



Last _____ First _____ MI _____

Date of Birth: _____ POST ID # _____ - _____ - _____
Last 4 #s of SSN First 4 Letters of First Name Day of Birth (01-31)

Circle your answers to the questions on the following pages.

Print comments legibly in the spaces provided. If a question does not apply, enter

N/A (Not Applicable). Read each question thoroughly before answering.

1. Failure to respond truthfully to these questions may be grounds for disqualification for certification as an officer. Do you understand this? YES NO Initial _____

Mental Health

2. Have you ever been under the care of a psychiatrist? YES NO. If Yes attach explanation on separate sheet.

Drug Use:

3. In the space provided, indicate when you first experimented with any of the substances, the first use, and the approximate number of times used. If you have never used or experimented with any of the substances listed, please check "Never Used".

Approximate

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED	NEVER USED
Marijuana				
Hashish/Hash Oil				
PCP/Angel Dust				
LSD/ Other Hallucinogen				
Mescaline				
Magic Mushrooms				
Heroin				
Cocaine				
Quaaludes				
Opium				
Speed/Crystal Crosstops				
Uppers				
Downers				
Thai Sticks				
Crack				
Ice				
Steroids				

4. Name any other illegal drug, narcotic, or controlled substance not listed above that you have ingested _____

5. Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in an illegal drug transaction? YES NO If Yes, attach explanation on separate sheet.

6. Have you or anyone else ever injected an illegal drug into your body? YES NO If Yes, attach explanation on separate sheet.

7. Have you ever purchased any drug, narcotics, or controlled substance other than by a doctor's prescription? YES NO If Yes, attach explanation on separate sheet.

8. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotics, or controlled substance? YES NO If Yes, attach explanation on separate sheet.

9. Have you ever acted as a courier by transporting any drug, narcotics, or controlled substances for other than legitimate purposes? YES NO If Yes, attach explanation on separate sheet.

10. During your entire life, approximately how many times have you used marijuana or other illegal drugs? Circle the approximate number.

Marijuana:	1000	750	500	400	300	200	100	75	50	25	10	5	0
Other:	1000	750	500	400	300	200	100	75	50	25	10	5	0

11. To your knowledge, do any of your present circle of friends and acquaintances use any type of narcotics, pills, or drugs? YES NO If Yes, attach explanation on separate sheet.

HONESTY

12. Have you ever entered a house, place of business, or a vehicle and stolen something that did not belong to you? YES NO If Yes, attach explanation on separate sheet.

13. Have you ever stolen anything of major value? YES NO If Yes, attach explanation on separate sheet.

14. Since you turned 18, have you ever knowingly had sex with someone under the age of 16? YES NO If Yes, attach explanation on separate sheet.

15. Have you ever committed a sexual act that was unlawful? YES NO If Yes, attach explanation on separate sheet.

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature

Date