



Name: _____

Position applied for: Police Officer

DOB: _____

Public Safety Officer

Intentionally concealing, omitting, or failing to disclose any information or actions may be cause for permanent disqualification from employment. You are accountable for all answers, oral or written, provided throughout the process. If you have any question whether or not to disclose information, the answer is always "yes", disclose it.

I certify that my responses to the below questions are true and accurate and that I've made no attempt to conceal any pertinent information. I understand that if I am disqualified during any portion of the applicant process, the grounds for my disqualification will not be revealed to me.

Signature: _____

Date: _____

1. Do you have a valid driver's license? Yes No
2. In the past 3 years, have you been arrested, cited, or charged with an alcohol/drug related driving offense? *(example: DUI, DWI, violation of alcohol restriction)* Yes No
3. Have you ever been detained, arrested, cited, charged, or convicted of a misdemeanor offense as an adult? *(doesn't pertain to minor traffic offenses, ex. Speed, Red Light, etc.)* Yes No
4. Have you ever been detained, arrested, cited, charged, or convicted of a felony offense as an adult? Yes No
5. Have you ever been detained, arrested, cited, charged, or convicted for a domestic related assault? Yes No
6. Have you ever sold, manufactured, cultivated *(grown)*, or distributed drugs, narcotics, or other illegal substances, including marihuana or prescription drugs? Yes No
7. Have you ever experimented with marijuana/THC? *(inhaled, ingested, or otherwise introduced marihuana into your body by yourself or with assistance of another person).* Yes No

If 'Yes', date of your last use? _____
8. Have you ever experimented with, misused or used without a prescription, any type of stimulant drug? *(ex: Adderall, Ritalin, Dexedrine)* Yes No

If 'Yes', drug name _____ date of your last use? _____
9. Have you ever experimented with Heroin, PCP, LSD or any other hallucinogenic drug? Yes No
10. Have you ever experimented with any other illegal substance not already listed? *(ex: Cocaine, Methamphetamine, Ecstasy, Huffing, etc.)* Yes No

If 'Yes', drug name _____ date of your last use? _____
11. Have you ever misused any prescription drug or over the counter medicine? Yes No

If 'Yes', drug name _____ date of your last use? _____
12. Are you currently, or have you ever been, affiliated in any manner with any criminal organization, criminal street gang, or outlaw motorcycle club? Yes No