



PRE-INVESTIGATIVE QUESTIONNAIRE

CRIMINAL & ARREST INFORMATION

Read and answer the following questions carefully and honestly. If you respond with a “Yes” to any question, you are required to provide further details on the attached explanation form(s), except for questions marked with an asterisk (*). Your responses are subject to additional inquiry by an Investigator and verification by a Polygraph Examination.

1. What is your true first name?

2. What is your true last name?

3. Do these names appear on your birth certificate?

	Yes			No	
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4. What is your true date of birth? (MM/DD/YYYY)

Have you ever committed any of the following acts?

Yes	No
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5. Arson (Intentionally set a fire)

6. Burglary (entry of a structure or vehicle to commit theft or other crime)

7. Robbery (theft from another person utilizing a weapon or force)

8. Homicide

9. Theft

10. Forgery

11. Kidnapping

12. Extortion (Blackmail)

13. Embezzlement (theft of money or other valuables entrusted to you)

14. Rape (sexual intercourse by force)

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Yes	No
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- | | | |
|--|--------------------------|--------------------------|
| 15. Child Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Child molestation (any sex act with a child) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Bestiality (any sex act with an animal) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Prostitution (intercourse for money or other considerations) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Soliciting Prostitution (asking for sex in return for money or vice versa) | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Soliciting a lewd act in a public place | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Pimping (deriving support from a prostitute) | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Pandering (encouraging another to be a prostitute) | <input type="checkbox"/> | <input type="checkbox"/> |

Provide additional explanation to the following questions (as needed) on the attached explanation form(s).

- | | | |
|---|--------------------------|--------------------------|
| 23. Have you ever been arrested for an illegal act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had sex with a member of your family (excluding spouse)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you in the past or do you now regularly associate with persons whom you know to have engaged in and/or been arrested for unlawful sexual activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you committed any forcible sex act (sodomy, oral copulation, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever committed any violent assault upon another? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you ever committed assault upon your spouse, ex-spouse or someone you had a relationship with? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever been asked to submit to a polygraph examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Has the fact that you want this job caused any conflict with your family? | <input type="checkbox"/> | <input type="checkbox"/> |

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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31. Have you ever failed to pass a polygraph examination? Yes No
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32. Have you placed any false information on your employment application or personal history background forms? Yes No
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33. Have you deliberately omitted any information on your employment application or personal history background forms? Yes No
-
34. When you left high school, did you receive a graduation diploma? Yes No
-
35. When you left high school, did you receive a GED? Yes No
-
36. Have you passed the high school equivalency examination? Yes No
-
37. Would you have any reason to be concerned about an investigation into your past work records? Yes No
-
38. Were you ever fired from a job? Yes No
-
39. Were you ever asked to resign from a job? Yes No
-
40. Did you ever leave a job to avoid being fired? Yes No
-
41. Have you shown the true and complete reasons for leaving each of your previous jobs? Yes No
-
42. Did you ever leave any job with hard feelings toward the management or co-workers? Yes No
-
43. Do you think you could return to work for all of your former employers? If not, explain. Yes No
-
44. In the past year, how many times have you been late for work? _____
-
45. In the past year, how many days of work have you missed for reasons other than illness? _____
-
46. Have you ever worked for any other law enforcement agency in any capacity? Yes No
-
47. Have you ever applied at any other law enforcement agency for any type of job? Yes No
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48. Have you ever been turned down as unacceptable by any other law enforcement agency? Yes No
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PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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|---|--------------------------|--------------------------|
| 49. Were you ever turned down as unacceptable by the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Are you currently registered in the Selective Service System? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Have you ever served in any branch of the Armed Force?(If no, skip to Question 59) | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Would you have any reason to be concerned about an investigation into your military record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. While in the service, were you ever placed under military arrest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. While in the service, were you ever court-martialed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. While in the service, did you receive any type of disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. While in the service, were you ever reduced in grade or rank? | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. While in the service, were you ever AWOL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Would you have any reason to be concerned about an investigation into your arrest record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. As a juvenile, were you ever arrested or cited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. As an adult, were you ever arrested or detained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Have you ever petitioned any court to seal or expunge a criminal or juvenile record? | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Have you ever had a warrant issued for your arrest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Are you now wanted for any reason by any law enforcement agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Have you ever been a suspect in a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Have you ever been charged with a crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Other than minor traffic matters, have you ever been fined by a court? | <input type="checkbox"/> | <input type="checkbox"/> |

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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|---|--------------------------|--------------------------|
| 67. Have you spent any time, either as a juvenile or an adult, locked up in a jail? | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Since you were 18 years old, have you ever shoplifted from a store? | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Have you ever falsified an income tax form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Have you ever falsified an insurance claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Have you ever committed fraud by collecting unemployment or welfare benefits (including food stamps) when you were not entitled to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Have you ever stolen a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Have you ever been sent to jail over anything involving a motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Since you were 18 years old, have you committed any serious undetected crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Have you ever made serious plans to commit rape? | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Have you ever made serious plans to commit robbery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Have you ever made serious plans to commit burglary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Have you ever made serious plans to commit theft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Have you ever made serious plans to commit murder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Have you ever made serious plans to commit arson? | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Have you, within the past ten years, done anything that you could have been arrested for doing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Would you have any reason to be concerned about an investigation into your moral background? | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Since you were 16 years old, have you committed any type of sexual crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Since you were 16 years old, have you thought about committing some type of sexual crime? | <input type="checkbox"/> | <input type="checkbox"/> |

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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|--|--------------------------|--------------------------|
| 85. Have you ever paid for sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Have you ever received any type of payment for sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. Have you ever sexually molested a child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Have you ever committed a sexual act in public? | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. Would you have any reason to be concerned about an investigation into your use of illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. Have you ever smoked or used marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. Within the past 3 years, have you smoked marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. Of your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. Within the past year, have you been in the presence of anyone using illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Have you ever illegally purchased any type of narcotic, pill or drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Have you ever sold any type of narcotic, pill or drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Have you ever illegally cultivated marijuana? | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Have you ever been involved in the manufacture of any drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Have you ever been the "middle man," a "go-between," or "done a favor for a friend" by becoming involved in an illegal drug transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Has anyone other than a medical person ever injected anything into your body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. Is anyone you are currently living with keeping any illegal drugs or substances at your residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. In the past 3 years, has anyone you've lived with kept illegal drugs or substances at your residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Have you ever stolen alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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103. Do you object to others using illegal narcotics or drugs?

<input type="checkbox"/>	<input type="checkbox"/>
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104. Would you have any reason to be concerned about an investigation into your honesty?

<input type="checkbox"/>	<input type="checkbox"/>
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105. Have you ever stolen any money from a place where you worked?

<input type="checkbox"/>	<input type="checkbox"/>
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106. Have you ever borrowed money from an employer and not paid it back?

<input type="checkbox"/>	<input type="checkbox"/>
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107. Have you ever embezzled any money from an employer?

<input type="checkbox"/>	<input type="checkbox"/>
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108. Have you ever had a collection or debt turned over to a collection agency?

<input type="checkbox"/>	<input type="checkbox"/>
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109. Have you ever been late paying rent?

<input type="checkbox"/>	<input type="checkbox"/>
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110. Has your salary ever been garnished for non-payment of debts?

<input type="checkbox"/>	<input type="checkbox"/>
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111. Have you ever purchased goods repossessed?

<input type="checkbox"/>	<input type="checkbox"/>
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112. Have you ever filed for bankruptcy?

<input type="checkbox"/>	<input type="checkbox"/>
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113. Have you ever avoided paying any lawful debt by moving away?

<input type="checkbox"/>	<input type="checkbox"/>
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114. Have you ever been late paying your taxes?

<input type="checkbox"/>	<input type="checkbox"/>
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115. Have you ever been late in making child support payments?

<input type="checkbox"/>	<input type="checkbox"/>
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116. Have you ever been late in repaying a student loan?

<input type="checkbox"/>	<input type="checkbox"/>
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117. Have you had a check "bounce" within the past 3 years?

<input type="checkbox"/>	<input type="checkbox"/>
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118. Have you ever borrowed money to gamble with?

<input type="checkbox"/>	<input type="checkbox"/>
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119. Have you ever borrowed money to pay a gambling debt?

<input type="checkbox"/>	<input type="checkbox"/>
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120. What is the most you have ever lost by gambling at one time?

<input type="text"/>	<input type="text"/>
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PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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121. Do you feel you have a problem with gambling?
-
122. Have you ever been a plaintiff or defendant in any civil court action?
-
123. Do you presently have any civil actions pending in court?
-
124. Would you have any reason to be concerned about an investigation into your drinking habits?
-
125. Do you drink any type of alcohol?
-
126. Have you ever done anything illegal after drinking alcohol?
-
126. Have you ever done anything illegal while drinking alcohol?
-
128. How many traffic citations have you received in your life? _____
-
129. Have you ever had a warrant issued for your arrest?
-
130. Have you ever had a traffic citation that did not show on your California DMV printout?
-
131. Have you ever been the driver in any traffic accident?
-
132. Has your driver's license ever been suspended or revoked?
-
133. Has your auto insurance ever been placed in the assigned risk pool?
-
134. Has your auto insurance ever been canceled for cause?
-
135. Do you have auto insurance required by the State of California?
-
136. Since being licensed to drive, have you ever not had insurance as required by law?
-
137. Have you ever caused anyone serious injury by your operation of a motor vehicle?
-
138. Have you ever caused the death of anyone by your operation of a motor vehicle?
-

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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139. Have you ever fled the scene of a hit-and-run accident? Yes No
-
140. Have you ever driven a motor vehicle while under the influence of alcohol? Yes No
-
141. Have you ever driven a motor vehicle while under the influence of any type of drug? Yes No
-
142. In the past month have you ever driven a motor vehicle under the influence of alcohol? Yes No
-
143. In the past month have you ever driven a motor vehicle under the influence of any type of drug? Yes No
-
144. Have you ever been arrested or cited for driving while under the influence of alcohol or drugs? Yes No
-
145. Would you have reason to be concerned about an investigation into your loyalty to the United States? Yes No
-
146. Are any of your relatives, friends or associates connected to or sympathetic with terrorists or any organization detrimental to our government? Yes No
-
147. Are you connected or sympathetic with terrorists or organizations detrimental to our government? Yes No
-
148. Have you, yourself, ever given any confidential information to any organization or individual that was detrimental to our government? Yes No
-
149. Would you have any reason to be concerned about an investigation into your personnel record? Yes No
-
150. In the past 5 years, have you been in a fight in a bar? Yes No
-
151. In the past 5 years, have you been in any fight? Yes No
-
152. In the past 5 years, have you started a fight? Yes No
-
153. Since you were 18, have you ever struck or injured any person? Yes No
-
154. Have you ever struck someone you were living with? Yes No
-
155. Other than in warfare, have you ever caused serious injury to a human being? Yes No
-

PRE-INVESTIGATIVE QUESTIONNAIRE

Yes	No
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-
156. Other than in warfare, have you ever been involved in a violent incident such as a shooting, knifing, or fight where someone was or could have been seriously injured or killed?
-
157. Other than in warfare, have you ever used any weapon against someone?
-
158. Other than in warfare, have you ever caused the death of a human being?
-
159. Do you frequently lose your temper?
-
160. Have you ever fired a firearm when not on a shooting range or while hunting legally?
-
161. Are you afraid of firearms?
-
162. Have you ever applied for a permit to carry a concealed weapon?
-
163. Do you feel you can take orders from your superior officer-without resentment?
-
164. Do you have any prejudices?
-
165. Do you feel your prejudices might affect your ability to perform this job?
-
166. Have you ever maliciously burned any property?
-
167. Have you ever turned in a false fire alarm?
-
168. Have you ever made an anonymous obscene phone call?
-
169. Have you ever in your entire lifetime done anything at all that you are ashamed of?
-
170. Is there some undisclosed reason why you want to work with us?
-
171. Do you know of any reason why you should not be hired by the department for the position for which you have applied?
-
172. Are you withholding any information that might eliminate you from consideration for this job?
-
173. Can you say in complete honesty that you have answered each question truthfully?
-

DRUG USE QUESTIONNAIRE

174. Have you ever injected an illegal drug into your body? Yes No
-
175. Have you ever sold any illegal drug(s)? Yes No
-
176. Have you ever participated in the illegal manufacture, cultivation, or production of any drug, narcotic or controlled substance? Yes No
-
177. Have you ever acted as a courier by transporting any drug, narcotic or controlled substance for other than legitimate purposes? Yes No
-
178. Have you ever told anyone else where to purchase illegal drugs? Yes No
-
179. Have you held or temporarily stored any drug, or controlled substance for yourself or anyone else? Yes No
-
180. Have you ever been present when illegal drugs were being used, possessed, or sold? (Not in the course of your duties as a law enforcement officer.) Yes No
-
181. Have you ever used illegal drugs or controlled substances? (If "Yes", explain.) Yes No
-
- 182.

PRE-INVESTIGATIVE QUESTIONNAIRE

183. Have you ever, during your entire lifetime, used, tried, experimented, or in anyway, ingested into your body any of the following drugs?

	Substance	Date Last Used	Apx. # of Times	Yes	No
184.	Marijuana or Hashish/Hash Oil	/ /		<input type="checkbox"/>	<input type="checkbox"/>
185.	Opiates / Heroin	/ /		<input type="checkbox"/>	<input type="checkbox"/>
186.	Cocaine	/ /		<input type="checkbox"/>	<input type="checkbox"/>
187.	Barbiturates	/ /		<input type="checkbox"/>	<input type="checkbox"/>
188.	Amphetamine (Crosstops, Whites, Bennies, Uppers)	/ /		<input type="checkbox"/>	<input type="checkbox"/>
189.	Methamphetamine (Speed, Crank)	/ /		<input type="checkbox"/>	<input type="checkbox"/>
190.	Crack/Ice	/ /		<input type="checkbox"/>	<input type="checkbox"/>
191.	LSD or other hallucinogen including mushrooms	/ /		<input type="checkbox"/>	<input type="checkbox"/>
192.	PCP (Angel Dust, Sherms)	/ /		<input type="checkbox"/>	<input type="checkbox"/>
193.	Steroids	/ /		<input type="checkbox"/>	<input type="checkbox"/>
194.	Used a pharmaceutical drug prescribed for another person Type	/ /		<input type="checkbox"/>	<input type="checkbox"/>

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Yes	No
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If the answer to any of the following are "Yes", explain fully on the attached explanation form(s).

195. Have you ingested (glue sniffing, Jimson weed, etc.) any other illegal drug, narcotic or controlled substance not listed above.
-
196. Are there any illegal drugs in your car?
-
197. Are there any illegal drugs in your home?
-
198. Are any illegal drugs in your possession?
-

GANG ACTIVITIES & RELATIONSHIPS

Provide the name of any gang or gangs you have had any kind of contact, relationship, or membership with when answering these questions in this section.

If the answer to any of the following is "Yes", provide your age and/or related dates on the attached explanation form(s).

199. Have you ever been a member or associate of any street gang?
-
200. Has any member of your family ever been a member of a street gang, or knowingly associated with a member of any street gang?
-
201. Have you ever attended a gathering or meeting of any street gang?
-
202. Have you ever participated in any gang, or gang related activity, including car washes?
-
203. Have you ever been present when any kind of gang activity, lawful or unlawful, took place?
-
204. Have you ever violated any law while associating with a member of a street gang?
-
205. Have you ever been detained, or questioned by any law enforcement agency while in the company of a member or members of a street gang?
-
206. If a records check was made of files containing known street gang members, or persons associating with street gang members, would your name, or nickname, appear?
-

PRE-INVESTIGATIVE QUESTIONNAIRE

CERTIFICATIONS

I hereby certify that all statements made and information provided to background investigators in this questionnaire are true, accurate, and complete. I have not withheld or failed to disclose any information. I understand that any misstatement of material facts, deception of any kind, or making/providing any misleading statements, will subject me to disqualification or dismissal.

Date

Candidate Signature

Printed Name

PRE-INVESTIGATIVE QUESTIONNAIRE - EXPLANATION FORM

Candidate Name _____

Date _____

Please use the following blank document for further explanation, as needed or required, on the Pre-Investigative Questionnaire. Reference page and question number in your responses. Add page numbers as needed.

