



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 marijuana or prescription drugs?  Yes  No
7. Have you ever experimented with marijuana/THC? (inhaled, ingested, or otherwise introduced marijuana 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, Mushrooms, 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