Have you ever had to call the police about an incident you were involved in, regardless if you were the victim, the reporting party, a witness, etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 60. | How many times have the police been called to your residence or to any place where you were staying? If yes, why? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 61. | Have you ever been charged with a <u>felony</u> where the conviction was reduced to a lesser crime? | Yes | No |
| 62. | Have you ever been charged with a <u>misdemeanor</u> conviction that was reduced to a lesser crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 63. | Have you ever been charged, arrested or detained in another state? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 64. | Have you ever been charged, arrested or detained in another country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 65. | Have you ever been detained at a U.S. Border for suspected illegal activity? | Yes | No |
| 66. | Do you own any weapons that are illegal to possess? If yes, what type? | Yes | No |
| 67. | Have you ever attempted to assemble or detonate a bomb or destructive device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 68. | Have you ever associated with someone or a group of persons who constructed a bomb or explosive? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 69. | Have you ever illegally damaged or destroyed property or committed any acts of malicious mischief that resulted in property damage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 70. | Have you ever tortured, maimed, beaten or brutally killed an animal or pet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 71. | Have you ever tormented, mistreated, neglected or abused an animal or pet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 72. | Have you ever placed any animal or pet in a dangerous or risky situation, knowing the animal or pet could be injured or killed, including dog fighting, cockfighting or any other animal gaming? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 73. | Have you ever been involved in human trafficking? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 74. | Have you ever been investigated, questioned or detained in human trafficking or smuggling? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 75. | Have you ever been involved in money fraud or counterfeiting? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 76. | Have you ever used a false identity or different social security number for any reason? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 77. | Have you ever followed someone against their will or stalked someone by following them secretly, furtively or surreptitiously (including strangers or someone you know were/are a public figure or entrepreneur)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 78. | Have you ever called in a false emergency to the police or fire department? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 79. | Have you ever called the police or fire dispatcher and lied about your identity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 80. | Have you ever offered a bribe to a Police Officer, Deputy Sheriff or other law-enforcement officer or public official? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 81. | Have you ever intentionally given false information to any Police Officer or law enforcement officer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 82. | Have you ever encouraged someone to lie to a law-enforcement officer or lie while they were testifying in court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 83. | Have you ever threatened force or violence against your spouse, former spouse, relative, girlfriend, boyfriend, domestic partner or a stranger who is going to be interviewed by the police or testify in court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 84. | Have you ever falsified or planted evidence before, during or after a criminal or civil investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 85. | Have you ever threatened force or violence or attempted to intimidate a person serving on a jury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 86. | Have you ever injured or threatened to cause harm or injury to a law-enforcement officer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 87. | Have you ever run away from a Police Officer or law-enforcement official? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 88. | Have you ever resisted arrest or fought a Police Officer or other law-enforcement officer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 89. | Have you ever covered up a crime or misled any public official for someone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 90. | Have you ever pretended to be a law-enforcement officer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 91. | Have you ever modified or equipped your vehicle to represent a police vehicle to mislead someone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

92. Have you ever blackmailed someone (forced someone to do something because you had knowledge or leverage that could embarrass them or get them in trouble)? Yes ☐ No ☐
93. Have you ever used your child or children as leverage to force the other parent to do something against their will? Yes ☐ No ☐
94. Have you ever been accused of or questioned about child abuse, child neglect or child molestation? Yes ☐ No ☐
95. Have you ever injured or bruised a child as a result of losing your temper or by using corporal punishment? Yes ☐ No ☐
96. Have you ever ignored someone committing what you thought was child abuse, neglect or molestation? Yes ☐ No ☐
97. Have you ever tied up a child or locked up a child in a small confined space to discipline the child? Yes ☐ No ☐
98. Have you ever disciplined a child by placing a child into a dangerous or unsafe situation where the child could've been injured or hurt as a result of losing your temper or administering discipline? Yes ☐ No ☐
99. Have you ever left or abandoned your child or children without proper care or proper supervision? Yes ☐ No ☐
100. Have you ever taken your child or children against the will of another parent? Yes ☐ No ☐
101. Have you ever violated a child custody order? Yes ☐ No ☐
102. Have you ever refused or intentionally delayed your obligation to pay child support? Yes ☐ No ☐
103. Have you ever falsified any school records when recording the identity of your child or children? Yes ☐ No ☐
104. Have you ever been involved in a physical fight with someone? Yes ☐ No ☐
105. Have you ever assaulted someone in anger using a bat, club, stick, pipe or other hard object? Yes ☐ No ☐
106. Have you ever used a knife, dagger or other stabbing instrument against someone in anger or defense? Yes ☐ No ☐
107. Have you ever brandished or pointed a firearm in a threatening, rude or angry manner at someone? Yes ☐ No ☐
108. Have you ever fired a firearm illegally at a house, building, apartment, vehicle, vessel or aircraft? Yes ☐ No ☐
109. Have you ever intentionally or unintentionally used a laser beam and/or light to distract any aircraft, vehicle or person? Yes ☐ No ☐
110. Have you ever fired a firearm at someone or used it to scare or intimidate them? Yes ☐ No ☐
111. Have you ever carried a concealed firearm on your person, without a lawful permit? Yes ☐ No ☐
112. Have you ever been in a vehicle where someone else discharged a firearm? Yes ☐ No ☐
113. Have you ever committed a theft by using a mask, disguise or by using a weapon? Yes ☐ No ☐
114. Have you ever stolen a vehicle or taken a vehicle without the owner's permission? Yes ☐ No ☐
115. Have you ever associated with or been a member of a street racing club or outlaw motorcycle gang/club? Yes ☐ No ☐
116. Have you ever committed a theft by taking an item directly from a person or from their personal property? Yes ☐ No ☐
117. Have you ever committed a theft by breaking into a car or taking something from an open or unlocked car? Yes ☐ No ☐
118. Have you ever stolen car parts? Yes ☐ No ☐
119. Have you ever committed shoplifting, including the switching of price tags? Yes ☐ No ☐
120. Have you ever entered a house, garage, building or other dwelling to commit a theft? Yes ☐ No ☐
121. Have you ever used a weapon, applied force or fear to steal something from someone? Yes ☐ No ☐
122. Have you ever killed someone, including manslaughter, vehicular manslaughter or any other negligent act which resulted in someone's death. Yes ☐ No ☐
123. Have you ever been the victim of ANY sex crime? If yes, list details. Yes ☐ No ☐
124. Have you ever provided or purchased alcohol for someone under the age of 21? Yes ☐ No ☐
125. Have you ever used a fictitious or forged identification or used another person's identification to purchase alcohol? Yes ☐ No ☐
126. Have you ever operated a motor vehicle, aircraft or water vessel while under the influence of alcohol? Yes ☐ No ☐

SECTION TWO: SEXUAL MISCONDUCT/ILLICIT BEHAVIORS – explain ALL “Yes” answers. Sexual activity includes any and all sexual acts, including intercourse, oral copulation, digital penetration, phone sex, cybersex, sexting, masturbation, fondling or any related type of sex act(s).

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| 1. Rape (forcible, sexual intercourse without consent). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Any forcible type of sex act with another person, no matter their age. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Child abuse. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Child molestation (any sex act with a child, no matter how slight). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Have you ever had any sexual contact with anyone under the age of 18? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Have you had any sexual contact with a person knowing they were under the age of 18? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Have you had sex with someone under the age of 18 who you suspected to be under the age of 18? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Have you been sexually aroused by someone under the age of 18 and felt guilty about it? If yes, how old were you and how old was the person you were aroused by? Who was it? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Have you committed any type of sexual crime? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Have you thought about committing a sexual crime? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Have you ever taken nude or partially nude photos of anyone under 18? If yes, when, where and who was it. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Have you ever been questioned or accused of any sexual acts or contact with anyone under the age of 18, including accusations by friends, family or law-enforcement? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Have you ever paid for sex with someone that was or you suspected was under the age of 18 (estimate how old you believe the person to be and how old were you at that time)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Have you ever paid for sex? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. Have you ever exchanged any goods or anything of value for sex acts or contact with anyone under the age of 18? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. Have you ever had sex in a place open to public view, knowing you'd be visible to anyone walking by, e.g., beach, vehicle, restroom, park, in front of a window? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17. Have you ever committed a sex act with a member of your own family (excluding your spouse)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18. Have you ever or do you currently associate with persons who you know to have engaged in and/or have been arrested for any unlawful sexual activity? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19. Have you ever sexted, received or sent obscene or inappropriate or illicit photographs? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20. Have you engaged in the act of voyeurism (obtaining sexual gratification or sexual stimulation by violating the privacy of a person from a secret vantage point)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21. Have you ever committed prostitution, received money, drugs, property or compensation for any sexual act? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 22. Have you ever used or solicited the services of a prostitute inside or outside the United States? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23. Have you ever paid anyone under the age of 18 for sexual acts in the United States or out of this country? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24. Have you ever engaged in prostitution with someone who was under the age of 18 or you suspected of being under the age of 18 in the United States or out of this country? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 25. Have you ever engaged in any sexual act(s) or engaged in any act(s) for payment, including overseas or while serving in the military? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 26. Pimping (deriving or supporting a prostitute)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 27. Pandering (encouraging a person to be a prostitute)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 28. Have you ever been to a strip club? If yes, how many times? How old were you? How much have you spent on this type of activity in the last year? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 29. Have you ever been to a function where a stripper performed and you paid for sexual services? If yes, what services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

30. Have you ever worked, volunteered or made a guest appearance at a strip club? Yes ☐ No ☐
31. Have you ever solicited any lewd act in a public place in exchange for something? Yes ☐ No ☐
32. Have you ever used any type of drug or narcotic or any type of intoxicating chemical to seduce or overpower someone to have sex with you, knowing it was without their permission, consent or knowledge? Yes ☐ No ☐
33. Have you ever convinced or tried to convince someone to have sex with you or someone else without his or her consent? Yes ☐ No ☐
34. Have you ever forced a person to have sex with you and someone else? Yes ☐ No ☐
35. Have you ever had sexual contact with a child to include fondling, taking pornographic pictures, masturbating in a child's presence, oral sex (to you or to the child), sexual intercourse or sexual touching? Yes ☐ No ☐
36. Have you ever illegally exposed your genitals to anyone by any means? Yes ☐ No ☐
37. Have you ever participated in any form of sex-related entertainment, which you are concerned about for this investigation? Yes ☐ No ☐
38. Have you ever participated or been involved in any sexual harassment in the workplace during a work-related function? Yes ☐ No ☐
39. Have you ever accepted sexually related gratuities while at work or in a work-related function, traded sexual acts in exchange for a lesser punishment or accepted sexual acts in lieu of discipline? Yes ☐ No ☐
40. Have you ever sexted, received or sent obscene or inappropriate or illicit photographs? Yes ☐ No ☐
41. Have you ever participated in any sexual act or been aroused related to having sex with an animal, no matter how slight? Yes ☐ No ☐
42. Have you ever been labeled as or had to register as a sex offender? Yes ☐ No ☐
43. Have you ever attempted to commit or thought about committing any of the above acts (Questions 1-41)? Yes ☐ No ☐

SECTION THREE: RESIDENCE/REFERENCES/INQUIRIES – explain ALL “Yes” answers

1. Do you have any problems getting along with any of your current or past neighbors? Yes ☐ No ☐
2. Do you have any reason to be concerned about an investigation into the places where you currently live or have lived? Yes ☐ No ☐
3. Are you currently living with someone who is committing crimes, including activity with illegal drugs? Yes ☐ No ☐
4. Are you currently living with someone with violent tendencies? Yes ☐ No ☐
5. Has anyone complained to the police about any illegal activity or disturbances at your home? Yes ☐ No ☐
6. Have the police been to your home to investigate a disturbance or loud argument? Yes ☐ No ☐
7. Have you ever allowed someone to keep, store or hide stolen property at your home, garage or at another property? Yes ☐ No ☐
8. Have you ever been asked to leave a residence because of your temper or argumentative behavior? Yes ☐ No ☐
9. Have you ever allowed someone running from the police or other authorities to stay at your residence, including juvenile runaways and wanted persons? Yes ☐ No ☐
10. Have the police or law enforcement officers visited your home for the purposes of investigating a crime or to ask you or a member of your household questions about a crime? Yes ☐ No ☐
11. Has anyone in your household ever been arrested? If yes, who, when and what crime(s)? Yes ☐ No ☐
12. Have you ever forced a family member to move out of your home? Yes ☐ No ☐
13. Have you ever had a party at your residence where illegal drugs were being used? Yes ☐ No ☐
14. Are you currently living with a convicted felon or someone who is on parole or on probation? Yes ☐ No ☐
15. Are you currently living with someone who is a registered sex offender? Yes ☐ No ☐

SECTION FOUR: DRUGS AND DRUG HISTORY – explain ALL “Yes” answers

Have you ever used, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, held or had any experimentation, in any way, the following illegal drugs, narcotics or controlled substances, regardless of the amount or if they are considered legal and illegal. Include dates, locations and dispositions. List the number of times you used –OR– possessed each illegal drug and the date of the last usage of each illegal drug. Be as specific as possible.

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| 1. Marijuana (Hemp, Herb, Smoke, Gold, Bud, Weed, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Hash/Hashish/Hashish oil | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Cocaine (Base, Coke, Snow, Blow, Flake, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Tetrahydrocannabinol Wax (THC) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Barbiturates (Downers, barbs, Quaaludes, Luds, Soper, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Amphetamines (Crosstaps, Whites, Bennies, Uppers) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Methamphetamine (Speed, Crank, Crystal, Ice) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Crack Cocaine (Crack, Rock, Freebase, Crank) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Lysergic Acid (LSD, Acid, Microdot, Blue Haven, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Psilocybin (Magic mushrooms, 'shrooms, Mescaline) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Phencyclidine (PCP, Angel Dust, Love Boat, Sherms, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Designer/Club drugs (Ecstasy, Molly, MDMA, G.H.B., Roofies, Mollies, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Other hallucinogens: Peyote, Jimson Weed, Hells Bells, Loco Weed, Bufotenine-Cohoba (toad gland secretion), etc. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Salvia, Spice, Diviner's Sage, Ska Maria Pastora, K2, Bth Salts or any other natural and/or synthetic drug. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Amyl/Butyl Nitrite (Rush, Bolt, Bullet, Poppers, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Nitrous Oxide (Laughing gas) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Heroin (Smack, Horse, Big "H", Junk, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Steroids (oral or injected) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Methadone | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Morphine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Opium | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Any other narcotics (e.g., Codeine, Demerol, Dilaudid, Meperidine, Percocet, Percodan, Darvocet, Darvon, Hycodan, Lomotil)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Any other hallucinogenic or psychedelic drugs that aren't listed above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Any other stimulants that aren't listed above? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Have you ever purchased <u>any</u> illegal drug? If yes, what drug? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Have you ever traded property or services for <u>any</u> illegal drug? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you ever intentionally inhaled any chlorohydrocarbons (aerosol sprays, cleaning fluids, paint, glue, solvents, Liquid Paper or butane) or any other substance <u>not</u> used for medicinal purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Have you ever used any pharmaceutical drug prescribed for someone else? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you ever forged a prescription in order to obtain drugs or narcotics for you or someone else? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Have you ever attempted to obtain a prescription drug or narcotic knowing the prescription was forged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Have you ever sold any prescription drug(s) for any reason? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Has someone given you any illegal drug/narcotic as a joke or without your knowledge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Have you ever tested positive on any drug test for employment or other reasons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Have you ever had to register as a narcotics offender? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Have you ever illegally used any OTC or prescription medications including Sudafed, Codeine, Ritalin, etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. Have you ever shared a prescription drug prescribed to you with someone else? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. Have you ever applied for or been issued a medical marijuana card without a medical reason? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. Have you ever provided a controlled substance to someone without their knowledge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| 39. | Have you ever offered a controlled substance to someone online or by a text message for pick up or delivery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. | Have you ever obtained a controlled substance or prescription medication from another country without a doctor's prescription? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. | Have you ever attempted to or have actually purchased a controlled substance or prescribed drug online without a prescription or authorization? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. | Have you or anyone else ever injected any illegal drug(s) into your body? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. | Have you ever sold any illegal drug(s) or narcotics? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. | Have you ever sold or provided any illegal drug/narcotics to someone under the age of 18? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. | Have you ever participated in the manufacture, cultivation, production or distribution of any illegal drug, narcotic or controlled substance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. | Have you ever transported any illegal drug, narcotic or controlled substance for other than legitimate purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 47. | Have you ever transported illegal substances via the U.S. Postal Service or across the US Border? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 48. | Have you ever acted as a middleman, go-between or have you ever "done a favor" for anyone by involving yourself in a drug transaction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 49. | Have you ever told someone where they could obtain illegal drugs or narcotics? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 50. | Have you ever "held" or temporarily stored any illegal drugs, narcotics or controlled substances for yourself or anyone else? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 51. | Are there any illegal drugs in your home, car or in your possession? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 52. | Do any of your current friends or family members use illegal drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 53. | Within the past year, have you been in the presence of anyone using illegal drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 54. | Have you ever knowingly allowed anyone to use illegal drugs inside your residence or vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 55. | Have you ever used or ingested any illegal drug while in a vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 56. | Is someone you are living with now keeping illegal drugs at your place of residence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 57. | Have you lived with someone who kept illegal drugs at your place of residence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 58. | Do you object to other people using illegal drugs or narcotics? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 59. | Do you believe drugs should be legalized or decriminalized? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 60. | Have you ever been arrested for driving under the influence of any drug? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 61. | Have you ever driven while under the influence of any type of narcotics/illegal drugs, including medical marijuana? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 62. | If employed as a Police Officer, would you have a problem arresting a friend or family member if you came upon them using illegal drugs or narcotics? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 63. | Are you concerned about an investigation into your use of illegal drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 64. | Have you ever operated a motor vehicle, aircraft or water vessel while under the influence of any illegal drug? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION FIVE: EMPLOYMENT HISTORY – explain ALL "Yes" answers

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| 1. | Are you skilled or trained in any field in which you could make more money than this job pays? If yes, in what field? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Has the fact that you are seeking a career in law enforcement caused any conflict with your family? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever taken a polygraph/CVSA examination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever failed to pass a polygraph/CVSA examination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you listed any false information about your employment history on your Personal History Statement (PHS)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever withdrawn, waived or discontinued your application with a law enforcement agency because you knew or suspected that you were going to be non-selected or disqualified during the process, or after you applied? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Have you ever been fired/terminated from a job? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Have you ever been asked to resign from a job? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Have you ever resigned from a job to avoid being fired? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| 10. | Have you deliberately omitted any employment history information on your PHS? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Have you shown the true and complete reasons for leaving each of your prior jobs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Would any of your former employers decline to rehire you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Have you applied for a position with any other law enforcement agency, whether sworn or non-sworn? If yes, list ALL application information. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have you ever worked for any other law enforcement agency in any capacity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Have you ever been denied employment by any law enforcement agency? Include if you are appealing the results. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Have you ever failed a background investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | In the past year, how many times have you been late for work and why? | | |
| 18. | Are you concerned about an investigation into your work history? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. | Have you ever stolen money, merchandise or property from where you worked? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. | Have you ever borrowed money from an employer and failed to pay it back? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. | During the course of your employment, have you ever had a complaint made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. | Have you ever been suspended, received days off or any other disciplinary action from any employer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. | Have you ever been the subject of an investigation by an employer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. | Have you ever left a job without giving two weeks notice? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. | Have you ever worked while under the influence of drugs or alcohol? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. | Have you ever received unemployment or welfare benefits you were not entitled to? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. | Have you ever committed unauthorized equipment usage, including employer postage machine service? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. | Have you ever committed a dishonest or immoral act to obtain a job promotion, transfer or higher performance rating? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. | Have you ever done anything improper, that if caught, you would've been disciplined, suspended or fired? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. | Have you ever been found to be in violation of any law, regulation, or work policy involving discrimination, sexual harassment or workplace violence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. | Have you ever used your title, position, rank or company status to gain sexual favors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. | Have you ever been disciplined, suspended or fired for insubordination, defiance or non-compliance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. | Have you ever been disciplined, suspended or fired for losing your temper or becoming hostile in the workplace? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. | Have you ever been in a fist-fight, hostile confrontation or loud argument with a supervisor or co-worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. | Have you ever made false allegations or false complaints against any supervisor, manager, director or co-worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. | Have you ever been disciplined, suspended or fired for lying or being untruthful? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. | Have you ever caused an injury to someone at work by your improper behavior? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. | Have you ever counterfeited, forged or knowingly altered a time card or timesheet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. | Have you ever lied, made up, fabricated, falsified or misrepresented work hours, including overtime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. | Have you ever intentionally damaged property or equipment belonging to an employer or co-worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. | Have you ever consumed alcoholic beverages during work hours, knowing it was against policy or the rules? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. | Have you ever used marijuana or any illegal narcotic(s) during work hours or just prior to going to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. | Have you ever encouraged, participated in and/or participated in non-reported acts of racism/discrimination towards any employee/co-worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. | Have you ever observed or participated in and not reported acts of sexual harassment or hazing toward an employee/co-worker? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. | Have you ever filed a bogus, false or fictitious work injury, or filed a false worker's compensation claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| 46. | Have you ever intentionally deleted, altered or destroyed company records to cause harm, disruption or for personal gain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 47. | Have you ever called in sick when you were really well? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 48. | Has any supervisor, director or employer ever spoken to you about being tardy or absent too often? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION SIX: ACADEMIC HISTORY – explain ALL “Yes” answers

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| 1. | Did you leave high school without obtaining a graduation diploma? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you obtained a GED or passed a high school equivalency examination (not the exit exam)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Did you graduate high school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you completed any type of law enforcement academy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you ever failed or dropped out of a law enforcement academy or training class? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever been late in repaying a student loan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Have you ever cheated on any high school or college exam(s) or any academic test(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Have you ever been disciplined for academic dishonesty (cheating)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Have you ever altered, falsified, counterfeited or forged any school record(s), application, school transcripts or provided any fake credentials? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Have you ever taken a concealed firearm or weapon to any public/private school or any college campus? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Have you ever threatened any teachers, school officials or other staff members with violence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Have you ever hit, struck, pushed or injured any teacher, school official, student or staff member? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Have you ever been suspended or expelled from any private or public school or college? If yes, explain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have you ever called in a bomb threat to any school or college? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Have you ever been involved in any fist-fight in high school or college? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION SEVEN: FINANCIAL HISTORY – Explain ALL “Yes” answers

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| 1. | What is your current <u>total</u> indebtedness (e.g., credit cards, car loan(s), mortgage)? | \$ _____ |
| 2. | Is there any reason why you could not successfully manage your financial affairs on the salary this job offers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | Have you ever had any debt turned over to a collection agency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Have you ever been late paying rent? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | Have you ever had your wages attached or garnished? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | Have you ever had <u>anything</u> repossessed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. | Have you ever filed or declared bankruptcy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. | Have you ever been late or delinquent in paying your taxes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. | Have you ever been late in making child support payments? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. | Have you ever borrowed money to gamble with? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. | Have you ever borrowed money to pay a gambling debt? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. | What is the most you have ever lost by gambling? | \$ _____ |
| 13. | What is the most you have ever won by gambling? | \$ _____ |
| 14. | Have you ever been involved in a lawsuit of any kind? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. | Have you ever used false information to apply for any credit? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. | Have you lost any money gambling online? If yes, estimate the total loss. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 17. | Have you ever purchased online pornography? If yes, what kind? When? Last time was? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18. | How much money have you spent to access/view online pornography? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 19. | How much money have you earned being paid under the table and never paid taxes on it? If yes, explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. | Have you ever intentionally filed a fictitious false or untrue tax return? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. | Have you ever intentionally written a bad check (knowing there were no funds available)? If yes, how many checks written? When? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. | Have you ever taken money or benefits from a city, county or the federal government under false pretenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. | Have you ever obtained and/or used a credit card, ATM card, debit card or check card illegally? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. | Have you ever opened a fictitious checking account using a phony name or address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. | Have you ever provided false information about your identity on a credit or loan application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. | Have you ever avoided paying any debt by moving away, changing your name or social security number? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. | Have you ever illegally obtained financial assistance from any state? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. | Have you ever refused or skipped out on paying back any student loans? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. | Have you applied for student loans? If yes, list loan information. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. | Have you been approved for student loans? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. | Have you received student grants? If yes, list information. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. | Have you ever been 30, 60 or 90 or more days late making a monthly payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. | Have you ever attempted or obtained financial gain through dishonest means or illegal acts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. | Have you ever collected unemployment benefits that you were not entitled to or through dishonest means or filed a false unemployment claim? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. | Have you ever filed a false insurance claim to collect money or property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. | Have you ever loaned money to someone then threatened violence if they did not pay you back? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. | Have you ever participated in or took part in illegal gambling? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. | Have you ever illegally placed a bet on a sporting event for someone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. | Have you ever gambled with your income or savings while delinquent or behind on your financial obligations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. | Have you ever sold a fictitious ATM debit or card? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. | Have you ever had any residential or other property foreclosed on? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. | Do you have or have you ever had any online business(es) that you admit to not paying taxes on including eBay, Amazon, Craigslist, etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. | Have you ever been employed by a business that is or has been investigated for fraud? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. | Have you ever used the Internet for the purposes of committing an illegal fraudulent act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. | As an employee, have you ever been investigated for fraud? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. | Have you ever been late with any of your monthly financial obligations (e.g., rent, credit card payments, mortgage, vehicle insurance, student loans etc.)? If yes, list details, e.g., what creditor, how many times, etc. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION EIGHT: MILITARY – explain ALL “Yes” answers

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| 1. | Have you ever been turned down as unacceptable by the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Did you fail to register with the Selective Service Agency at age 18? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever attempted to enlist in any military organization in any other country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever served in any military organization in any other country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you ever served in <u>any</u> branch of the U.S. armed services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "NO" to Question #5, skip to Section Nine

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| 6. | Did you receive a discharge other than an Honorable Discharge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| 7. | Did you complete all the terms of your military obligation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Do you have any concern(s) about an investigation into your activities, performance or military records while in the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | If already discharged and not retired with the military, would you be declined if you attempted to re-enlist? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | While in the military, did you receive a non-judicial punishment, e.g., office hours, Captain's Mast, Article 15, UCMJ or similar punishment(s)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Were you ever placed in military confinement, placed under military arrest or detention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Were you ever denied any type of security clearance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Did you ever use your position or rank in the military to gain sexual favors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Did you ever obtain classified military information in an unauthorized manner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Did you ever participate or engage in racial or sexual discrimination in the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Were you ever investigated by INS, DOD, FBI or the military police for any illegal activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | Did you ever try, use or experiment with any illegal drugs or narcotics on or off base while in the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. | Did you ever steal, take or keep military property without permission for personal use to sell or to give away? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. | Have you ever sold any military property on eBay, Amazon, Craigslist, etc., that you stole, took or kept? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. | Did you ever cause injury to another person in the military due to negligence or carelessness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. | While in the military, did you ever do something that you knew was against military regulations that if caught, you would be discharged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. | Have you ever use deadly force while in the military? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. | Have you ever taken any souvenirs in a combat environment and kept them for novelty? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. | Have you ever transmitted or shared any classified information of secrecy while in the military or after you were discharged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. | Have you ever misrepresented your military accomplishments, awards, service (including ribbons, metals, citations on your uniform, verbally or written)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. | Have you ever violated any rules of engagement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. | Have you ever violated any laws of war? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. | Have you ever mistreated any prisoners of war? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. | Have you ever transmitted a digital/electronic photograph from a combat zone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. | Did you ever take any pictures that could be considered inappropriate while serving in the military or participate in such incidents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION NINE: LAW ENFORCEMENT CONTACT – explain ALL “Yes” answers

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | As a juvenile, were you ever detained or arrested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | As an adult, were you ever detained or arrested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever petitioned any court to seal or expunge a criminal or juvenile record? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever had a warrant issued for your arrest? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Are you wanted by any law enforcement agency for <u>any</u> reason? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever been the suspect in or been charged with ANY crime? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Have you ever been the named suspect in ANY police report? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Other than minor traffic matters, have you ever been fined by a court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Have you ever been locked up in a jail or juvenile hall? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Are you concealing any law enforcement contact of any kind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Has anyone ever called the police on or about you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Have you ever been the subject of a Field Interview? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Have you ever been on formal or informal probation or parole? If yes, explain. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION TEN: DRIVING HISTORY – explain ALL “Yes” answers

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | How many traffic citations have you received in your lifetime? List agency(ies), violations(s) and disposition(s). <u>DO NOT</u> include parking citations. | | |
| 2. | Have you ever had a ticket go to warrant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever had a traffic citation that did not show on you CA DMV printout? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you ever been the driver in <u>any</u> traffic collision? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you ever fled the scene of a traffic collision that you were involved in? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Has your driver's license ever been suspended, revoked or invalid? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Have you ever driven a vehicle without a valid driver's license?
If yes, when and why? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Has your auto insurance ever been placed in an assigned risk pool? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Has your auto insurance ever been canceled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Are you currently driving without automobile liability insurance as required by the State of California? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Since the time you have been licensed to drive, has there ever been a time when you did not have insurance as required by law? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Have you ever caused someone serious injury or death by operating a motor vehicle, water vessel or aircraft? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Do you now or have you ever had a Failure to Appear (FTA) or Failure to Pay (FTP) on your record? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Have you ever possessed any weapon inside your vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. | Are you licensed to operate a helicopter, motorcycle or aircraft, etc.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. | Have you ever been involved in a road rage incident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. | Have you ever been involved in a fight, altercation, confrontation, argument, quarrel or exchange of hand gestures with another motorist as a result of your driving or their driving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. | In anger, have you ever followed or chased another vehicle for purposes to confront the other motorist? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. | Have you ever followed or chased another motorist due to anger, outrage or irritation or frustration with the other driver? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. | Have you ever forced or attempted to force a motorist or pedestrian off the road? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. | Have you ever intentionally used your vehicle to force another driver to take sudden evasive action to avoid an accident, stop suddenly or to become involved in a traffic collision? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. | While driving or sitting in a vehicle, have you ever pointed, displayed or simulated a fake or real firearm at someone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. | Have you ever been involved in a speed contest or road race on a public street or highway? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. | Have you ever forced, pushed or shoved a passenger out of a moving vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. | Have you ever been in the vehicle when someone else discharged firearm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. | Have you ever been convicted of driving under the influence of alcohol or drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. | Have you ever been involved as a driver or passenger of a vehicle being pursued by law enforcement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. | Have you ever refused to allow a passenger to exit a vehicle after the passenger requested to do so? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. | Have you ever been placed on probation as a result of your driving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. | Have you ever been convicted of reckless driving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. | Have you ever purchased, sold or distributed stolen vehicle parts in any manner, including online? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. | Have you ever made, altered, used or purchased a false driver's license or state ID card? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. | Have you ever given, submitted or provided false information including a false address, date of birth, or name to any Department of Motor Vehicles in any state? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. | Have you ever filed or reported a false auto insurance claim, including a false traffic collision report or stolen car? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

35. Have you ever driven your vehicle faster than 100 miles an hour on a freeway, public highway, street, city or county road?
36. Have you ever driven while your license was suspended or revoked?
37. Have you ever obtained a driver's license under false pretenses?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

The below section must be completed by any person who is currently or has ever been employed or served as a volunteer at any law enforcement agency, State, Federal or local Government Agency; or, served in any capacity in the military governing/guarding of prisoners or serving as a Military Police Officer; or, has ever worked or volunteered as a City, State or Federal employee/volunteer in any capacity.

*****If you are not in this category, skip to Section Twelve*****

SECTION ELEVEN: PRIOR LAW ENFORCEMENT EXPERIENCE – explain ALL “Yes” answers

1. Have you ever effected a traffic stop for the purpose of trying to date one of the vehicle’s occupants? Yes ☐ No ☐
2. Have you ever solicited or had sex with a prisoner and/or person in your custody or control? Yes ☐ No ☐
3. Have you ever taken any property or evidence for personal use or unauthorized destruction? Yes ☐ No ☐
4. Have you ever stored any evidentiary contraband (including drugs) in your agency’s locker, desk or other location not authorized by policy? Yes ☐ No ☐
5. Have you ever taken any property from a prisoner and/or person in your control or custody for your personal use? Yes ☐ No ☐
6. Have you received any excessive use of force complaints (whether substantiated or not)? Yes ☐ No ☐
7. Have you ever covered up for any person accused of wrong-doing (including fellow officers)? Yes ☐ No ☐
8. Have you ever been reprimanded for any on or off-duty traffic collision(s) or unsafe driving activity? Yes ☐ No ☐
9. Have you ever colored or embellished your testimony to aid in getting a conviction? Yes ☐ No ☐
10. Have you ever removed or accessed confidential information without an official reason or proper authorization? Yes ☐ No ☐
11. Have you ever failed to qualify at departmental range qualification(s)? Yes ☐ No ☐
If yes, how many times? _____ When? _____
12. Have you ever received any compensation for “forgetting” material facts? Yes ☐ No ☐
13. Have you knowingly written a citation to be vindictive, when in fact, there was not a violation of law? Yes ☐ No ☐
14. As a Police Officer or government employee, have you ever accepted a gratuity? Yes ☐ No ☐
15. As a Police Officer, have you ever accepted anything to overlook a violation, crime, etc.? Yes ☐ No ☐
16. As a Police Officer or government employee, have you ever used your official position for personal gain? Yes ☐ No ☐
17. As a Police Officer or government employee, have you ever withheld evidence seized in the course of your official duty? Yes ☐ No ☐
18. Have you ever used any illegal drugs while employed with any law enforcement agency? Yes ☐ No ☐
19. As a Police Officer or government employee, have you ever given a person, including prisoners, any remuneration (to give cash, favors, gifts or exchange) in order to obtain evidence, information or for any other reason? Yes ☐ No ☐
20. Have you ever had any physical altercations on duty which are not known to your agency? Yes ☐ No ☐
21. As a Police Officer or government employee, have you ever possessed any illegal drug or “look alike”? Yes ☐ No ☐
22. As a Police Officer or government employee, have you retained alcoholic beverages, or illegal drugs for personal use that were seized from a business or citizen? Yes ☐ No ☐
23. As a Police Officer or government employee, have you ever consumed alcoholic beverage(s) while on duty? Yes ☐ No ☐

24. As a Police Officer, have you ever had to discharge your weapon off-duty or on-duty in the performance of your official duties (excluding authorized range training or hunting)? Yes ☐ No ☐
25. As a Police Officer or government employee, would you judge some of your activities outside of your employment to be against department policy? Yes ☐ No ☐
26. If employed as a Police Officer, is there anything that you think would preclude you from carrying out your duties? Yes ☐ No ☐
27. Have you ever used your badge, identification card or status to secure free or reduced rates on products or events, etc.? Yes ☐ No ☐
28. Have you ever lied, omitted or distorted the facts on a police report? Yes ☐ No ☐
29. Have you ever lied to a supervisor or investigator regarding a personnel complaint or departmental investigation? Yes ☐ No ☐
30. Have you ever directly or indirectly solicited a bribe? Yes ☐ No ☐
31. Have you ever taken property from vehicles or impounded vehicles for your personal use? Yes ☐ No ☐
32. Have you ever received a verbal or written reprimand? Yes ☐ No ☐
33. Have you ever slept while on duty? If yes, what were circumstances? Yes ☐ No ☐
34. Have you ever carried a "drop" or "throw away" gun or knife? Yes ☐ No ☐
35. Have you ever been a party to, or present when other Officers have planted any drug or "look alike" in the possession of a suspect, in order to secure an arrest or conviction? Yes ☐ No ☐
36. Have you ever run unauthorized records for yourself or for other persons against departmental regulations? Yes ☐ No ☐
37. Have you ever used your department's resources including computers, CLETS, ELETE, criminal history, etc., for personal or unauthorized use? Yes ☐ No ☐
38. Have you ever made an arrest for unlawful interference or for resisting arrest when it was obviously unjustified? Yes ☐ No ☐
39. Have you ever shared confidential information including documents, photos, videos or other evidence about law enforcement with personal friends? Yes ☐ No ☐
40. Have you ever taken pictures at a crime scene and sent them via text message or posted them on a social networking site or Internet? Yes ☐ No ☐
41. As a Police Officer, have you ever made a false police report or falsified the facts of a police investigation, in a report or while testifying in court? Yes ☐ No ☐
42. Have you ever been the subject of an Internal Affairs investigation? If yes, explain details and provide a copy of the I/A report. Yes ☐ No ☐
43. Have you ever had disciplinary actions taken against you, including suspensions, written, and oral reprimands, including military and Reserve Police Officer experience? Yes ☐ No ☐
44. Have you ever been involved in an incident where it was necessary to use deadly force? Yes ☐ No ☐
45. Have you ever had a citizen's complaint alleged against you? If yes, explain details. Yes ☐ No ☐
46. Have you ever been involved in any type of relationship with a prisoner, inmate or detainee in and or out of custody? Yes ☐ No ☐
47. Have you ever had an on-duty contact turn into a personal or friendship relationship? Yes ☐ No ☐
48. Have you ever engaged in any sexual acts while on duty, at work-related functions or while being paid by your employer, including masturbation or at any public employment setting? Yes ☐ No ☐
49. Have you ever exchanged, sent or viewed sexual content, sexual photos or videos while on duty or at work or while at work-related functions or while being paid by your employer? Yes ☐ No ☐
50. Are you now intentionally withholding any information from investigators, that would assist with or affect the outcome of your background? Yes ☐ No ☐
51. Have you ever destroyed property or evidence while on duty? Yes ☐ No ☐
52. Have you ever lost your temper or provoked a fight while on duty? Yes ☐ No ☐

SECTION TWELVE: CITIZENSHIP, ORGANIZATIONS – explain ALL “Yes” answers

1. Would you have any reason to be concerned about an investigation into your loyalty to the United States? Yes ☐ No ☐
2. Do you in any way associate with terrorists or organizations hostile to the government of the U.S.? Yes ☐ No ☐
3. Have you ever given confidential information to any individual or organization hostile to the government of the United States? Yes ☐ No ☐
4. Do you have any racial or religious prejudices? Yes ☐ No ☐
5. Do you now or have you ever associated with any organization(s) or group(s) that promotes racial segregation or prejudices? Yes ☐ No ☐
6. Do you own any weapons that are illegal to possess? Yes ☐ No ☐
7. Have you ever assembled or detonated a bomb or destructive device other than while in the military? Yes ☐ No ☐
8. Have you ever belonged to or associated with a subversive or militant group or organization that advocates racism or hatred toward others because of their way of life, background, culture, or customs? Yes ☐ No ☐
9. Have you ever delivered, sent, transmitted, disseminated or mailed fliers, letters, bulletins, books, notices, photos, literature of any kind, or e-mailed anything containing racist or sexist information? Yes ☐ No ☐
10. Have you ever belonged, associated or subscribed to any subversive or militant group or organization that advocates the use of aggression towards the U.S. Federal Government or State. Yes ☐ No ☐
11. Have you ever associated with someone, a group, alliance, association, club or organization that despised certain cultures or types of people? Yes ☐ No ☐

SECTION THIRTEEN: CONCLUSION – explain ALL “Yes” answers

1. Is there some secret reason why you want to be a Police Officer, etc.? Yes ☐ No ☐
2. Do you know of any reason why this Department should not hire you? Yes ☐ No ☐
3. Is there anything at all in your background that you have not been specifically asked about that might disqualify you from consideration if it were discovered? Yes ☐ No ☐
4. Have you used dishonesty or deception of any kind in filling out this questionnaire or other background paperwork? Yes ☐ No ☐
5. Can you say in complete honesty that you have answered each question truthfully? Yes ☐ No ☐
6. Prior to today, have you discussed with anyone the background standards of the Rialto Police Department or any other law enforcement agency? Yes ☐ No ☐
7. Have you done anything in your life you're ashamed of? If yes, what? Yes ☐ No ☐
8. If it became necessary in the performance of your duties to take a human life, would you have any reluctance to do so because of religious or personal beliefs? Yes ☐ No ☐
9. Have you ever omitted any information in any of your previous or current applications or questionnaires? Yes ☐ No ☐
10. Have you been forthright in all your answers in this application process, as well as, the other processes? Yes ☐ No ☐

If you answered "YES" to any questions on this form, use these supplemental pages to provide details, including dates and circumstances (reference the corresponding section and question number).

Read the following admonishment carefully and sign:

I certify all statements and answers made on this questionnaire are accurate and complete. I understand that my answers will be subject to verification through a thorough polygraph examination.

Applicant's SignatureDate

