

Background Questionnaire

Read and answer the following questions carefully and honestly.

Answers are subject to verification by a Polygraph Examination.

Have you ever committed any of the following acts during your life whether it came to the attention of authorities or not?

EXPLAIN ALL "YES" answers on the following blank page provided.

Question	Circle:	Yes	No
1. Spousal abuse (including common-law)		Yes	No
2. Any violent assault upon another		Yes	No
3. Forgery		Yes	No
4. Homicide		Yes	No
5. Robbery (theft from another person utilizing a weapon of force)		Yes	No
6. Burglary		Yes	No
7. Kidnapping		Yes	No
8. Arson (intentionally set fire)		Yes	No
9. Extortion (blackmail)		Yes	No
10. Embezzlement (theft of money)		Yes	No
11. Rape (sexual intercourse by force or against the wishes of another)		Yes	No
12. Child Abuse		Yes	No
13. Child Molestation (any sex act with a child)		Yes	No
14. Prostitution (sexual acts for money or other considerations)		Yes	No
15. Soliciting Prostitution (asking for sex in return for money or vice versa)		Yes	No
16. Theft (including shoplifting)		Yes	No
17. Convicted of a DUI or charge reduced to reckless driving		Yes	No
18. Have you in the past or do you now regularly associate with persons whom you know to have engaged in and/or been arrested for unlawful possession or use of any illegal substance?		Yes	No
19. Have you ever been arrested for an illegal sex act?		Yes	No
20. Ever charged with a crime not mentioned above?		Yes	No

Background Questionnaire

Employment

21. Have you ever been terminated or asked to resign from employment?	Yes	No
22. Have you ever taken any property from an employer?	Yes	No
23. Have you in any way falsified your employment application or made any misleading statements?	Yes	No
24. Have you ever made any false or misleading statements or omissions to any employer or potential employer?	Yes	No
25. Have you committed any dishonest act in order to obtain this or any position (i.e. cheating on written exam, having another person take any exam, etc.)	Yes	No

Explain “Yes” answers in detail below. List the question # and then thoroughly explain.

Background Questionnaire

Financial

26. Do you feel that you now have a good credit rating? (Yes answer does not need explanation)	Yes	No
27. Do you have any bills that are currently passed due?	Yes	No
28. Have you filed for bankruptcy within the past two years?	Yes	No
29. Have you ever failed to file an income tax return?	Yes	No
30. Have you had a bill turned over to collections within the past two years?	Yes	No

Explain all “Yes” answers to the above questions in the spaces below.

List the question # and describe the incident. Be thorough with your explanation, use dates where appropriate.

Background Questionnaire

General

31. During the oral interview, did you answer any questions untruthfully?	Yes	No
32. Are you presently driving without auto insurance?	Yes	No
33. Have you ever filed a fraudulent insurance claim?	Yes	No
34. How many traffic citations have you received within the past five years?		
35. Have you ever taken a Polygraph Examination? When _____ Where _____ Result _____	Yes	No
36. Have you ever been present when someone else committed a criminal act?	Yes	No
37. Have you ever purchased or sold any property that you believe may be stolen?	Yes	No

Explain all “Yes” answers to the above questions in the spaces below. List the question # and then describe the incident. Be thorough with your explanation, use dates where appropriate.

Background Questionnaire

Drugs/Narcotics

Write Yes or No

38. Have you used marijuana? _____

Last time: Month/Year _____ First time: Month/Year _____

39. Have you ever misused a prescription drug? _____

40. Within the past year, have you been in the presence of anyone using illegal drugs? _____

41. Have you ever purchased, sold, or supplied any illegal narcotic, Steroid, marijuana, pill or drug? _____

42. Have you ever been the middleman, go between, or “done a favor for a friend”, in regards to becoming involved in a drug transaction? _____

43. Have you ever used or experimented with:

Cocaine	Yes	No
Heroin	Yes	No
LSD (acid)	Yes	No
PCP (angel dust)	Yes	No
Mushroom, mescaline or any hallucinogen	Yes	No
Hashish	Yes	No
Crank, Methamphetamine	Yes	No
Speed or Crystal Meth	Yes	No
Uppers/ Downers or Barbiturates	Yes	No
Steroids	Yes	No
Ecstasy	Yes	No
Any type of “designer” drugs	Yes	No
Any other drug besides Marijuana	Yes	No

Background Questionnaire

If you answered “Yes” to any of the above drug usage questions, complete the section below:

Drug _____ First Time _____ Last Time _____

Drug _____ First Time _____ Last Time _____

Drug _____ First Time _____ Last Time _____

Drug _____ First Time _____ Last Time _____

Drug _____ First Time _____ Last Time _____

Drug _____ First Time _____ Last Time _____