PRE-EMPLOYMENT
Polygraph Questionnaire

FORM I-2

APPLICANT NAME: ________________________________

Agency applying with: ________________________________

Position applying for: ________________________________

Date of Examination: ________________________________

Assigned Time: _____________________________________

Testing Site: ________________________________________

GENERAL INSTRUCTIONS:

This questionnaire should be completed PRIOR to arriving at the test site. Please give this form to the examiner on the day of testing. If it is incomplete, the exam may be rescheduled.

Drug testing is customarily administered on the same day as polygraph examinations. If your agency has scheduled you for a drug screen, please arrive to the test site prepared to give a urinalysis sample.

Agencies must notify the KLEC office of cancellations a minimum of 24 hours in advance to avoid being charged a No Show fee. Notify your agency if you do not intend to keep your appointment.

Call the KLEC office at 859-622-6218 on the day of your appointment if you are running late or are lost.

Revised July 2010
INSTRUCTIONS TO JOB APPLICANT

Before completing the following questionnaire, it is important for you to understand the purpose of the polygraph examination you will be taking. Law enforcement officials are expected to have a high degree of honesty and integrity. If law enforcement agencies only hired people who had never made a mistake, done anything wrong, nor ever committed a crime, there would be no one in law enforcement positions. There are no perfect people.

The purpose of this questionnaire and the forthcoming polygraph examination is not to find the perfect person. This questionnaire and the polygraph examination have been designed to assist in identifying the honest person. Agencies seek people they can trust.

No law enforcement agency should hire someone that cannot be trusted. Your word is your bond. The law enforcement community, the court systems, and society as a whole must be able to trust their law enforcement officials. As you fill out this questionnaire, above all – be honest.

- While completing the questionnaire, answer all questions to the best of your ability. It is understood that no one can remember every detail or every exact date, but again, aim to answer to the best of your ability.

- If you do not understand a question, do not answer it. Put an asterisk (*) by the question number. The polygraph examiner will explain the question.

- The polygraph examiner will explain the process in detail. If you have questions, you will be given an opportunity to address those with your examiner. It is important that you discuss any concerns or questions prior to the polygraph examination.

- Do not lie in this questionnaire. Do not lie in the polygraph examination procedure.

- Lying is an intentional act. Do not intentionally leave out information. Do not intentionally misrepresent information.

Write in black or blue ink. Make comments as needed and write on the backside of these pages when necessary.
PERSONAL INFORMATION:

Full Legal Name: ______________________________________________________________
(First)   (Middle)   (Last)

Date of Birth: _____/_____/_____      Age: _______

Soc. Security #: _______-_____-_______

Place of Birth: __________________________________________
(City/State/County)

Current Address: _______________________________________________________________
(Street)    (City)  (State)  (Zip)

How long living at current address?: _______________

Home phone number: (_____ )______-________

List all other states and/or countries in which you have lived: ____________________________

Have you ever used a different name?    Yes  No

Have you ever used a different social security number?  Yes  No

Have you ever used a different date of birth?   Yes  No

Are you a U.S. citizen?         Yes  No

If yes, please check one:

U.S. born
U.S. naturalized
Other: ________________

Marital Status:

☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Other: ________________

Have you ever taken a polygraph or other type of honesty test?       Yes  No

If “yes”: 1.) ______________________________________________________________
(Year)   (Agency that administered test)   (Purpose or Reason)

2.) ______________________________________________________________
(Year)   (Agency that administered test)   (Purpose or Reason)
EDUCATION:

G.E.D.?    Yes No    Name of school: __________________________
Year Obtained: __________________________

High School Graduate?    Yes No    Name of school: __________________________
Year Graduated: __________________________

2-Year College Degree?    Yes No    Name of school: __________________________
Field of study: __________________________
Year Graduated: __________________________

4-Year College Degree?    Yes No    Name of school: __________________________
Field of study: __________________________
Year Graduated: __________________________

Graduate Degree?    Yes No    Name of school: __________________________
Field of study: __________________________
Year Graduated: __________________________

Other Specialty Training and/or Certifications:
______________________________________________________________________________
______________________________________________________________________________

EMPLOYMENT HISTORY - MILITARY:

Are you currently or have you ever served in the military?    Yes No
If no, please go to the next section.

Branch of Service: __________________________    Highest Rank: __________________________
Enlistment Date: ___/___/____    (Anticipated) Discharge Date: ___/___/____
Type of Discharge: __________________________

Have you ever received any form of disciplinary action (court martial, article 15, demotions,
vviolations of uniform code, etc.) while in the military?    Yes No
If yes, please explain: __________________________________________________________
______________________________________________________________________________

What is the most serious infraction you committed in the military, whether detected or
undetected? ________________________________________________________________
______________________________________________________________________________
EMPLOYMENT HISTORY:

Have you previously submitted an application for employment with this agency? Yes  No

If yes, list the approximate date(s): ______________________________

List all law enforcement agencies you have submitted an application with in the past:
1.) ___________________________  Year submitted: __________
2.) ___________________________  Year submitted: __________
3.) ___________________________  Year submitted: __________
4.) ___________________________  Year submitted: __________

Current Employer: ___________________________  Hire Date:  __________________
(Month) (Year)
Position/Title: ___________________________

Previous Employers:  Start with the most recent. Use reverse side of this sheet if space is not adequate.

a.) (Employer) (Month) (Year) (Month) (Year)

b.) (Employer) (Month) (Year) (Month) (Year)

c.) (Employer) (Month) (Year) (Month) (Year)

d.) (Employer) (Month) (Year) (Month) (Year)

e.) (Employer) (Month) (Year) (Month) (Year)

List any job in which you have been fired, asked to resign or forced to leave:

a.) (Employer) (Reason) (Month) (Year Terminated)

b.) (Employer) (Reason) (Month) (Year Terminated)

c.) (Employer) (Reason) (Month) (Year Terminated)
1. List all times you have been disciplined, suspended, reprimanded, etc. by any employer:
   a.________________________________________________________________________
   b.________________________________________________________________________
   c.________________________________________________________________________
   d.________________________________________________________________________
   e.________________________________________________________________________

2. Are you currently having problems with any co-worker or supervisor? Yes No

3. Have you ever received a poor work performance evaluation at any job? Yes No

4. Have you ever been accused of racial /ethnic bias or sexual harassment? Yes No

5. Have you ever received unemployment compensation? Yes No

6. Have you ever received worker’s compensation or unemployment compensation that you were not entitled to? Yes No

7. Did you ever work and get paid under the table or off the books? Yes No

8. Have you ever consumed alcohol while working? Yes No

9. Have you ever used an illegal drug while working? Yes No

10. Have you ever had sexual contact /relations while at work? Yes No

11. Have you ever falsified your time sheet/card? Yes No

12. How many times in a normal work month are you late? ________

13. What is the most valuable thing you ever took from an employer? _____________________

Many people have taken things from a place where they work which they did not have permission to take. The items taken may have been cash, merchandise or property. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account. Below, list every item that you have ever taken from any employer. Use the back of this sheet if more space is needed.

<table>
<thead>
<tr>
<th>Item Taken</th>
<th>Approximate Value</th>
<th>Month/Year</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THEFT OF PROPERTY:

In the previous section you documented all thefts from a place of employment. This section is to include all other thefts of property that you have been involved in from other sources at any time in your life. This could include, but is not limited to taking cash, shoplifting, switching price tags, giving/receiving unauthorized discounts, receiving stolen property, etc.

1. Have you ever taken anything from a purse/wallet? Yes  No
2. Taken anything by force? Yes  No
3. Taken a motor vehicle? Yes  No
4. Taken something from within or off a motor vehicle? Yes  No
5. Received or distributed any items you knew or suspected were stolen? Yes  No
6. What is the most valuable item you have ever taken? _________________________

In the space provided below, please list EVERYTHING you have ever taken which you did not have permission to take. This does not include previously mentioned thefts from employers.

<table>
<thead>
<tr>
<th>Item Taken</th>
<th>Approximate Value</th>
<th>Month/Year (or approx. age)</th>
<th>Property Name/State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7
### CRIMINAL ACTIVITY:

_Circle the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number._

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unlawfully cause a person’s death / person to be hospitalized?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Falsely report a fire or other emergency situation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Falsely report a crime?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Use phony or false identification?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Use another person’s identity to obtain items?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Use a credit card or ATM card illegally?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Issue a check knowing you did not have the funds to cover it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Commit a “hate crime” (racial, ethnic or religious motive)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Engage in a physical altercation/fight?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Use or show a weapon during an altercation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. Make a threatening or obscene communication anonymously?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Intentionally damage another’s property by any means?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13. Carry any type of unauthorized weapon?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Carry a weapon illegally?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Been denied a permit to carry a handgun?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Manufacture or utilize an explosive or incendiary device?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Make a phony or inflated insurance claim?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Knowingly make a false statement on any official document?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. Knowingly make a false statement in a judicial proceeding?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. Take something from someone by force?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. Use someone else’s checks or credit cards without their permission?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Break into a motor vehicle?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. Break into a building (home / business / etc.)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Set fire to anything?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. Kidnap someone or otherwise keep someone against his or her will?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. Have sexual contact with someone without their consent, (using force or when they were impaired or otherwise not mentally competent)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. Force someone to have sexual relations/contact with you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Have sexual relations/contact with a family member other than your spouse?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Have sexual relations/contact with an animal?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
30. Been sexually aroused by a fire?
   - Yes  
   - No

31. Paid for sex or been paid for sex?
   - Yes  
   - No

32. Expose yourself in public?
   - Yes  
   - No

33. Been married to more than one person at a time?
   - Yes  
   - No

34. Possess, sell, produce or distribute any child pornographic material?
   - Yes  
   - No

35. View/download child pornography?
   - Yes  
   - No

36. Physically or sexually abuse a child?
   - Yes  
   - No

37. Been involved in any illegal sexual activity?
   - Yes  
   - No

38. Harass or stalk someone?
   - Yes  
   - No

39. Counterfeit anything?
   - Yes  
   - No

40. Commit blackmail / any form of extortion?
   - Yes  
   - No

41. Forgery?
   - Yes  
   - No

42. Bribery?
   - Yes  
   - No

43. Tamper with a witness or evidence?
   - Yes  
   - No

44. Fail to appear in court?
   - Yes  
   - No

45. Use a computer to commit a crime?
   - Yes  
   - No

46. Deliberately hurt an animal (other than legally hunting/fishing)?
   - Yes  
   - No

47. Make an illegal bet / Take an illegal bet?
   - Yes  
   - No

48. Impersonate a police officer?
   - Yes  
   - No

49. Run or evade a police officer?
   - Yes  
   - No

50. Use physical force with your spouse or significant other? (striking, pushing, slapping, shaking, etc.)
   - Yes  
   - No

51. Use physical force with a parent? (striking, pushing, slapping, etc.)
   - Yes  
   - No

52. Use physical force with your child or anyone else's.
   - Yes  
   - No

53. Been the subject of a restraining order or a protective order?
   - Yes  
   - No

54. Use a weapon against someone?
   - Yes  
   - No

55. Been involved in a police investigation as a suspect or witness?
   - Yes  
   - No

56. Convicted of a criminal offense?
   - Yes  
   - No

57. Had a criminal charge reduced in court?
   - Yes  
   - No

58. Had a criminal charge expunged or sealed?
   - Yes  
   - No

59. Have the police ever been contacted because of something you did or assisted someone in doing?
   - Yes  
   - No

60. Been involved in organized crime?
   - Yes  
   - No
61. Been involved in any group (gang, KKK, militia, etc.) that advocated violence, racial prejudice, terrorist or subversive activity?  

   Yes  No  

   Involved means being a member, associate member, volunteering for, being associated with, attending meetings, providing financial support or any other type of assistance.

62. What is the most serious criminal act you ever committed, whether detected or undetected?  
(Use the back of this page if more space is needed.) _________________________________

   ___________________________________________________________________________
   ___________________________________________________________________________

EXPLANATION AREA:

   In the space provided, explain any ‘yes’ answer that you have given to the previous questions.  
   Give date of incident and describe circumstances. (Use the back of this page if space is not adequate):
**ILLEGAL DRUGS:**

*In the chart below, write the dates of your first and last use for each illegal drug. The dates should be as exact as possible. Remember, lying is an intentional act, not an honest error.*

*When asked to give the maximum number of times used for an illegal drug, you must give the ABSOLUTE MAXIMUM number of times. If you are not sure how many times you used an illegal drug, then state the MAXIMUM number of times you COULD have used.*

*In the “How drug used” column, write if the drug was injected, snorted, smoked, ingested, etc.*

*If you have never used one of the listed illegal drugs, put a checkmark in the “NEVER” column.*

<table>
<thead>
<tr>
<th>DRUG USED</th>
<th>FIRST TIME USED</th>
<th>LAST TIME USED</th>
<th>MAXIMUM TIMES USED</th>
<th>HOW DRUG USED</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angel Dust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSD / Acid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peyote</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mescaline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quaaludes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy/XTC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preludin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilaudid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talwin / PBZ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psilocybin (Mushrooms)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: (Please list type)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ILLEGAL DRUGS CONTINUED:

Circle the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you used any other illegal substance that has not been mentioned? Yes No
2. Ever used another person’s prescription medication for recreational purposes? Yes No
3. Ever misuse or abuse your own prescription medication? Yes No
4. Ever give or sell your own prescription medication? Yes No
5. Have you ever purchased any illegal drug? Yes No
6. Have you ever sold any illegal drug? Yes No
7. Have you ever manufactured, grown, or harvested an illegal drug? Yes No
8. Ever delivered / distributed an illegal drug? Yes No
9. Held or stored any illegal drug for someone else? Yes No
10. Operated a motor vehicle while under the influence of an illegal drug? Yes No

11. Have you been present when anyone: Yes No
   - Used illegal drugs
   - Sold illegal drugs
   - Cooked illegal drugs
   - Packaged illegal drugs
   - Transported illegal drugs

12. When is the last time you’ve been in the presence of an illegal drug? (Do not include circumstances while serving in a sworn law enforcement / official capacity.)
   _____/_____/_____

EXPLANATION AREA:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

12
ALCOHOL USE:

Circle the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever missed work because of alcohol consumption?  
   Yes  No
2. Been treated, counseled, or sought help for a drinking problem?  
   Yes  No
3. Has drinking ever caused a problem in your personal life or on the job?  
   Yes  No
4. Have you ever been told by someone that they felt you had a drinking problem?  
   Yes  No
5. Have you ever purchased alcohol for a minor? If yes, how many times?____  
   Yes  No
6. Have you ever been arrested for an alcohol related crime?  
   Yes  No

7. What is your average consumption of alcohol during a typical week?__________________

8. How many times have you been intoxicated in public in the last 2 years? _______
   When was the last time?  Date: _____/_____/

9. How many times have you operated a vehicle while intoxicated in the past 2 years? _______
   When was the last time?  Date: _____/_____/

EXPLANATION AREA:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
TRAFFIC VIOLATIONS:

Circle the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever been refused a driver’s license?  Yes  No
2. Have you ever altered a license or given false information to obtain a license?  Yes  No
3. Have you ever had driver’s licenses from more than one state at the same time?  Yes  No
4. Have you ever had your license suspended or revoked?  Yes  No
5. Did you ever knowingly drive an unregistered motor vehicle?  Yes  No
6. Did you ever knowingly drive an uninsured motor vehicle?  Yes  No
7. Did you ever damage another’s property with a vehicle and not report it?  Yes  No
8. Have you ever fled the scene of an accident?  Yes  No
9. Do you currently owe any fines for traffic or parking violations?  Yes  No
10. Ever had a traffic or parking ticket “fixed”?  Yes  No
11. How many traffic citations have you received in your entire driving history?  
12. List all traffic citations (tickets) received for moving violations in the past 5 years: (Use the back of this page if more space is needed)

<table>
<thead>
<tr>
<th>VIOLATION</th>
<th>MO. / YR.</th>
<th>STATE</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State in which you currently possess a driver’s license  Driver’s license number

EXPLANATION AREA:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
PRIOR LAW ENFORCEMENT SERVICE:

Fill out the below section ONLY if you have had SWORN, prior law enforcement service.

Please circle the appropriate answer. Explain any ‘yes’ answers on the back of this page. Be sure to reference your explanation with the corresponding question number. Use additional paper if needed.

While employed as a sworn law enforcement officer, did you ever engage in any of the following:

1. Take something that did not belong to you while on duty? Yes No

2. Keep anything you or anyone else removed from any:
   - Any building/residence  Yes No
   - Prisoner
   - Crime scene
   - Citizen
   - Accident scene
   - Evidence room
   - Vehicle(s) including patrol units

3. Drink alcohol while on duty? Yes No

4. Have sexual relations while on duty? Yes No

5. Sleep on duty? Yes No

6. Commit any felony or misdemeanor while on duty? Yes No

7. Hit or strike a handcuffed person? Yes No

8. Use excessive force? Yes No

9. Use a controlled or illegal substance while on duty? Yes No

10. Smuggle contraband or unauthorized material? Yes No

11. Accept anything in exchange for performing or not performing your duties? Yes No

12. Remove, copy, or read a file or document when not authorized to do so? Yes No

13. Make a false report or alter a document? Yes No

14. Plant evidence or otherwise “frame” someone? Yes No

15. Lie in court, on a report, or on an affidavit? Yes No

16. Use your official capacity to extort or attempt to extort anyone? Yes No

17. Destroy property / evidence / contraband without booking it? Yes No

18. Been terminated or asked to resign as peace officer? Yes No

19. Been given the option to resign in lieu of termination? Yes No

20. Received a written reprimand? If yes, how many times? _____ Yes No

21. Received a suspension? If yes, how many times? _____ Yes No

22. Been formally investigated for misconduct? Yes No

23. Received any other type of disciplinary action? Yes No

24. Lied to anyone during an internal investigation? Yes No

25. How many excessive use of force of complaints have you received? ______

26. How many citizen’s complaints have you received? ______
OTHER / CONCERNS:

1. Is there anything in your history that you know your agency would want to know about, but has not been addressed in this questionnaire or anywhere else in the application process?

   YES  NO

If yes, please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Are there any questions or concerns you would like for your examiner to address with you prior to the administration of your polygraph examination?

   YES  NO

If yes, please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

VERIFICATION OF TRUTHFULNESS:

All of the information I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information in this booklet. By signing below, I give my word that I have been 100% truthful.

___________________________________  ________/________/________
Applicant’s Signature             Date