

# **PRE-EMPLOYMENT APPLICANT QUESTIONNAIRE**

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# **APPLICANT SELF-REPORT QUESTIONNAIRE**

## **READ THE FOLLOWING VERY CAREFULLY**

BASED ON THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE THE POLYGRAPH EXAMINER WILL ASK YOU A SERIES OF QUESTIONS TO DETERMINE IF YOU HAVE BEEN COMPLETELY TRUTHFUL.

YOUR POLYGRAPH EXAMINATION TEST QUESTIONS WILL COVER ONLY THE ISSUES REVIEWED WITH YOU DURING YOUR PRE-TEST INTERVIEW. IF YOU HAVE A QUESTION ABOUT ANY OF THE SECTIONS IN THIS QUESTIONNAIRE, ASK THE POLYGRAPH EXAMINER.

IF YOU NEED ADDITIONAL SPACE IN ORDER TO ANSWER ANY QUESTION, CHECK THE APPROPRIATE BOX AND RECORD THE DATA ON THE BACK OF THE PAGE PRIOR TO THE ONE CONTAINING THE QUESTION.

PLEASE TAKE CARE IN ANSWERING THE QUESTIONNAIRE QUESTIONS BY ADDRESSING ALL QUESTIONS ASKED.

# APPLICANT SELF-REPORT

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY.

FULL LEGAL NAME: \_\_\_\_\_

HAVE YOU EVER USED ANY OTHER NAME, OTHER THAN A NICKNAME? \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOC. SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_ DRIVER=S LICENSE # \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING: (BE SPECIFIC)

HAVE YOU EVER TAKEN A POLYGRAPH EXAMINATION BEFORE? PLEASE GIVE THE DATE AND REASON FOR THE EXAMINATION BELOW:

DATE	REASON (BE SPECIFIC)
/ /	
/ /	

IF YOU NEED ADDITIONAL SPACE, CONTINUE ON THE BACK OF THE PREVIOUS PAGE.

DO NOT WRITE BELOW THIS LINE.

EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_

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## EMPLOYMENT INFORMATION

Begin with most recent or current job. Do not leave anything out, full time, part-time, temporary, or other gainful employment.

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_  
OFFICIAL REASON FOR LEAVING: \_\_\_\_\_  
OTHER REASON(S) FOR LEAVING: \_\_\_\_\_  
WAS NOTICE GIVEN? DESCRIBE: \_\_\_\_\_

1. Are any of the jobs listed here not included in your Personal History Statement? Yes  No

2. Describe all disciplinary actions you have received on any job. Where? When?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you need additional space, and continue on the back of the previous page.

Check this box if you have never been employed in your lifetime.

## EMPLOYMENT INFORMATION

Have you ever been fired or asked to resign from a job?

Yes  No

If you answered yes, complete the following.

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU: \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON LEAVING: \_\_\_\_\_

1. Have you ever been late or tardy to work, for any reason? Yes  No
  
2. During the past two years, in a normal work month how many times have you been late or tardy to work? \_\_\_\_\_
  
3. Have you ever been reprimanded for reporting late to work? Yes  No
  
4. Have you ever damaged an employer's property for revenge? Yes  No
  
5. Have you ever walked off a job because you were angry? Yes  No
  
6. Have you ever quit a job without giving two weeks notice? Yes  No
  
7. Have you ever resigned from a job to keep from being fired? Yes  No

Check this box if you need additional space, and continue on the back of the previous page.

## APPLICATION INFORMATION

If you have applied with other law enforcement or fire agencies, complete the following. Do not fail to list any, regardless of the status.

AGENCY	DATE	DISPOSITION
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

If you have been rejected by any law enforcement or fire agencies, complete the following.

AGENCY	DATE	REASON FOR REJECTION
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

- Check this box if you need additional space, and continue on the back of the previous page.
- Check this box if you have NEVER applied with another law enforcement or fire agency.

## PERSONAL AND MARITAL INFORMATION

### PERSONAL HISTORY:

1. Is \_\_\_\_\_ your true and legal name? Yes  No
2. Have you ever used another name, other than a nickname? Yes  No
3. Have you deliberately falsified any information on your Personal History Statement? Yes  No
4. Have you intentionally left any information off of your Personal History Form? Yes  No
5. Have you intentionally falsified, misstated, or omitted any information on your Personal History Statement? Yes  No

### MARITAL:

1. Have you ever been married? Yes  No   
If so, number of marriages. \_\_\_\_\_
2. Are you now married? Yes  No
3. Are you now divorced or separated? Yes  No
4. Are you now paying alimony or child support? Yes  No
5. Are you in arrears on any required payments to your former spouse or children? Yes  No
6. Have you ever been ordered into court for nonpayment of alimony or child support? Yes  No

## CREDIT INFORMATION

1. Do you have good credit? Yes  No
2. Have you ever had any delinquent credit? Yes  No
3. Do you currently have any bills that are past due and that you are not paying? Yes  No
4. Have you ever knowingly not paid a bill that you had incurred? Yes  No
5. Have you ever filed for bankruptcy? Yes  No
6. Have you ever been sued because of unpaid bills? Yes  No
7. Do you have any suits or claims pending against any city, state, or federal institution? Yes  No
8. Have you ever had anything repossessed? Yes  No
9. Are there any debts or bills you deliberately did not list on your Personal History Form? Yes  No
10. Have you ever made an application for credit which contained false information? Yes  No
11. Have you ever been evicted from a place of residence? Yes  No

## MILITARY SERVICE INFORMATION

1. Have you ever been in the military service? Yes  No   
If yes, what branch? \_\_\_\_\_  
  
If yes, how long? \_\_\_\_\_
2. Were you ever AWOL? Yes  No
3. Were you ever given non-judicial punishment (NJP) (Article 15 or Capt. Mast) Yes  No
4. Were you ever confined? Yes  No
5. Were you ever reduced in rank? Yes  No
6. What type of discharge did you receive? \_\_\_\_\_
7. Were you ever given a court martial? Yes  No
8. Were you discharged prior to the end of your tour of duty? Yes  No
9. Were you ever awarded a security clearance? Yes  No   
If yes, what level? \_\_\_\_\_
10. Have you ever been refused a security clearance? Yes  No
11. Have you ever violated a government security clearance? Yes  No
12. Do you have any current military obligations? Yes  No
13. What was your rank upon discharge? \_\_\_\_\_

## THEFT FROM EMPLOYERS / HONESTY

Your Agency is interested in any incidents of theft or misappropriation from an employer in which you may have been involved.

In the space provided below, please list everything you have ever taken from an employer, which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also include the value, the date (as close as possible) the item was taken, and the location where the property was taken from.

1. Have you ever stolen any money from a place of employment, regardless of the amount? Yes  No   
 If yes, how much and when? \_\_\_\_\_

2. Have you ever stolen any equipment, tools or merchandise or supplies from any of your employers, including unauthorized gifts or discounts? Yes  No

Please list:

ITEM TAKEN	VALUE	DATE	LOCATION
_____	_____	_/_/____	_____
_____	_____	_/_/____	_____
_____	_____	_/_/____	_____
_____	_____	_/_/____	_____

3. Have you ever submitted a false expense report? Yes  No
4. Have you ever submitted false or inflated documents for commission you did not earn? Yes  No

Check this box if you need additional space, and continue on the back of the previous page.

## CRIMINAL ACTIVITY

You are applying for a position, which requires the trust of the citizens. Consequently, your Agency is interested in your participation in or commission of any crime listed below. If you have committed or participated in any of the acts listed below you must check the box indicating participation in the act. During the review, you will be given ample opportunity to explain your participation in these acts.

When you check yes, explain any involvement on the lines provided or on the back of the previous page for additional space. List the item number, approximate date or age, circumstances, and any values.

1. Have you ever purposely or negligently caused the death of another human being? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever kidnapped or abducted someone and held them against their will? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you committed any acts of sexual assault, against an adult or juvenile (sixteen (16) years of age or younger at the time of the act). Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts, or anus of another person? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have you ever forced someone (by word or action) to have sexual contact with you against his or her will? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever forced anyone into an act of prostitution or received payment for someone else's act of sexual performance? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
6. Have you ever engaged in any acts of prostitution, that is, sexual contact for money, either paying someone else or being paid for an act of prostitution? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
7. Have you ever engaged in sexual contact while you were at a job? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever participated in a sexual act with a minor, no matter what your age? **Yes**  **No**
- 
- 
9. Have you ever fondled, or been accused of sexually fondling a child or minor, no matter what your age? **Yes**  **No**
- 
- 
10. Have you been involved in the sale, production, or promotion or distribution of illegal pornographic materials, i.e. production of books, tapes, or images that depict a child in nude or sexual acts? **Yes**  **No**
- 
- 
11. Have you ever viewed any material depicting children involved in sex acts? **Yes**  **No**
- 
- 
12. Have you ever participated in any indecent exposure (deliberately exposing your genitals in public)? **Yes**  **No**
- 
- 
13. Have you ever participated in any window peeping for lewd purposes? **Yes**  **No**
- 
- 
14. Have you ever made any lewd, obscene, or harassing phone calls? **Yes**  **No**
- 
- 
15. Have you ever been accused of causing injury or physical abuse to a child? **Yes**  **No**
- 
- 
16. Have you ever been involved in a physical assault? This includes family members or any other person. **Yes**  **No**
- 
- 
17. Have you ever committed, or been convicted of, domestic violence (this includes physical assaults as well as verbal threats)? **Yes**  **No**
- 
-

18. Have you ever harmed, or attempted to cause harm, to someone with any kind of firearm, knife, club, or other deadly weapon? **Yes**  **No**

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19. Have you ever been involved in or accused of any acts of disturbing the peace, to include fighting in public, cursing in public, threatening another in public, shouting or yelling in public? **Yes**  **No**

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20. Have you ever taken something away from someone by force or intimidation? **Yes**  **No**

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21. Have you used a firearm, knife, club or deadly weapon to take something away from someone else? **Yes**  **No**

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22. Have you ever participated in any acts of animal cruelty (deliberately trying to injure or deprive an animal of food or water) other than legal hunting or fishing? **Yes**  **No**

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23. Have you ever deliberately caused any fires or explosions in an attempt to destroy property? **Yes**  **No**

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24. Have you ever stolen or used a vehicle without the owner's permission? **Yes**  **No**

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25. Have you ever deliberately damaged or destroyed anyone's property? **Yes**  **No**

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26. Have you ever broken into or burglarized any building, habitat, or other form of structure? **Yes**  **No**

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27. Have you ever broken into someone else's motor vehicle of any type in order to steal something? **Yes**  **No**

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28. Have you ever broken into any coin operated machines or devices for the purpose of stealing money? **Yes**  **No**
- 
- 
29. Have you ever entered or remained on someone's property without permission, i.e. criminal trespass? **Yes**  **No**
- 
- 
30. Have you forged anything on a check, title, deed, prescription, or other official document of any kind? **Yes**  **No**
- 
- 
31. Have you used someone else's credit card or credit card number without permission? **Yes**  **No**
- 
- 
32. Have you ever stolen or had possession of someone's stolen credit card? **Yes**  **No**
- 
- 
33. Have you stolen or been involved in the theft of any money or property that had a value of more than \$250.00? **Yes**  **No**
- 
- 
34. Have you ever stolen anything or participated in any type of theft, not previously admitted, of a value of less than \$250.00? **Yes**  **No**
- 
- 
35. Have you ever taken anything from a store without paying for it? **Yes**  **No**
- 
- 
36. Have you ever bought or sold any property that you knew or had reason to believe was stolen? **Yes**  **No**
- 
- 
37. Have you ever participated in a theft of any state, city or commercial utilities, i.e. water, gas, electricity, cable TV? **Yes**  **No**
- 
-

38. Have you possessed or do you possess any illegal weapons; explosive device; fully automatic weapon; illegally altered weapon; armor piercing ammunition; firearm silencer; or incendiary device? Yes  No
- 
- 
39. Have you ever carried any weapons illegally, i.e. pistols, switchblades, knives, anything against the law as it is now written? Yes  No
- 
- 
40. Have you ever kept a child away from his/her parent, legal guardian or courts' jurisdiction without permission? Yes  No
- 
- 
41. Have you ever been involved in any illegal gambling activities, i.e. betting with bookies or professional gamblers? Yes  No
- 
- 
42. Have you ever fled from the police in a vehicle or on foot? Yes  No
- 
- 
43. Have you ever been a member of any street gang? Yes  No
- 
- 
44. Have you, or any member of your family, ever participated or been affiliated with any organization that advocates violence or overthrow of the federal government? Yes  No
- 
- 
45. Do you currently live, reside, or associate with anyone involved in any criminal activity at this time that you are aware of? Yes  No
- 
- 
46. Do you currently associate or live with anyone who is involved in any illegal drug, or narcotic usage, sale, or distribution that you are aware of? Yes  No
- 
- 

Check this box if you have NEVER been involved in any of the above listed categories of criminal activity.

**CRIMINAL ACTIVITY**  
**ILLEGAL DRUGS - SALES**

Your agency is concerned with the illegal sale of drugs to another person (with or without profit to you); delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs. Include all activities regardless of age.

- 1. Have you ever been involved in the sale or delivery of any controlled substance? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. Have you ever transported any controlled substance across a State line or United States border? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Have you ever transported any controlled substance as a favor or to help someone else deliver controlled substances? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. Have you ever participated in the manufacturing of any controlled substance? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 5. Have you cultivated or grown any illegal substance? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 6. Have you ever bought illegal drugs for yourself or another person? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 7. Have you ever provided illegal drugs to another person? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 8. Have you ever driven a car while you were under the influence of a narcotic? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
- 9. Have you been present at any illegal drug, narcotic or substance transactions? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

## CONTROLLED OR REGULATED SUBSTANCE ABUSE

1. In the last 24 months, have you smoked or used marijuana? **Yes** **No**  
How many times? \_\_\_\_\_  
In the last 24 months, have you used any other illegal drug, narcotics or substance? **Yes** **No**  
How many times? \_\_\_\_\_
2. Have you ever smoked or used marijuana? **Yes** **No**  
How many times? \_\_\_\_\_
3. When was the last time you smoked or used marijuana? \_\_\_\_\_
4. Have you ever injected any illegal substance? **Yes** **No**
5. Have you ever abused any prescription medications (i.e. taking other than as directed)? **Yes** **No**
6. Have you ever used anyone else's prescribed medications? **Yes** **No**  
What medication was it? \_\_\_\_\_  
Whose medication was it? \_\_\_\_\_
7. Did this person know you were using their medication? **Yes** **No**
8. Have you used any other illegal substance of any type? **Yes** **No**  
What illegal substance(s) have you used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all drugs you have ever used illegally.

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Marijuana						
Hashish						
Heroin						
Cocaine						
Crack (Cocaine)						
Crank (Speed)						
Crystal						
Methamphetamine						
Amphetamine						
PCP / Angel Dust						
LSD						
Peyote / Mescaline						
Tranquilizers						
Ecstasy / XTC (Designer Drugs)						
K2/Spice						
Lean						
Psilocybin / Mushrooms						
Talwin / PBZ						
Quaaludes						
Rohypnol						
Inhalants (glue, gas, canned air)						
Butyl Nitrite (Locker Room Rush)						
Steroids						
Soma (Dance, Vegas Cocktail)						

Have you taken any of the following medications without a prescription, or someone else's prescription?

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Adderall						
Ritalin						
Wellbutrin						
Dexedrine						
Concerta						
Darvecet						
Soma						
Hydrocet						
Vicodin						
Lortab						
Lorcet						
Demerol						
Percocet						
Hydrocodone						
Oxycodone						
Oxycontin						
Codiene						
Klonopin						
Clonazepam						
Paxil						
Alprazolam						
Xanax (bars)						
Prozac						
Zoloft						

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	# OF TIMES IN PAST 5 YEARS	HOW USED	NEVER
Valium						
Others						
Have you ever taken prescription weight loss medication without a prescription?						
Have you ever taken prescription sleep medication without a prescription?						
Have you ever taken prescribed medication more than the prescribed amount?						
Others						

## CRIMINAL ACTIVITY – ALCOHOL

It is not a violation of the law for an adult to possess and use alcohol; however, it is against the laws to operate a motor vehicle (car, truck, motorcycle, boat, or airplane) under the influence of alcohol. Within an hour of operation of a motor vehicle, depending upon the time and amount of consumption, it can or will result in a person meeting the legal criteria for intoxication.

1. Do you consume alcohol? Yes  No   
If yes, how many drinks do you have during an average week? \_\_\_\_\_
2. How often do you become intoxicated? \_\_\_\_\_
3. When was the last time you were intoxicated? \_\_\_\_\_
4. Have you ever been in an accident after you had been drinking? Yes  No
5. Have you ever been convicted of Driving While Intoxicated? Yes  No
6. Have you ever driven while “buzzed”? Yes  No   
If yes, how many times? \_\_\_\_\_ Last time? \_\_\_\_\_
7. Have you been charged with any drinking offense (Public Intoxication, MIP, etc.)? Yes  No
8. Have you ever purchased or provided alcohol to a minor? Yes  No
9. Have you ever used an altered ID or the ID of another person to purchase alcoholic beverages? Yes  No
10. Have you ever consumed alcoholic beverages during working hours against company policy? Yes  No

## TRAFFIC AND DRIVING RECORD

The position of peace officer and fire fighter requires that an individual have good driving skills. We wish to know what your current traffic and driving record is, and it will be checked. However, we do wish you to be honest in this area. Answer the questions listed below:

1. Have you received more than three (3) moving traffic citations in the last three (3) years? Yes  No
  
2. Have you been at fault in any motor vehicle accidents in the last three (3) years? Yes  No
  
3. Have you ever had your driver's license suspended? Yes  No
  
4. Have you ever been convicted of driving while license suspended? Yes  No
  
5. Do you have liability insurance on all vehicles that you drive at this time? Yes  No
  
6. Have you ever driven a vehicle without insurance? Yes  No
  
7. Have you ever been involved in any accident (minor or major) where you did not leave identification, or you failed to render aid to anyone who was injured? Yes  No
  
8. Have you ever been licensed as a driver anywhere except Texas? Yes  No

If yes, list the State and note status of the license (active, suspended, expired, etc.)

<u>State</u>	<u>Status</u>
<u>State</u>	<u>Status</u>
<u>State</u>	<u>Status</u>

## POLICE / COURT ACTIVITY

This is in regards to any activity involving police or court and includes questions while both a juvenile and an adult.

1. Have you ever been arrested or taken into custody for any reason? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever been charged with any criminal act? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you been indicted by or appeared before a Grand Jury as a defendant? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have you been tried in court for any criminal offense, misdemeanor or felony? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you been convicted of any criminal offense? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
6. Have you ever been given a probated or non-adjudicated sentence of any type? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
7. Are you on any type of probationary or deferred adjudication sentence at this time? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
8. Have you ever been sentenced or confined in a city, county, state or federal penal institution? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_
  
9. Have you been questioned as a suspect or witness in a particular criminal offense? Yes  No   
\_\_\_\_\_  
\_\_\_\_\_

## LAW ENFORCEMENT AND FIREFIGHTER SERVICE

Check this box if you have NEVER served in a position as a sworn or commissioned law enforcement officer, peace officer, sheriff's deputy, state or federal agent, commissioned reserve peace officer, firefighter or any other police or fire agency position. If you check this box, go to the next section of the questionnaire.

Check this box if you have had prior law enforcement or firefighter service and complete the following questions. These questions deal only with your service as a law enforcement officer or firefighter.

1. Have you ever been investigated by Internal Affairs because of a citizen complaint? Yes  No

**If yes, please explain.**

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2. Have you ever received any disciplinary actions because of an Internal Affairs investigation (i.e. written reprimand, suspension)? Yes  No

**If yes, please explain.**

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3. Have you ever been terminated or asked to resign from any law enforcement, fire or other public safety agency? Yes  No

**If yes, please explain.**

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4. Have you ever resigned while under investigation? Yes  No

**If yes, please explain.**

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5. Have you ever been classified as ineligible for re-hire by a former law enforcement agency, fire department, or other public safety agency? Yes  No

**If yes, please explain.**

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6. Have you ever had your certification as a law enforcement officer or firefighter revoked anywhere? Yes  No

**If yes, please explain.**

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7. Have you purposely engaged in any acts of misconduct on duty (i.e. drinking, sleeping, sexual contact while on duty)? **Yes**  **No**

**If yes, please explain.**

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8. While on duty as a law enforcement officer or firefighter, have you engaged in any illegal activities (i.e. theft, drug usage, any type of criminal offense)? **Yes**  **No**

**If yes, please explain.**

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9. While working as a law enforcement officer or firefighter, have you ever falsified any official document or paperwork? **Yes**  **No**

**If yes, please explain.**

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10. While working as a law enforcement officer or firefighter, have you ever lied under oath (i.e. sworn, notarized, statements, documents, or testifying in court)? **Yes**  **No**

**If yes, please explain.**

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11. Have you ever had an excessive force complaint filed against you? **Yes**  **No**

**If yes, please explain.**

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12. Have you had any type of unauthorized physical or sexual contact while you were on duty? **Yes**  **No**

**If yes, please explain.**

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**PLEASE READ, SIGN AND DATE**

You have now completed the polygraph Applicant Questionnaire. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in that questionnaire, go back now and make the correction.

**DID YOU LIE OR DELIBERATELY WITHHOLD ANYTHING FROM THIS POLYGRAPH QUESTIONNAIRE? THINK ABOUT IT. YOUR JOB MAY DEPEND ON IT.**

All of the information that I have revealed in this questionnaire is true, correct and complete. I have not withheld, falsified, or misrepresented any information requested in this questionnaire.

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Applicant's Signature / /  
Date

**END OF POLYGRAPH PRE-TEST QUESTIONNAIRE**

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EXAMINEE NAME

TEST DATE

## PRE-EMPLOYMENT POLYGRAPH REPORT

Additional Admissions Pre-Employment Examination Interview: YES [ ] NO [ ]

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Polygraph Examination Test Results: Deception Indicated \_\_\_\_\_  
No Deception Indicated \_\_\_\_\_  
Inconclusive Behavior Indicated \_\_\_\_\_

Subject appears Deceptive in the following area:

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Reviewed with Examinee:

EXAMINER'S INITIALS

EXAMINEE'S INITIALS

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POLYGRAPH EXAMINER

DATE