FBCSO EMPLOYEE (CIRLCE ONE):

YES | NO

POSITION APPLIED FOR (CIRCLE ONE):

SELF-SPONSORED | PAID CADET POSITION

BOTH

GUS GEORGE LAW ENFORCEMENT ACADEMY
B.P.O.C. APPLICANT SCREENING QUESTIONNAIRE

APPLICANT NAME _____

APPLICANT PHONE NUMBER _____

The attached applicant screening questionnaire is required to be completed and returned to the Gus George Law Enforcement Academy. This is not a test but rather a questionnaire covering the qualifications and requirements. Please carefully read the following instructions before beginning the questionnaire.

It is your responsibility to read each question thoroughly and answer fully. **ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY GIVEN IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION FOR AN UNDETERMINED LENGTH OF TIME.** You will be given a polygraph examination verifying the information contained in this questionnaire. There are to be **NO "UNKNOWN"** or **"UNANSWERED"** responses when this questionnaire is completed. If dates are called for, give month and year.

This questionnaire must be completed by the applicant only. Use black ink and print legibly. If you find the spaces provided for any response to be insufficient, attach an additional 8.5 x 11sheet of paper; provide the answer on the attached sheet with the same number as that given on the question being answered on the original. If you have any questions regarding this questionnaire call GGLEA for clarification.

All information provided in this questionnaire must be accurate or it will be subject to rejection.

FOR OFFICE USE ONLY

(CHAIN OF CUSTODY AND FILE ASSIGNMENT)

Date Reviewed:_____ Received by:_____

Date Reviewed:_____ Received by:_____

Date Reviewed:_____ Received by:_____

Disposition:_____

ACCEPT

REJECT

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME:_____

MEDICAL SUMMARY:

HISTORY OF HYPERTENSION YES / NO IF YES, EXPLAIN:_____

_____

CARDIAC HISTORY YES / NO IF YES, EXPLAIN:_____

_____

RESPIRATORY HISTORY - YES / NO IF YES, EXPLAIN:_____

_____

- ARE YOU PRESCRIBED AN INHALER YES / NO
- IF SO, DO YOU HAVE IT IN YOUR POSSESSION AT THE TIME OF THE RUN YES / NO

PREVIOUS HEAT RELATED ILLNESS - YES / NO IF YES, EXPLAIN:_____

_____

DIABETIC: YES / NO IF YES, EXPLAIN:_____

ALLERGIES: YES / NO IF YES, EXPLAIN TYPE:_____

- ARE YOU PRESCRIBED AN EPINEPHERINE PEN YES / NO
- IF SO, WILL YOU HAVE IT IN YOUR POSSESSION AT THE TIME OF THE RUN? YES/NO

BLOOD TYPE:_____

EMERGENCY CONTACT:_____

RELATION:_____

PHONE NUMBER:_____

I ATTEST THAT ALL OF THE INFORMATION ABOVE IS CORRECT AND ACCURATE AND THAT I HAVE NOT FAILED TO DISCLOSE ANY PERTINENT INFORMATION

SIGNATURE:_____ **DATE**:_____

INITIAL THIS PAGE TO INDICATE THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME:_____

THIS PAGE TO BE COMPLETED BY ACADEMY STAFF ONLY

NELSON DENNY EXAM:

FIRST ATTEMPT:

DATE:_____ **SCORE:**_____ **GGLEA STAFF INITIALS:**_____

SECOND ATTEMPT:

DATE:_____ **SCORE:**_____ **GGLEA STAFF INITIALS:**_____

MEDICAL RELEASE FORM COMPLETED: APPROVED / UNAPPROVED (DR'S RELEASE REQUIRED)

BP MUST BE BELOW 144/94

HEAT INDEX MUST BE BELOW 103*

1.5 MILE RUN:

DATE	RUN TIME	OUTSIDE TEMP	HEAT INDEX	STAFF	COMMENTS

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

TODAY'S DATE:

SECTION 1: PERSONAL

1. SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE VALID: YES [ ] NO [ ]

2. YOUR FULL NAME

LAST FIRST MIDDLE

3. OTHER NAMES, INCLUDING NICKNAMES & MAIDEN NAMES, YOU HAVE USED OR BEEN KNOWN BY:

4. ADDRESS WHERE YOU RESIDE

NUMBER /STREET APT/UNIT CITY STATE ZIP

5. MAILING ADDRESS, IF DIFFERENT FROM ABOVE

6. CONTACT NUMBERS

HOME ( ) WORK ( ) EXT. CELL ( )

7. EMAIL ADDRESS

HOME BUSINESS

8. HEIGHT: WEIGHT: DATE OF BIRTH: AGE:

9. ARE YOU A U.S. CITIZEN YES [ ] NO [ ] HIGH SCHOOL DIPLOMA: YES [ ] NO [ ] G.E.D. YES [ ] NO [ ]

COLLEGE: YES [ ] NO [ ] IF, YES HOW MANY HOURS: _____
MILITARY: YES [ ] NO [ ] WHAT KIND OF DISCHARGE DID YOU RECEIVE?

SECTION 2: DRINKING HABITS

1. WHEN WAS THE LAST TIME YOU HAD AN ALCOHOLIC BEVERAGE? _____

2. HOW OFTEN DO YOU DRINK ALCOHOL? _____

3. ACCORDING TO STATE LAW, A PERSON IS CONSIDERED INTOXICATED IF ONE OR ANY COMBINATION OF THE FOLLOWING THREE CIRCUMSTANCES EXIST: 1) YOUR BLOOD-ALCOHOL CONTENT IS 0.08 OR HIGHER; AND/OR 2) YOU HAVE LOST THE NORMAL USE OF YOUR MENTAL FACULTIES; AND/OR 3) YOU HAVE LOST THE NORMAL USE OF YOUR PHYSICAL FACULTIES.

BASED ON THE DEFINITION ABOVE, WHEN WERE YOU LAST INTOXICATED? _____

DID YOU DRIVE? _____

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

SECTION 3: SEXUAL BEHAVIOR

1. AS AN ADULT, HAVE YOU EVER COMMITTED ANY UNLAWFUL SEXUAL ACT FOR WHICH YOU MIGHT BE BLACKMAILED OR WHICH COULD BE AN EMBARRASSMENT TO THIS DEPARTMENT? (EXCLUDING *LAWFUL ACTIVITIES* BETWEEN YOU AND YOUR SPOUSE/YOU AND A CONSENTING ADULT OR SIGNIFICANT OTHER.) ☐ YES ☐ NO

EXPLAIN:

_____

_____

SECTION 4: DRUG USE

HAVE YOU EVER USED, SAMPLED, OR TRIED ANY OF THE FOLLOWING DRUGS OR SUBSTANCES?
**PLEASE REMEMBER THE APPLICANT ADVISORY STATEMENT YOU SIGNED AS YOU FILL OUT THE REMAINING SECTIONS OF THIS QUESTIONNAIRE.*

		LAST TIME MONTH/YEAR
MARIJUANA	☐ YES ☐ NO	_____
SYNTHETIC MARIJUANA (KUSH, K2, SPICE, ETC.)	☐ YES ☐ NO	_____
INJECTABLE STEROIDS	☐ YES ☐ NO	_____

		LAST TIME MONTH/YEAR	MAXIMUM NUMBER OF TIMES USED
HASHISH (HASH)	☐ YES ☐ NO	_____	_____
KETAMINE (SPECIAL K)	☐ YES ☐ NO	_____	_____
METHAMPHETAMINE (SPEED)	☐ YES ☐ NO	_____	_____
HEROIN	☐ YES ☐ NO	_____	_____
MUSHROOM	☐ YES ☐ NO	_____	_____
PEYOTE	☐ YES ☐ NO	_____	_____
L.S.D. (ACID)	☐ YES ☐ NO	_____	_____

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

COCAINE	☐ YES ☐ NO	_____	_____
PCP (ANGEL DUST)	☐ YES ☐ NO	_____	_____
CRACK	☐ YES ☐ NO	_____	_____

SECTION 4: DRUG USE *continued*

1. HAVE YOU EVER USED, SAMPLED, OR TRIED ANY OF THE FOLLOWING DRUGS OR SUBSTANCES?

		LAST TIME USED (MONTH/YEAR)	MAXIMUM NUMBER OF TIMES USED
ICE (CRYSTAL METH)	☐ YES ☐ NO	_____	_____
ECSTASY (X, MOLLY)	☐ YES ☐ NO	_____	_____
INHALANTS	☐ YES ☐ NO	_____	_____
ROHYPNOL (ROOFIES)	☐ YES ☐ NO	_____	_____
THC (DELTA 8)	☐ YES ☐ NO	_____	_____
BATH SALTS	☐ YES ☐ NO	_____	_____

		LAST TIME USED (MONTH/YEAR)	MAXIMUM NUMBER OF TIMES USED	PRESCRIBED
XANAX (BARS)	☐ YES ☐ NO	_____	_____	_____
VICODIN	☐ YES ☐ NO	_____	_____	_____
ADDERALL	☐ YES ☐ NO	_____	_____	_____
RITALIN	☐ YES ☐ NO	_____	_____	_____
PAIN MEDICATION (TYLENOL III, DARVOCET, ETC.)	☐ YES ☐ NO	_____	_____	_____
SYNTHETIC DRUGS (GENERAL)	☐ YES ☐ NO	_____	_____	_____
CODEINE	☐ YES ☐ NO	_____	_____	_____

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

LIST IN DETAIL ANY OTHER DRUG OR SUBSTANCE USAGE: _____

_____

SECTION 4: DRUG USE *continued*

2. HAVE YOU TAKEN ANY PRESCRIPTION MEDICATIONS NOT PRESCRIBED TO YOU?

☐ YES ☐ NO

IF SO:	WHAT	LAST TIME MONTH/YEAR	MAXIMUM NUMBER OF TIMES USED
	_____		_____
b)	_____		_____
c)	_____		_____
d)	_____		_____ a)

3. HOW DO YOU FEEL ABOUT THE DRUG LAWS? (CHECK ONE)

☐ TOO LENIENT ☐ ADEQUATE ☐ TOO STRONG

EXPLAIN: _____

4. HOW DO YOU FEEL ABOUT THE MARIJUANA LAWS? (CHECK ONE)

☐ TOO LENIENT ☐ ADEQUATE ☐ TOO STRONG

a) WOULD YOU ENFORCE THEM UNDER ALL CIRCUMSTANCES (E.G.FRIENDS)? ☐ YES ☐ NO

EXPLAIN: _____

_____

5. HOW MANY OF YOUR FRIENDS OR FAMILY USE ILLEGAL DRUGS? FRIENDS: _____ FAMILY: _____

a) DO THEY TRY TO INVOLVE YOU? ☐ YES ☐ NO

6. HOW OFTEN ARE ILLEGAL DRUGS USED IN YOUR PRESENCE? _____

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

7. WHEN WAS THE LAST TIME ANYONE USED ILLEGAL DRUGS OR SUBSTANCES IN YOUR PRESENCE? _____

_____

a) WHAT WAS IT? _____

8. HAVE YOU EVER BOUGHT, SOLD, OR TRADED ANY TYPE OF ILLEGAL DRUGS OR SUBSTANCES? ☐ YES ☐ NO

EXPLAIN:

_____

_____

PLEASE BE SURE THAT ALL DRUG RELATED QUESTIONS WERE ANSWERED FULLY. INCLUDE ANY INCIDENT YOU ARE UNSURE OF AND PROVIDE AN EXPLANATION.

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

SECTION 5: THEFTS AND DISHONESTY

1. HAVE YOU EVER COMMITTED, BEEN ACCUSED OF, OR BEEN DETAINED FOR ANY OF THE FOLLOWING OFFENSES AS AN ADULT OR A JUVENILE? PLEASE ANSWER YES OR NO IN EACH AREA. IF YOU ARE UNSURE OF AN INCIDENT, PLEASE INCLUDE IT AND EXPLAIN IN THE COMMENTS SECTION.

CRIMES AGAINST PROPERTY		CRIMES AGAINST PERSONS	
BURGLARY (HABITATION OR VEHICLE)	☐ YES ☐ NO	ASSAULT (BODILY INJURY)	☐ YES ☐ NO
CRIMINAL MISCHIEF OF OVER $100	☐ YES ☐ NO	CHILD ABUSE	☐ YES ☐ NO
THEFT OVER $100	☐ YES ☐ NO	KIDNAPPING	☐ YES ☐ NO
AUTO THEFT	☐ YES ☐ NO	ROBBERY	☐ YES ☐ NO
ARSON	☐ YES ☐ NO	SEXUAL ASSAULT	☐ YES ☐ NO
CREDIT CARD ABUSE / FINANCIAL FRAUD	☐ YES ☐ NO	DATING / FAMILY VIOLENCE	☐ YES ☐ NO
OTHER CRIMES			
DWI / DUI	☐ YES ☐ NO	PROSTITUTION	☐ YES ☐ NO
CREDIT CARD ABUSE / FINANCIAL FRAUD	☐ YES ☐ NO	UNLAWFULLY CARRYING A WEAPON	☐ YES ☐ NO
FORGERY	☐ YES ☐ NO	IMPERSONATING A POLICE OFFICER	☐ YES ☐ NO
RESISTING / EVADING ARREST	☐ YES ☐ NO	OTHER CRIME NOT MENTIONED	☐ YES ☐ NO

COMMENTS: _____

_____

_____

2. HAVE YOU EVER ENGAGED IN ANY ILLEGAL ACTIVITY THAT WENT UNDETECTED? ☐ YES ☐ NO

COMMENTS: _____

_____

3. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY ON COURT-ORDERED COMMUNITY SUPERVISION OR PROBATION FOR ANY CRIMINAL OFFENSE ABOVE THE GRADE OF A CLASS B MISDEMEANOR? YES [ ] NO [ ]

4. ARE YOU CURRENTLY UNDER INDICTMENT FOR ANY CRIMINAL OFFENSE? YES [ ] NO [ ]

5. HAVE YOU BEEN CONVICTED OF A CLASS B MISDEMEANOR WITHIN THE LAST 10 YEARS? YES [ ] NO [ ]

6. HAVE YOU EVER BEEN CONVICTED OF ANY FAMILY VIOLENCE OFFENSES? YES [ ] NO [ ]

7. ARE YOU PROHBITED BY STATE OR FEDERAL LAW FROM POSSESSING FIREARMS OR AMMUNITION? YES [ ] NO [ ]

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

SECTION 5: THEFTS AND DISHONESTY *continued*

3. HAVE YOU EVER STOLEN ANYTHING? ☐ YES ☐ NO

4. LIST BELOW ANY AND ALL CASH AND/OR ITEMS THAT YOU HAVE STOLEN. THIS INCLUDES ANY MONEY OR ITEM THAT YOU TOOK WITHOUT PERMISSION OR AUTHORIZATION FROM ANY INDIVIDUAL, EMPLOYMENT, BUSINESS OR STORE, ETC.

ITEM	QUANTITY	WHEN MONTH/YEAR	ORIGINAL VALUE	PRICE PAID
_____	_____	____/____	$____.____	$____.____
_____	_____	____/____	$____.____	$____.____
_____	_____	____/____	$____.____	$____.____
		/	$.	$.

5. HAVE YOU EVER CHANGED PRICE TAGS? ☐ YES ☐ NO

a) IF YES, COMPLETE THE BELOW FOR EACH INCIDENT:

ITEM	QUANTITY	WHEN MONTH/YEAR	ORIGINAL VALUE	PRICE PAID
_____	_____	____/____	$____.____	$____.____
_____	_____	____/____	$____.____	$____.____
_____	_____	____/____	$____.____	$____.____
		/	$.	$.

6. HAVE YOU EVER PURCHASED ITEMS THAT YOU KNEW OR SUSPECTED WERE STOLEN? ☐ YES ☐ NO

a) IF YES, COMPLETE THE BELOW FOR EACH PURCHASE:

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT NAME: _____

ITEM	QUANTITY	WHEN MONTH/YEAR	ORIGINAL VALUE	PRICE PAID
_____	_____	____/____	$_____.____	$_____.____
_____	_____	____/____	$_____.____	$_____.____
_____	_____	____/____	$_____.____	$_____.____
_____	_____	____/____	$_____.____	$_____.____

SECTION 5: THEFTS AND DISHONESTY *continued*

7. IN YOUR OPINION, WHAT IS THE WORST THING YOU HAVE EVER DONE?

COMMENTS: _____

_____

_____

_____

SECTION 6: CERTIFICATION

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND THAT FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY BE JUST CAUSE FOR THE REJECTION OF THE APPLICATION.

DATE _____ SIGNATURE OF APPLICANT _____

Initial this page to indicate that you have provided complete and accurate information: _____

Thank you for taking the time to thoroughly complete the Screening Questionnaire. Now that you have not only completed but have also reviewed the packet and are ready to submit, please email it to the following:

Jessie Agee-Balaszi – Jessie.Agee-Balaszi@fortbendcountytx.gov

Donna Silewicz – Donna.Silewicz@fortbendcountytx.gov

Casey Schmidt – Casey.Schmidt@fortbendcountytx.gov

Again, if you find you have any questions in the process of completing this packet, please feel free to reach out to any of the above or contact us at:

Gus George Law Enforcement Academy at:

(281) 341-4780