

FBCSO EMPLOYEE:

YES	NO
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POSITION APPLIED FOR:

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 11 sheet 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 Reveiwed: _____ Received by: _____

Date Reveiwed: _____ Received by: _____

Disposition: _____

ACCEPT

REJECT



APPLICANT SCREENING QUESTIONS – CADET

APPLICANT NAME: _____

MEDICAL SUMMARY:

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

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:** _____

GGLEA APPLICANT SCREENING QUESTIONNAIRE

APPLICANT NAME: _____

TODAY'S DATE: _____

SECTION 1: PERSONAL INFORMATION

1. SOCIAL SECURITY #: _____ DOB: ____/____/____ AGE: _____
MONTH / DAY / YEAR

2. DRIVER'S LICENSE #: _____ STATE: _____ VALID: YES [] NO []

3. FULL LEGAL NAME:

LAST: _____ FIRST _____ MIDDLE _____

4. PHYSICAL ADDRESS WHERE YOU RESIDE:

(HOUSE NUMBER / STREET NAME) (CITY / TOWN) (STATE) (ZIP)

5. ARE YOU AN UNITED STATES CITIZEN: YES [] NO []

6. ALTERNATE NAMES (*INCLUDING NICKNAMES, MAIDEN NAMES*) PREVIOUSLY USED OR THAT YOU HAVE BEEN IDENTIFIED BY:

7. MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

(HOUSE NUMBER / STREET) (CITY) (STATE) (ZIP)

8. CONTACT NUMBERS:

HOME: () _____ WORK: () _____ CELL () _____

9. EMAIL ADDRESS:

HOME: _____ WORK: _____

10. HEIGHT: _____ FT _____ IN WEIGHT: _____ LBS

11. HIGH SCHOOL DIPLOMA: YES [] NO [] GENERAL EDUCATION DIPLOMA (G.E.D) YES [] NO []

COLLEGE: YES [] NO [] IF YES, HOURS COMPLETED: _____ DEGREE ACHIEVED: _____

MILITARY: YES [] NO [] DISCHARGE RECEIVED: _____

SECTION 2: ALCOHOL CONSUMPTION

- 1. WHEN WAS THE LAST TIME YOU HAD AN ALCOHOLIC BEVERAGE? _____
- 2. HOW OFTEN DO YOU CONSUME 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 ABOVE DEFINITION, WHEN WERE YOU LAST CONSIDERED TO BE INTOXICATED:

(OCCASION)

(DATE)

DID YOU OPERATE A MOTOR VEHICLE:

YES [] NO []

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 CONSIDERED AN EMBARRASSMENT TO THIS DEPARTMENT?

(EXCLUDING “LAWFUL ACTIVITIES” BETWEEN YOU AND YOUR SPOUSE / YOU AND A CONSENTING ADULT OR YOUR SIGNIFICANT OTHER)

YES [] NO []

IF YES, EXPLAIN:

SECTION 4: DRUG USE

- 1. HAVE YOU EVER USED OR TRIED ANY OF THE FOLLOWING DRUGS OR SUBSTANCES:

	<u>LAST TIME</u>	<u>MAXIMUM NUMBER</u>
	<u>MONTH / YEAR</u>	<u>OF TIMES USED</u>
MARIJUANA	YES [] NO []	_____
SYNTHETIC MARIJUANA (KUSH, K2, SPICE, ETC)	YES [] NO []	_____
INJECTABLE STERIOD	YES [] NO []	_____
HASHISH (HASH)	YES [] NO []	_____

SECTION 4: DRUG USE CONTINUED

		<u>LAST TIME</u>	<u>MAXIMUM NUMBER</u>
		<u>MONTH /YEAR</u>	<u>OF TIMES USED</u>
KETAMINE (SPECIAL K)	YES [] NO []	_____	_____
METHAMPHETAMINE (SPEED)	YES [] NO []	_____	_____
HEROIN	YES [] NO []	_____	_____
MUSHROOMS	YES [] NO []	_____	_____
PEYOTE	YES [] NO []	_____	_____
L.S.D (ACID)	YES [] NO []	_____	_____
COCAINE (COKE)	YES [] NO []	_____	_____
PCP (ANGEL DUST)	YES [] NO []	_____	_____
CRACK	YES [] NO []	_____	_____
ICE (CRYSTAL METH)	YES [] NO []	_____	_____
ECSTACY (X, MOLLY)	YES [] NO []	_____	_____
INHALANTS	YES [] NO []	_____	_____
ROHYPNOL (ROOFIES)	YES [] NO []	_____	_____
THC (DELTA 8)	YES [] NO []	_____	_____
BATH SALTS	YES [] NO []	_____	_____
XANAX (BARS)	YES [] NO []	_____	_____
VICODIN	YES [] NO []	_____	_____
ADDERALL	YES [] NO []	_____	_____
RITALIN	YES [] NO []	_____	_____
PAIN MEDICATION (TYLENOL III, DARVOCET, ETC)	YES [] NO []	_____	_____
SYNTHETIC DRUGS	YES [] NO []	_____	_____
CODEINE	YES [] NO []	_____	_____

LIST IN DETAIL ANY OTHER DRUGS OR SUBSTANCE USAGE:

SECTION 4: DRUG USE CONTINUED

2. HAVE YOU TAKEN ANY PRESCRIPTION MEDICATIONS **NOT** PRESCRIBED TO YOU? YES [] NO []
IF SO, EXPLAIN:

<u>MEDICATION</u>	<u>LAST TIME</u> <u>MONTH / YEAR</u>	<u>MAXIMUM NUMBER</u> <u>OF TIMES USED</u>
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- a. _____
- b. _____
- c. _____
- d. _____

3. WHAT ARE YOUR PERSONAL VIEWS ON CURRENT MARIJUANA LAWS? (CHECK ONE)

TOO LENIENT [] ADEQUATED [] TOO STRONG []

EXPLAIN YOUR REASONING: _____

4. WHAT ARE YOUR VIEWS ABOUT DRUG LAWS? (CHECK ONE)

TOO LENIENT [] ADEQUATE [] TOO STRONG []

EXPLAIN YOUR REASONING: _____

5. DOES ANYONE IN YOUR PERSONAL LIFE USE ILLEGAL DRUGS IN YOUR PRESENCE? YES [] NO []

DO THEY TRY TO INVOLVE YOU, IF YES, EXPLAIN: _____

6. HAVE YOU EVER BOUGHT, SOLD OR TRADED ANY TYPE OF ILLEGAL DRUGS OR SUBSTANCES?

YES [] NO []

IF YES, EXPLAIN: _____

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

SECTION 5: CRIMINAL ACTIVITY

IN SECTION 5 – PLEASE ANSWER YES OR NO TO EACH QUESTION. IF YOU ARE UNSURE OF AN INCIDENT, INCLUDE IT AND OFFER YOUR EXPLANATION IN THE COMMENTS SECTION.

1. AS AN ADULT OR A JUVENILE, HAVE YOU EVER COMMITTED, ACCUSED OF OR DETAINED FOR ANY OF THE FOLLOWING:

CRIMES AGAINST PROPERTY

CRIMES AGAINST PERSONS

BURGLARY YES [] NO []
(HABITATION OR VEHICLE)

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 []

ADDITIONAL CRIMES

DWI / DUI YES [] NO []

PROSTITUTION YES [] NO []

UNLAWFULLY CARRYING A WEAPON YES [] NO []

FORGERY YES [] NO []

IMPERSONATING LAW ENFORCEMENT 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 []

IF YES, EXPLAIN: _____

3. HAVE YOU EVER BEEN OR CURRENTLY ON COURT-ORDERED COMMUNIT SUPERVISION OR PROBATION FOR ANY CRIMINAL OFFENSE ABOVE A GRADE CLASS B MISDEMEANOR?

YES [] NO []

SECTION 5: CRIMINAL ACTIVITY CONTINUED

- 4. ARE YOU CURRENTLY UNDER AN INDICTMENT FOR ANY CRIMINAL OFFENSE? YES [] NO []
- 5. HAVE YOU BEEN CONVICTED OF ANY CLASS B MISDEMEANORS WITHIN THE LAST 10 YEARS? YES [] NO []
- 6. HAVE YOU EVER BEEN CONVICTED OF ANY FAMILY VIOLENCE OFFENSES? YES [] NO []
- 7. ARE YOU PROHIBITED BY STATE OR FEDERAL LAW FROM POSSESSING AMMUNITION OR A FIREARM? YES [] NO []
- 8. HAVE YOU EVER STOLEN ANYTHING? YES [] NO []
- 9. LIST BELOW ANY AND ALL STOLEN CASH / ITEMS OF VALUE:

(THIS INCLUDES MONEY OR ITEMS THAT WERE TAKEN WITHOUT CONSENT / PERMISSION / AUTHORIZATION FROM AN INDIVIDUAL, EMPLOYER, PLACE OF BUISNESS, ETC.)

<u>ITEM</u>	<u>QUANTITY</u>	<u>DATE</u> (M/Y)	<u>MONETARY VALUE</u>
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____

- 10. HAVE YOU EVER ALTERED MERCHANDISE PRICE TAGS? YES [] NO []

IF YES, EXPLAIN EACH INCIDENT:

<u>ITEM</u>	<u>QUANTITY</u>	<u>DATE</u> (M/Y)	<u>MONETARY VALUE</u>
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____

SECTION 5: CRIMINAL ACTIVITY

11. HAVE YOU EVER PURCHASED ITEMS KNOWINGLY OR THAT YOU SUSPECTED WERE STOLEN?

YES [] NO []

IF YES, EXPLAIN:

<u>ITEM</u>	<u>QUANTITY</u>	<u>DATE</u> (M/Y)	<u>MONETARY VALUE</u>
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____
_____	_____	____/____	\$ _____

12. IN YOUR OPINION, CRIMINAL OR NOT, WHAT IS THE WORST THING YOU HAVE EVER DONE?

COMMENTS: _____

SECTION 6: CERTIFICATION

I, _____ REPRESENT AND WARRANT THAT THE ANSWERS I HAVE PROVIDED TO EACH AND ALL 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 THIS APPLICATION.

SIGNATURE OF APPLICANT

DATE