

EAST CENTRAL GEORGIA DRUG TASK FORCE

P.O. Box 1110

Swainsboro, Georgia 30401

PRE-EMPLOYMENT QUESTIONNAIRE

DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

SEX: _____ RACE: _____ WEIGHT: _____ HEIGHT: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

CURRENT OCCUPATION: _____

HOME ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____

WORK ADDRESS: _____

The following questions pertain to mandatory requirements for employment with the ECGDTF.

1. Do you have a high school diploma or equivalent? _____
2. Have you ever been convicted of a felony? _____
3. Do you have any obligation or commitment which would prevent you from relocating from your current residence to an assignment anywhere within the jurisdiction of the ECGDTF? _____
4. Are you a citizen of the United States? _____

CRIMINAL HISTORY

Have you ever been arrested or convicted of a crime (excluding traffic offenses)?

Yes _____ No _____

If yes, specify _____

Have you ever pled guilty or nolo contendere to a crime (excluding traffic offenses)?

Yes _____ No _____

If yes, specify _____

Were you ever arrested as a juvenile? _____ Yes _____ No

Have you ever been:

Sentenced to incarceration? _____ Yes _____ No

Placed in a police lineup? _____ Yes _____ No

Place on probation? _____ Yes _____ No

Placed on parole? _____ Yes _____ No

Placed in a holding cell? _____ Yes _____ No

Placed in a military stockade? _____ Yes _____ No

Placed in a disciplinary school? _____ Yes _____ No

Questioned as a suspect of a crime by the police? _____ Yes _____ No

If yes to any of the above, explain _____

Have you ever committed or participated in any of the following crimes or offenses. *The question applies even though you may not have been arrested, caught, or apprehended.*

YES

NO

Murder	_____	_____
Voluntary Manslaughter	_____	_____
Involuntary Manslaughter	_____	_____
Aggravated Assault	_____	_____
Battery	_____	_____
Kidnapping	_____	_____
False Imprisonment	_____	_____
Hijacking an Aircraft	_____	_____
Child Abuse	_____	_____
Driving on Revoked Driver's License	_____	_____
Driving Under the Influence of Alcohol (DUI)	_____	_____
Vehicular Homicide	_____	_____
Rape	_____	_____
Aggravated Sodomy	_____	_____
Statutory Rape	_____	_____
Child Molestation	_____	_____
Bestiality	_____	_____
Necrophilia	_____	_____
Public Indecency	_____	_____
Prostitution	_____	_____
Pimping	_____	_____
Bigamy	_____	_____
Incest	_____	_____
Cruelty to Animals	_____	_____
Burglary	_____	_____
Criminal Damage to Property	_____	_____
Vandalism	_____	_____
Setting Fires	_____	_____
Arson	_____	_____
Criminal Possession of Explosives	_____	_____
Theft by Taking	_____	_____
Theft by Deception	_____	_____
Theft by Conversion	_____	_____
Theft of Services	_____	_____
Theft of Lost or Mislaid Property	_____	_____
Theft by Receiving Stolen	_____	_____
Hit and Run	_____	_____
Shoplifting	_____	_____
Theft of Motor Vehicle, Parts, Components	_____	_____
Robbery	_____	_____
Armed Robbery	_____	_____
Forgery	_____	_____
Credit Card Fraud	_____	_____

Yes

No

Accessing Computers for Fraudulent Purposes

Unauthorized Access, Alteration, Destruction of Computers

Bribery

Violation of Oath by Public Officer

Impersonation of Public Officer or Public Employee

Obstruction or Hindering of Law Enforcement Officers

Obstruction or Hindering of Firefighters

Giving False Name or Address to Law Enforcement Officers

False Report of a Crime

False Report of a Fire

Concealing Death of Another Person

Escape

Perjury

Tampering with Evidence

Treason

Advocating Overthrow of Government

Riot

Inciting a Riot

Terroristic Threats and Acts

Peeping Tom

Unlawful Eavesdropping

Illegal Possession of Sawed-Off Shotgun, Machine Gun, Silencer

Commercial Gambling

Dogfighting

Sexual Exploitation of Children

Pornography

Illegal Possession, Manufacture, Distribution etc. of Illegal Drugs or Marijuana

Trafficking in Cocaine, Illegal Drugs or Marijuana

Use of Fictitious Name or False Address When Obtaining Drugs

Intentional Inhalation of Model Glue

If Yes to any of above, explain _____

THEFTS

If you answer yes to any questions below, give explanation below.

	Yes	No
Did you ever steal money from an employer?	_____	_____
Did you ever steal anything from an employer?	_____	_____
Have you ever stolen any property or money from a fellow employee?	_____	_____
Have you ever deliberately "short changed" a customer?	_____	_____
Have you ever deliberately destroyed any property of an employer?	_____	_____
As an adult have you ever stolen anything from a store?	_____	_____
Did you ever alter a price tag in a store?	_____	_____
Did you ever forge a check?	_____	_____
Did you ever intentionally write a bad check?	_____	_____
Did you ever steal anything from a vehicle?	_____	_____
Did you ever act as a lookout when anyone else was stealing?	_____	_____

Explanations: _____

DRIVING RECORD

Do you have a current driver's license? _____

What state? _____

What classification? _____

Your driver's license number? _____

When does it expire? _____

List below all traffic citations you have received (except parking):

<i>Location (city/state)</i>	<i>Approximate Date</i>	<i>Violation</i>	<i>Disposition</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you ever possess a driver's license issued by any state other than Georgia?
 _____ Yes _____ No If yes, give state and license number _____

Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused a driver's license by any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your auto insurance ever been canceled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever denied auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever obtain a driver's license under another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, to any of the above, explain: _____

DRUGS

For each of the following drugs which you have casually or are currently using without a prescription, check the following appropriate column(s):

	USED	SOLD	PURCHASED
Heroin	_____	_____	_____
Opium	_____	_____	_____
Morphine	_____	_____	_____
Cocaine	_____	_____	_____
LSD	_____	_____	_____
Angel Dust	_____	_____	_____
Coke	_____	_____	_____
Cloud	_____	_____	_____
Snow	_____	_____	_____
Snort	_____	_____	_____
PCP	_____	_____	_____
Ice	_____	_____	_____
Acid	_____	_____	_____
Valium	_____	_____	_____
Codeine	_____	_____	_____
Dilaudid	_____	_____	_____
Percodan	_____	_____	_____
Speckle Bird	_____	_____	_____
Tylox	_____	_____	_____
Demerol	_____	_____	_____
Methadone	_____	_____	_____
Speed	_____	_____	_____
Soapers/Sopes	_____	_____	_____
White Cross	_____	_____	_____
Blues	_____	_____	_____

	USED	SOLD	PURCHASED
Yellow Jackets	_____	_____	_____
Beauties	_____	_____	_____
Black Beauties	_____	_____	_____
RJS	_____	_____	_____
Phenobarbital	_____	_____	_____
Nembutal	_____	_____	_____
Seconal	_____	_____	_____
Reds	_____	_____	_____
Blue	_____	_____	_____
Preludin	_____	_____	_____
Ludes	_____	_____	_____
Qualudes	_____	_____	_____
A's	_____	_____	_____
Equanil	_____	_____	_____
Librium	_____	_____	_____
Oxycodone	_____	_____	_____
Meperidine	_____	_____	_____
Benzedrine	_____	_____	_____
Bennie	_____	_____	_____
Dexedrine	_____	_____	_____
Marijuana	_____	_____	_____
Mushrooms	_____	_____	_____
Calif. Turnarounds	_____	_____	_____
Peyote	_____	_____	_____
Mescaline	_____	_____	_____
Hashish	_____	_____	_____
Hash Oil	_____	_____	_____
Darvon	_____	_____	_____
Talwin	_____	_____	_____
Crank	_____	_____	_____
Crack	_____	_____	_____
Thai Stick	_____	_____	_____
THC	_____	_____	_____
Psilocybin	_____	_____	_____
Talwin/PBZ	_____	_____	_____
Amphetamines	_____	_____	_____
Barbiturates	_____	_____	_____
Methaqualone	_____	_____	_____
MDA	_____	_____	_____
Uppers	_____	_____	_____
Downers	_____	_____	_____
Ecstasy (XTC)/MDA	_____	_____	_____
Biphetamine	_____	_____	_____
STP	_____	_____	_____
Steroids	_____	_____	_____
GHB	_____	_____	_____

List any other drugs you have used illegally: _____

Have you used or purchased illegal drugs:

in the past 24 hours?	_____ Yes _____ No	Type Drug _____
in the past week?	_____ Yes _____ No	Type Drug _____
in the past month?	_____ Yes _____ No	Type Drug _____
in the past six months?	_____ Yes _____ No	Type Drug _____
in the past year?	_____ Yes _____ No	Type Drug _____
since applying for this position?	_____ Yes _____ No	Type Drug _____

Do you own any type drug paraphernalia? _____ Yes _____ NO

If yes, describe the paraphernalia. _____

Have you ever experimented with the use of marijuana? _____ Yes _____ NO
How many times? _____

What is the most marijuana you have purchased at one time? _____
How much did you pay for it? _____
What is the most marijuana that has been given to you? _____
What is the most marijuana you have ever given away? _____
What is the most marijuana you have ever sold? _____

Have you ever grown or participated in growing marijuana? _____ Yes _____ No
How much _____
When _____ Where _____
What did you do with the marijuana? _____

Have you ever manufactured or participated in manufacturing illegal drugs? ___ Yes ___ No
What type _____
How much _____
When _____
Where _____
What did you do with the drugs? _____

Have you ever intentionally transported or stored illegal drugs? _____ Yes _____ No
Have you ever "set up" a drug buy for yourself or anyone else? _____ Yes _____ No
Have you ever forged, illegally bought, sold or stolen a drug prescription? _____ Yes _____ No
Have you ever passed or attempted to pass a forged drug prescription? _____ Yes _____ No
Have you ever been arrested or convicted for a drug violation? _____ Yes _____ No
Have you ever stolen drugs from anyone? _____ Yes _____ No
Have you ever sold any substance which you purported or claimed to be an illegal drug? _____ Yes _____ No

If yes to any of the above, explain _____

GAMBLING

Do you have any gambling debts? _____ Yes _____ No If yes, explain _____

What is the most money you have ever illegally bet? _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were ever employed by a Criminal Justice or Law Enforcement Agency, answer the following question:

Have you ever accepted a payoff? _____ Yes _____ No

Have you ever stolen anything from anyone you arrested? _____ Yes _____ No

Have you ever stolen anything at the scene of a burglary? _____ Yes _____ No

Have you ever kept the property of someone that you arrested? _____ Yes _____ No

Did you ever carry a "throw down" weapon? _____ Yes _____ No

Have you ever unlawfully entered a business? _____ Yes _____ No

Have you ever stolen anything from a car that you had towed in? _____ Yes _____ No

Did you ever falsify an expense voucher? _____ Yes _____ No

Have you ever received any type gratuity for dropping a case or disposing of an arrest ticket? _____ Yes _____ No

Have you ever tampered with evidence? _____ Yes _____ No

Have you ever kept for personal use or for resale any illegal drugs taken from someone who had been arrested/detained or questioned? _____ Yes _____ No

Have you ever illegally destroyed a case file, computer record or official report? _____ Yes _____ No

Have you illegally retained seized weapons or property? _____ Yes _____ No

Have you ever intentionally falsified a case file, computer entry or official report? _____ Yes _____ No

Have you ever planted evidence? _____ Yes _____ No

Were you ever suspended from your job? _____ Yes _____ No

Have you ever "tipped-off" a friend, acquaintance or relative about an active investigation involving them? _____ Yes _____ No

Did you ever "cover up" a criminal offense for a friend or relative? _____ Yes _____ No

Since you were first employed in criminal justice work, have you ever used or sold marijuana, cocaine, or other illegal drugs? _____ Yes _____ No

Have you ever stolen anything from a crime scene? _____ Yes _____ No

While employed by a criminal justice agency, did you ever violate your oath of office? _____ Yes _____ No

Have you ever been a party to a lawsuit resulting from your actions in the performance of your job? _____ Yes _____ No

Use this section to explain, if you answered yes to any of the above questions.

Explanation: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question. My statements on this questionnaire are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime.

Signature: _____ Date: _____

Social Security Number: _____

EAST CENTRAL GEORGIA DRUG TASK FORCE

Personal Data Form For ECGDTF Background Investigation

INSTRUCTIONS

Fill out this form completely and accurately. All statements in this form are subject to verification. Incorrect statements, omissions, or misrepresentations will invalidate the background investigation. If more space is needed, add another page and identify additional information by number.

GBI Employment Investigation

Position of Trust Background Investigation

Position Applied For: _____

For EEO Purposes

Race:

Sex:

Date of Birth:

Personal Information

1. Name

First

Middle

Last

List any other names you have used or been known by and attach a statement giving reasons. (If none, so state)

2. Weight _____ Height _____ Hair Color _____ Eye Color _____

3. Social Security Number _____

4. Home Address _____

5. Home Phone Number _____

6. Work Phone Number _____

7. Are you a citizen of the United States? Yes No

If naturalized citizen, attach copy of documentation.

If non-citizen, attach copy of U.S. Immigration & Naturalization Service (INS) documentation.

8. List all organizations, clubs and associations which you are or have been a member of within the past ten (10) years.

Name

City/State

9. Do you serve on any local, state, or federal board, commission, authority, or in any elected office?

Yes No

Name of board, commission, authority or office

10. Have you ever been the subject of any previous background investigation by any federal, state or local agency?

Yes No

If yes, give details

11. List any hobbies, special skills, and abilities, including the speaking of foreign languages.

Marital Status

12. Single Married Separated Divorced Widowed

Spouse's Name

Spouse's Occupation

Spouse's Employer

13. If divorced, list former spouse's name(s)

Address

Education

17. Circle highest year of grade or high school successfully completed:

1 2 3 4 5 6 7 8 9 10 11 12

If you graduated from high school or received a GED Certificate, complete the following:

School	Address	Year Graduated
--------	---------	----------------

If you attended a University / College / Vocational-Trade School, list the name of the school, address, years attended, major course of study and degree or certificate obtained.

Name	Dates
------	-------

Address

Major	Degree/Certificate
-------	--------------------

Name	Dates
------	-------

Address

Major	Degree/Certificate
-------	--------------------

Name	Dates
------	-------

Address

Major	Degree/Certificate
-------	--------------------

Name _____

Business Phone () _____

Residence Phone () _____

Address _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession _____

Name _____

Business Phone () _____

Residence Phone () _____

Address _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession _____

Name _____

Business Phone () _____

Residence Phone () _____

Address _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession _____

Name _____

Business Phone () _____

Residence Phone () _____

Address _____

Number & Street

City

State

Zip Code

Business, Occupation or Profession _____
