



## BAKERSFIELD POLICE DEPARTMENT



### PRE-INVESTIGATION BACKGROUND QUESTIONNAIRE

As an applicant for a position with this agency, you are required to complete this background questionnaire. This questionnaire supplements your Personal History Statement (PHS) and will be treated with the same confidentiality as your PHS.

Pursuant to the Americans with Disabilities Act (ADA), you are not expected or required to furnish any information in this questionnaire which is of a medical nature. For example, do not report any work absences which were for illnesses or worker compensation injuries. Do not discuss or report any disabilities you may have. Do not discuss or report any information concerning illnesses you may have. This information is strictly medical in nature and, as this questionnaire is part of the pre-offer background suitability investigation, is not subject to disclosure during this portion of the process.

Please read and answer all of the following questions. Answer all questions truthfully, as your honesty will be evaluated. A "Yes" answer to any question on this questionnaire will not necessarily disqualify you from consideration for this position; however, any omissions, falsifications, misstatements, untruthful responses, discrepancies or failure to provide explanations for "Yes" answers will be cause for disqualification from the hiring/background process. Public safety agency employees must demonstrate integrity and credibility as a witness in a court of law. Your responses to these questions will be evaluated and considered in relationship to your entire background.

**If you answer "Yes" to any of the questions, you must provide an explanation and date of the incident. Use the blank sheets at the end of this questionnaire and make sure to include the question number.**

If you need additional space, make copies of a blank sheet at the end of the questionnaire before continuing.

- Throughout this questionnaire, the word "ever" refers to your lifetime.
- Do not discuss this questionnaire with other applicants at any time.
- You will be given the opportunity to discuss your answers with the background investigator.
- You will not be allowed to have a copy of this document.
- **This document, your Personal History Statement, and all portions of the Background Investigation are the property of the Bakersfield Police Department.**

PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDUCT AND LAW	Yes	No
1. Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act even if the charges were dismissed, dropped, reduced, or expunged?	<input type="checkbox"/>	<input type="checkbox"/>
2. Either as an adult or a juvenile, have you ever been detained for a criminal investigation, named as a suspect in a police report, held on suspicion, or questioned by the police, even as a victim or witness?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a warrant issued for your arrest, or have you ever failed to appear in court on a criminal matter?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received a misdemeanor citation in lieu of going to jail?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been placed on court probation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever violated a condition of probation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever carried a concealed weapon?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever applied for a permit to carry a concealed weapon?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: While answering questions 11 through 42, the following applies: Have you ever been involved in, been associated with anyone involved in, or committed any of the following acts, as an adult or a juvenile (including incidents where the records were sealed or expunged by a court)?</b>		
11. Forgery	<input type="checkbox"/>	<input type="checkbox"/>
12. Arson	<input type="checkbox"/>	<input type="checkbox"/>
13. Theft of a vehicle or vehicle parts	<input type="checkbox"/>	<input type="checkbox"/>
14. Theft from any employer regardless of the value	<input type="checkbox"/>	<input type="checkbox"/>
15. Theft of any kind including shoplifting	<input type="checkbox"/>	<input type="checkbox"/>
16. Rape	<input type="checkbox"/>	<input type="checkbox"/>
17. Robbery	<input type="checkbox"/>	<input type="checkbox"/>
18. Burglary	<input type="checkbox"/>	<input type="checkbox"/>
19. Murder, homicide or attempted murder	<input type="checkbox"/>	<input type="checkbox"/>
20. Displaying a weapon in a threatening manner to another person (Brandishing)	<input type="checkbox"/>	<input type="checkbox"/>
21. Resisting arrest	<input type="checkbox"/>	<input type="checkbox"/>
22. Illegal gambling	<input type="checkbox"/>	<input type="checkbox"/>
23. Impersonation of a peace officer	<input type="checkbox"/>	<input type="checkbox"/>
24. Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
25. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
26. Used falsified or altered identification or used identification of another person	<input type="checkbox"/>	<input type="checkbox"/>
27. Made annoying or obscene phone calls	<input type="checkbox"/>	<input type="checkbox"/>
28. Blackmail or extortion	<input type="checkbox"/>	<input type="checkbox"/>

<b>CONDUCT AND LAW (continued)</b>	<b>Yes</b>	<b>No</b>
29. Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>
30. Discharging a firearm at a person or at a building	<input type="checkbox"/>	<input type="checkbox"/>
31. Exposed your private parts in a manner intended to offend anyone	<input type="checkbox"/>	<input type="checkbox"/>
32. Had a criminal record sealed	<input type="checkbox"/>	<input type="checkbox"/>
33. Been reported as a missing person or runaway	<input type="checkbox"/>	<input type="checkbox"/>
34. Looked into windows invading someone's privacy	<input type="checkbox"/>	<input type="checkbox"/>
35. Covered up a crime for someone	<input type="checkbox"/>	<input type="checkbox"/>
36. Had a restraining order filed against you	<input type="checkbox"/>	<input type="checkbox"/>
37. Violated a restraining order	<input type="checkbox"/>	<input type="checkbox"/>
38. Filed a false police report	<input type="checkbox"/>	<input type="checkbox"/>
39. Assisted in the escape of a prisoner from police custody	<input type="checkbox"/>	<input type="checkbox"/>
40. Offered a bribe to a public officer	<input type="checkbox"/>	<input type="checkbox"/>
41. Committed perjury	<input type="checkbox"/>	<input type="checkbox"/>
42. Committed welfare fraud	<input type="checkbox"/>	<input type="checkbox"/>
43. As an adult, have you ever had sex with a person under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
44. Have you ever been arrested or taken to jail while outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
45. Have you ever been involved in a physical fight, confrontation or violent act?	<input type="checkbox"/>	<input type="checkbox"/>
46. Have you ever been a member or an associate of a hate group?	<input type="checkbox"/>	<input type="checkbox"/>
47. Have you ever tortured, maimed, abused or killed an animal for any reason other than when engaged in lawful hunting activity?	<input type="checkbox"/>	<input type="checkbox"/>
48. Are you currently being investigated by any law enforcement agency for any suspected illegal activity?	<input type="checkbox"/>	<input type="checkbox"/>
49. Have you ever been a member of, or associated with, a street, prison, or neighborhood gang?	<input type="checkbox"/>	<input type="checkbox"/>
50. Have you ever lived with, or associated with, anyone who was involved criminal activity, including drug use?	<input type="checkbox"/>	<input type="checkbox"/>
51. Have you ever accessed web sites on the internet to view child pornography or possessed material related to child pornography?	<input type="checkbox"/>	<input type="checkbox"/>
52. Have you ever belonged to an organization, ever subscribed to, regularly read or distributed magazines, newspapers, newsletters or other literature, ever accessed internet web sites, that advocated beliefs about inferiority, deviance, or need for the elimination of groups on the basis of race, religion or sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>
53. Have you ever harassed someone on the basis of their sexual orientation, gender, race or ethnicity, or immigrant status (i.e. taunting, name-calling, threats, intentional humiliation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you ever committed any hate crimes on the basis of race, religion, immigrant status, gender, HIV/AIDS infection or sexual orientation (i.e. destruction of property motivated by bias or prejudice, written derogatory epithets during a vandalism or burglary, written/sent/verbalized derogatory epithets to another person or group, physical assault on the basis of personal characteristics, or withheld services, provided inferior service, evaluated employees/supervisors unfairly, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

<b>CONDUCT AND LAW (continued)</b>	<b>Yes</b>	<b>No</b>
55. Have you ever stalked another person (i.e. willfully, maliciously and repeatedly followed and harassed another person and seriously alarmed, annoyed, tormented, or terrorized that person, made unwanted repetitive phone calls, email, fax, letters, notes, watched someone without their knowledge, intentionally created fear in another person through various acts, violated a restraining order, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
56. Have you ever assaulted another person in an intimate relationship or during the relationship's termination?	<input type="checkbox"/>	<input type="checkbox"/>
57. Have you ever committed any acts of physical violence (i.e. slapping, hitting, beating, arm-twisting, spitting, etc.) within an intimate relationship, including both casual and long-term relationships?	<input type="checkbox"/>	<input type="checkbox"/>
58. Have you ever mentally or emotionally abused a child (i.e. frequently called them hurtful names, threatened them, humiliated them, insulted them, intentionally tried to hurt their feelings or make them feel bad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
59. Are you now, or have you ever been a member of any organized association, group, or movement, who advocated the overthrow of our constitutional form of government by any means other than democratic procedures provide by our form of government?	<input type="checkbox"/>	<input type="checkbox"/>
60. Are you now, or have you ever been a member of any organized association, group, or movement, who advocated/advocates acts of force or violence to deny other persons their Constitutional Rights by unconstitutional means?	<input type="checkbox"/>	<input type="checkbox"/>
61. Are you now, or have you ever been associated with any individuals, including relatives, who you know, or have reason to believe are, or have been, members of any types of organizations identified above?	<input type="checkbox"/>	<input type="checkbox"/>
62. Have you ever had a sexual contact with a child (i.e. fondling, taking pornographic pictures, masturbating in a child's presence, oral sex, sexual intercourse, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
63. 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, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
64. Have you ever participated in an unlawful demonstration?	<input type="checkbox"/>	<input type="checkbox"/>
65. Have you ever engaged in civil disobedience?	<input type="checkbox"/>	<input type="checkbox"/>
66. Have you ever been the victim of assault behavior within an intimate relationship?	<input type="checkbox"/>	<input type="checkbox"/>
67. Have you ever abused a child?	<input type="checkbox"/>	<input type="checkbox"/>
<b>MILITARY</b>	<b>Yes</b>	<b>No</b>
68. Did you comply with the Selective Service Registration as required by law? (This question only applies to male candidates)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: Applicants with military experience answer the following questions; All others skip this section.</b>		
69. Were you honorably discharged from the military?	<input type="checkbox"/>	<input type="checkbox"/>
70. Have you ever been AWOL or UA (unauthorized absence)?	<input type="checkbox"/>	<input type="checkbox"/>
71. Were you ever court-martialed?	<input type="checkbox"/>	<input type="checkbox"/>
72. Were you ever in military confinement?	<input type="checkbox"/>	<input type="checkbox"/>
73. Have you ever been reduced in pay grade or been the subject of judicial punishment or non-judicial disciplinary action while in the military?	<input type="checkbox"/>	<input type="checkbox"/>
74. Were you ever detained, arrested, jailed or held by police or security forces in another country for anything other than minor traffic offenses?	<input type="checkbox"/>	<input type="checkbox"/>

<b>MILITARY (c o n t i n u e d)</b>	<b>Yes</b>	<b>No</b>
75. Were you ever denied a security clearance or had a clearance revoked, suspended or downgraded?	<input type="checkbox"/>	<input type="checkbox"/>
76. Were you ever investigated for any criminal activity while in the military, or received verbal or undocumented discipline?	<input type="checkbox"/>	<input type="checkbox"/>
<b>LAW ENFORCEMENT APPLICATIONS AND EXPERIENCE</b>	<b>Yes</b>	<b>No</b>
77. Have you ever been disqualified, non-selected, or advised to withdraw from any law enforcement agency application process?	<input type="checkbox"/>	<input type="checkbox"/>
78. Have you ever taken a polygraph examination?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: Applicants who are now, or have previously been, peace officers, reserve peaces or military police officers should answer the following questions; all others skip this section.</b>		
79. As a peace officer, did you ever accept a gratuity?	<input type="checkbox"/>	<input type="checkbox"/>
80. As a peace officer, did you ever accept anything for overlooking a violation?	<input type="checkbox"/>	<input type="checkbox"/>
81. As a peace officer, did you ever make a false official report?	<input type="checkbox"/>	<input type="checkbox"/>
82. As a peace officer, have you ever withheld any evidence seized in the course of your official duties?	<input type="checkbox"/>	<input type="checkbox"/>
83. As a peace officer, did you ever observe another peace officer commit any of the above acts?	<input type="checkbox"/>	<input type="checkbox"/>
84. As a peace officer, were you ever the subject of an internal investigation by your department?	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINANCES</b>	<b>Yes</b>	<b>No</b>
85. Have you been late on any payments in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
86. Have you ever provided false information on a credit or loan application?	<input type="checkbox"/>	<input type="checkbox"/>
87. Have you ever had any property, including a vehicle, repossessed?	<input type="checkbox"/>	<input type="checkbox"/>
88. Have any of your debts ever been turned over to a collection agency?	<input type="checkbox"/>	<input type="checkbox"/>
89. Have you ever filed or been granted bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
90. Have you ever been delinquent on any tax payments?	<input type="checkbox"/>	<input type="checkbox"/>
91. Have you ever had your wages attached or garnished?	<input type="checkbox"/>	<input type="checkbox"/>
92. Have you been refused credit in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
93. Have you ever been the subject of a property lien?	<input type="checkbox"/>	<input type="checkbox"/>
<b>VEHICLE OPERATION</b>	<b>Yes</b>	<b>No</b>
94. Do you currently have vehicle insurance?	<input type="checkbox"/>	<input type="checkbox"/>
95. Have you ever driven a vehicle without insurance?	<input type="checkbox"/>	<input type="checkbox"/>
96. Have you ever been refused vehicle insurance for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
97. Have you ever had a traffic warrant issued for your arrest?	<input type="checkbox"/>	<input type="checkbox"/>
98. Have you ever indicated a residential address on your vehicle insurance policy that was not your actual residence at the time?	<input type="checkbox"/>	<input type="checkbox"/>
99. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit and run)?	<input type="checkbox"/>	<input type="checkbox"/>

<b>VEHICLE OPERATION (continued)</b>	<b>Yes</b>	<b>No</b>
100. Have you ever been refused a driver license in any state?	<input type="checkbox"/>	<input type="checkbox"/>
101. Have you ever failed to appear for a traffic citation or parking citation?	<input type="checkbox"/>	<input type="checkbox"/>
102. Has your driver license ever been suspended, revoked, or placed on negligent operations probation by any state?	<input type="checkbox"/>	<input type="checkbox"/>
103. Have you ever applied for, or obtained, a driver license or state identification card under a fictitious name?	<input type="checkbox"/>	<input type="checkbox"/>
104. How many moving and non-moving traffic citations have you received, and how many at-fault traffic collisions have you been involved in? Citations in the last five years: _____ At-fault traffic collisions in the last five years: _____		
<b>RESIDENCE</b>	<b>Yes</b>	<b>No</b>
105. Have you ever been evicted or asked to leave a residence?	<input type="checkbox"/>	<input type="checkbox"/>
106. Have you ever left a residence without paying your rent?	<input type="checkbox"/>	<input type="checkbox"/>
107. Have you ever had problems or difficulties with any of your roommates or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>
108. Have the police or any law enforcement agency ever been to your home or any of your residences?	<input type="checkbox"/>	<input type="checkbox"/>
109. Are you currently living or associating with anyone who has been convicted of a felony or who is on parole?	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYMENT</b>	<b>Yes</b>	<b>No</b>
110. Have you ever been employed under another name?	<input type="checkbox"/>	<input type="checkbox"/>
111. Have you ever participated in sexual harassment or discrimination the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
112. Have you ever been so angry at work that you became involved in a loud argument?	<input type="checkbox"/>	<input type="checkbox"/>
113. Did you ever have conflicts or difficulties with a supervisor or coworker?	<input type="checkbox"/>	<input type="checkbox"/>
114. Has anyone ever complained about you or your work performance (verbal or written)?	<input type="checkbox"/>	<input type="checkbox"/>
115. Have you ever quit a job without giving proper notice?	<input type="checkbox"/>	<input type="checkbox"/>
116. Have you ever been terminated (fired) or asked to resign in lieu of termination from a job or position?	<input type="checkbox"/>	<input type="checkbox"/>
117. Have you ever had any extended work absences for any reason other than medical or earned vacation (i.e. leave of absence, suspensions, layoffs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
118. Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or equal employment violations?	<input type="checkbox"/>	<input type="checkbox"/>
119. Will any employer or supervisor (past or present) give you an unfavorable recommendation?	<input type="checkbox"/>	<input type="checkbox"/>
120. Has any supervisor (including military) ever disciplined you or warned you either verbally or in writing (i.e. excessive tardiness, excessive absences, poor work performance, excessive personal phone use, unprofessional behavior or conduct, arguing, no call/no-show, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ALCOHOL CONSUMPTION</b>	<b>Yes</b>	<b>No</b>
121. Do you drink alcohol? (Answer Yes / No – no explanation required)	<input type="checkbox"/>	<input type="checkbox"/>
122. Has excessive drinking of an alcoholic beverage ever caused you to miss work or perform poorly at work?	<input type="checkbox"/>	<input type="checkbox"/>
123. What kind of alcohol do you normally drink? _____	<input type="checkbox"/>	<input type="checkbox"/>

## ALCOHOL CONSUMPTION (continued)

124. Approximately how much alcohol (drinks) do you drink in one month? \_\_\_\_\_

125. Approximately how many times in your life have you been drunk? Indicate the number of times and the last time:

Number of times: \_\_\_\_\_ Last time: \_\_\_\_\_

126. Approximately how many times in your life have you driven a vehicle while you were under the influence of alcohol? For the purpose of this question, consider under the influence as when you felt the effects of the alcohol, or when you may have been arrested if stopped by the police.

Number of times: \_\_\_\_\_ Last time: \_\_\_\_\_

List each incident below, starting with the most recent:

Date of the incident Month/Year	How much did you drink?	How long did you drink?	How far did you drive?

Note: While answering questions 124 through 150, the following applies:

Have you ever illegally used, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, had any experimentation whatsoever, or pretended to use any of the following drugs, regardless of the amount?

NARCOTIC AND SUBSTANCE USAGE	Yes	No
127. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
128. Hashish	<input type="checkbox"/>	<input type="checkbox"/>
129. Cocaine (coke, snow, nose, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
130. Crack cocaine (crack, rock, free base, rock cocaine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
131. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
132. Methamphetamine (meth, crank, speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
133. Amphetamines (uppers)	<input type="checkbox"/>	<input type="checkbox"/>
134. Barbiturates (downers)	<input type="checkbox"/>	<input type="checkbox"/>
135. Magic mushrooms (Psilocybin)	<input type="checkbox"/>	<input type="checkbox"/>
136. Inhalants including aerosol sprays, cleaning fluids, glue, solvents, Nitrous Oxide, etc.	<input type="checkbox"/>	<input type="checkbox"/>
137. Steroids	<input type="checkbox"/>	<input type="checkbox"/>
138. Heroin	<input type="checkbox"/>	<input type="checkbox"/>
139. Opium	<input type="checkbox"/>	<input type="checkbox"/>
140. Morphine	<input type="checkbox"/>	<input type="checkbox"/>



<b>NARCOTIC AND SUBSTANCE USAGE (continued)</b>	<b>Yes</b>	<b>No</b>
141. Amyl Nitrite (poppers)	<input type="checkbox"/>	<input type="checkbox"/>
143. LSD	<input type="checkbox"/>	<input type="checkbox"/>
143. Phencyclidine (PCP)	<input type="checkbox"/>	<input type="checkbox"/>
144. Designer Drugs (synthetic heroin, china white, ice, etc.), or any other illegal drug / substance not previously listed?	<input type="checkbox"/>	<input type="checkbox"/>
145. Spice, Salvia or Bath Salts	<input type="checkbox"/>	<input type="checkbox"/>
146. Have you ever used a prescription drug not prescribed for you?	<input type="checkbox"/>	<input type="checkbox"/>
147. Has anyone ever used illegal drugs or narcotics in your presence, home or vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
148. Have you ever purchased any illegal drugs or narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
149. Have you ever held, kept, or hidden drugs from someone else?	<input type="checkbox"/>	<input type="checkbox"/>
150. Have you ever attended a party or gathering, where drugs were being used?	<input type="checkbox"/>	<input type="checkbox"/>
151. Have you ever driven a vehicle while under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
152. Have you ever sold, provided, packaged or given illegal drugs or narcotics to anyone?	<input type="checkbox"/>	<input type="checkbox"/>
153. Have you ever remained in a place where drugs, narcotics or other illegal substances were used?	<input type="checkbox"/>	<input type="checkbox"/>
154. Have you ever grown or assisted in growing marijuana, or manufactured or assisted in producing or manufacturing drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL BACKGROUND QUESTIONS</b>	<b>Yes</b>	<b>No</b>
155. Have you ever embezzled any money or valuables which were entrusted to you?	<input type="checkbox"/>	<input type="checkbox"/>
156. Have you ever committed an act of incest?	<input type="checkbox"/>	<input type="checkbox"/>
157. Are any members of your family associated with a street gang?	<input type="checkbox"/>	<input type="checkbox"/>
158. Have you ever gambled while behind on personal debts?	<input type="checkbox"/>	<input type="checkbox"/>
159. Have you ever attempted suicide or intentionally harmed yourself?	<input type="checkbox"/>	<input type="checkbox"/>
160. Have you ever been involved in a hazing incident?	<input type="checkbox"/>	<input type="checkbox"/>
161. Do you possess or own any firearms? (List Make, Model & Serial Numbers)	<input type="checkbox"/>	<input type="checkbox"/>
162. Have you ever forced another person, including your spouse, ex-spouse, or domestic partner, to have sexual intercourse or to engage in any other sexual act (oral copulation, sodomy, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
163. Have you ever indicated to someone else that you attempted suicide in order to get sympathy or attention?	<input type="checkbox"/>	<input type="checkbox"/>
164. Have you ever purchased or participated in the construction of any explosive device of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
165. Has anyone advised or prepared you on how to answer these background questions?	<input type="checkbox"/>	<input type="checkbox"/>
166. Do you have any tattoos, brands and body piercings? If so, describe each including the location on your body.	<input type="checkbox"/>	<input type="checkbox"/>



## C E R T I F I C A T I O N

I understand that any untruthful answer or response on this questionnaire will result in my disqualification from the hiring process or termination from employment, if a position of employment was offered.

I certify that I answered all questions truthfully. I understand that any changes involving my background responses such as, but not limited to: receiving any traffic citations, involvement in any criminal activity, arrests, being named on a crime report, financial problems, civil or criminal lawsuits, changes in residence, illegal drug use, employment changes such as termination, applications to other law enforcement agencies, or background disqualification from other law enforcement agencies, **must be immediately reported to my background investigator.** Failure to do so may result in my disqualification. I have read and understand the instructions provided.

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

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**ADDITIONAL INFORMATION**

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