

MARINE CORPS CIVILIAN LAW ENFORCEMENT PROGRAM

PERSONAL HISTORY QUESTIONNAIRE

Applicant's Full Name _____

Address _____

Telephone Number _____

Email Address _____

Date Completed _____

Personal History Questionnaire

The Marine Corps Civilian Law Enforcement Program conducts background investigations on all potential police officers, inquiring into their suitability for employment. The information that is requested in this booklet is necessary in order to conduct the investigation.

We require that you provide us with your Social Security Number (SSN) in order to maintain accurate and complete records. The Marine Corps Civilian Law Enforcement Program may also use your SSN to make requests for information about you, but only where permitted by law. The information we collect using your SSN will be used for employment purposes only.

The Marine Corps Civilian Law Enforcement Program is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin, or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

Information we collect about you may also be given to federal, state, and local agencies for checking on law violations or other lawful purposes.

The importance of the accuracy and thoroughness of your responses to the questions contained within this document are vital. You may be disqualified from the hiring process if you supply untruthful responses to any questions or if you omit any material information.

The Marine Corps Civilian Law Enforcement Program will not consider individuals for employment who are less than honest and forthright. The information provided will be verified during the background investigation. Any information that is knowingly withheld will be identified.

Instructions

1. Answers must be typed, or handwritten legibly in black ink. Use the reverse side of the page if additional room is needed to complete your answers; be sure to include the question number in your response.
2. Answer all questions completely, accurately, and honestly. Incomplete questionnaires will not be accepted. Not Applicable (N/A) should only be used in a category or question that does not apply.
3. Do not initial each page of this document until instructed to do so by your investigator during your applicant interview.
4. The following documents must be submitted with the Personal History Questionnaire
 - Birth Certificate (photocopy) or Naturalization Documents
 - High School Diploma or G.E.D. (photocopy)
 - Certified College Transcripts
 - Military Discharge DD-214 Member Copy (Military Personnel Only)
 - Driver's License (photocopy)
 - Marriage Certificate (photocopy)
 - Dissolution of Marriage Papers (photocopy)
 - Passport Size Photograph of Yourself
5. Make a copy of this questionnaire. Submit the original copy to your background investigator and keep a copy for your personal records.
6. If you have any contact of an investigative or prosecutable nature with any law enforcement agency during any phase of the hiring process, immediately notify your background investigator.

If you have any questions regarding the questionnaire, please contact your background investigator.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire.

Signature of Applicant (type legal name if using pdf version)

Date

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Biographical Data

Name: _____
Last First Middle (Maiden)

Current Address: _____
Street Apt#

City State Zip Code County

Social Security Number: ____ - ____ - ____ Home Phone: _____

Date of Birth: ____ / ____ / ____ Work Phone: _____

Driver's License: State/Number _____ Cell Phone: _____

City of Birth: _____

U.S. Citizen: Yes No By Birth Naturalization If naturalized, complete below

City, State, Court: _____

Certificate Number: _____

Date Issued: _____

U.S. Passport: Yes No Passport Number: _____

List other names used (previous married name, nicknames, etc.)

Physical Description

Ethnicity (optional): _____ Sex: _____ Age: _____

Weight: _____ Height: _____ Eyes: _____ Hair: _____

Applicant's Initials _____

List All Children and Dependents

(Include step children)

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Miscellaneous Questions

Have you ever been the subject of a Temporary Restraining Order or filed a TRO against another person?
(If yes, provide dates, reasons, agency and disposition below.) Yes No

Have the police ever been called to any home/residence in which you have ever resided?
(If yes, provide date(s), reason(s), agency and disposition below.) Yes No

Has your spouse/significant other/current-dating partner ever been arrested, interviewed, detained, or convicted
by any law enforcement agency? (If yes, provide dates, reasons, agency and disposition below.) Yes No

Has your spouse/significant other/current-dating partner ever called the police regarding you for any reason?
(If yes, provide dates, reasons, agency and disposition below.) Yes No

Applicant's Initials _____

Current and Former Addresses

List complete addresses for the past ten years, including college addresses (List current address first)

1.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
2.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
3.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
4.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
5.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
6.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
7.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
8.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
9.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____
10.	Street	Apt# (dorm)	City	State	Zip	From: _____	To: _____

Applicant's Initials _____

Colleges/Universities Attended

(List most recent first)

1. College: _____

Address: _____
Street City State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final GPA _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

2. College: _____

Address: _____
Street City State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final GPA _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

3. College: _____

Address: _____
Street City State Zip

Dates Attended: From ____/____/____ To ____/____/____ Final GPA _____

Number of credits earned _____ Degree earned _____ Date ____/____/____

High School/Colleges & Universities Attendance

Have you ever had a scholarship or grant suspended because of failing to meet requirements (i.e., not maintaining required GPA, etc.) If yes, explain below.

Yes No

Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? If yes, explain below.

Yes No

Have you ever been interviewed, cited, detained, arrested, or had any other contact with any college police agency? If yes, explain below.

Yes No

Applicant's Initials _____

Financial Status/Credit History

Have you had any checks returned? Yes No If yes, list below:

Amount: _____ Date: ____/____/____ Payable to: _____

Amount: _____ Date: ____/____/____ Payable to: _____

Monthly rent or house payment: _____ Monthly salary: _____

List all other sources of income and amounts: _____

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc)? Yes No
If yes, give case number, court, location, reason for case, and disposition.

Do you currently have any financial judgments against you? If yes, give case number, court location, reason for case, and disposition. Yes No

Have you ever filed for, or declared, bankruptcy? If yes, give case number, court location, reason for case, and disposition. Yes No

Do you currently have any court ordered child support or alimony payment obligations? Yes No
If yes, provide all details, giving dates, amounts, recipient, etc.

Have you ever been delinquent in any child support or alimony payments? Yes No
If yes, provide all details, giving dates, amounts, recipient, etc.

Applicant's Initials _____

Financial Status/Credit History (cont.)

Do you currently have any outstanding debts with any college (deferred loans, tuition, grants, parking citations, lab costs, etc.)? If yes, provide amount of debt and reason:

Yes No

List all current credit card/loan accounts below. This includes student and college loans, as well as private/personal/family loans. You are advised that as part of this background investigation, a credit report will be obtained.

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Applicant's Initials _____

Financial Status/Credit History (cont.)

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Company: _____

Original amount of loan: \$ _____

Address: _____

Monthly payment: \$ _____

Amount outstanding: \$ _____

Applicant's Initials _____

Motor Vehicle and License Information

List all motor vehicles currently owned and /or operated by you

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Make: _____ Yr: _____ Model: _____ Tag No: _____ State: _____

Automobile Insurance Company(s): _____ Policy #: _____

Address: _____ Phone Number: _____

Has your automobile insurance ever been canceled for non-medical reasons? If yes, explain. Yes No

Have you ever been denied automobile insurance for non-medical reasons? If yes, explain. Yes No

Provide the information requested below on all driver's licenses, which have ever been issued to you.

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions: _____

Number: _____ State: _____ Type: _____ Valid? Yes No

Expiration: ____/____/____ Restrictions: _____

Applicant's Initials _____

Motor Vehicle and License Information (cont.)

Has your **license** or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? If yes, explain.

Yes No

Has your vehicle **registration** ever been canceled, refused, revoked or suspended for any non-medical reason? If yes, explain. (Include dates, location, disposition, etc.)

Yes No

Have you ever been detained, arrested or charged, with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)? If yes, explain. (Include date, location, arresting agency, disposition, etc.)

Yes No

To the best of your knowledge, how many positive and/or negative points are currently on your driver's license?

Have you ever received a "Warning Letter" from the Motor Vehicle Administration that your driver's license, or vehicle registration, could or would be canceled, suspended, or revoked? If yes, explain. (include reason, dates, agency, disposition, etc.)

Yes No

Do you currently have any outstanding parking tickets that have not been paid? If yes, explain. (Include dates, agency, number of tickets, etc.)

Yes No

Have you ever obtained or possessed a falsified or fictitious driver's license? If yes, explain in detail, to include reason for possession.

Yes No

Applicant's Initials _____

Traffic Violations

List all traffic violations for the last 10 years. This should include each time you were stopped by a police officer and issued one of the following: summons, mail-in-fine, mandatory court appearance, written warning or verbal warning. Examples of traffic violations would include: speeding, stop sign violations, equipment violations, etc.

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Applicant's Initials _____

Traffic Violations (cont.)

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Violation:	Date:	Location of violation (State):
Issuing agency:	Paid fine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Court appearance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>		
Explanation:		

Applicant's Initials _____

Motor Vehicle Accidents

List all motor vehicle accidents for the last 10 years. This includes motor vehicle accidents reported to the police as well as those not reported to the police. It also includes accidents that occurred on private property as well as those that occurred on a public roadway.

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Applicant's Initials _____

Motor Vehicle Accidents (cont.)

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Date of accident:		Location of accident:	
Was anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the accident reported to the police? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you file a claim with an insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Court finding: Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Probation <input type="checkbox"/> Driving School <input type="checkbox"/> Other <input type="checkbox"/>			
Explanation:			

Applicant's Initials _____

Employment History

Current Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Current Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Current Co-Workers

List two (2) co-workers with whom you presently work, and who are not listed elsewhere in this booklet.

1. Name: _____

Address: _____

Home phone: _____ Work phone: _____

Occupation: _____ Email address: _____

2. Name: _____

Address: _____

Home phone: _____ Work phone: _____

Occupation: _____ Email address: _____

Applicant's Initials _____

Previous Employment History

List all of your employment history for the last 10 years, including part-time. Include all periods of unemployment, internships, and volunteer positions.

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Applicant's Initials _____

Previous Employment History (cont.)

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Employer: _____

Address: _____

Phone: _____ Position/Title: _____

Fulltime Part-time Internship Volunteer Salaried

Dates of employment: From ____/____/____ To ____/____/____

Reason for leaving: (Exclude Medical Reasons) _____

Supervisor's Name and title: _____ Email address: _____

Applicant's Initials _____

Employment History Information

If you answer "yes" to any of the below questions, give full details including the name and address of each employer, approximate dates, and the circumstances in each case.

Have you ever been discharged/terminated/fired or disciplined by any employer? Yes No
If yes explain.

Have you ever been the subject of a citizen, client or co-worker complaint? Yes No
If yes explain.

Have you resigned while anticipating that your employer intended to discharge or take any disciplinary action against you for any reason? If yes explain. Yes No

Have you ever resigned from a job by mutual agreement following allegations of misconduct? If yes, explain. Yes No

Have you ever walked off a job without giving proper notice? If yes provide full details. Yes No

Have you ever resigned from a job by mutual agreement following allegations of unsatisfactory work performance? Yes No
If yes, explain.

Have you ever stolen anything from any of your employers? If yes, explain, supplying dates, items, values etc. Yes No

Applicant's Initials _____

Employment History Information (cont.)

Have you ever used illegal drugs while working on any job? If yes, explain, supplying type of drug, how used, date, etc.

Yes No

Have you ever committed any other crimes (**even one which went undetected**) while on any job you ever held?

Yes No

If yes explain.

Have you had any extended work absences for reasons other than medical or earned vacations? If yes explain.

Yes No

Military Status

If these questions do not apply to you, put NA in the response lines.

Are you registered with the Selective Service System?

Yes No

Selective Service # (can be obtained at www.sss.gov): _____

Have served in the Armed Force of the U.S.? (Included Merchant Marines)

Yes No

If yes, branch of service(s): _____ Service Number: _____

Dates of service: From ____/____/____ To ____/____/____ From ____/____/____ To ____/____/____

Type of discharge: (Exclude Medical Reasons) _____

Job title and rank at time of separation: _____

Primary M.O.S./A.F.S.C.: _____ Secondary M.O.S./A.F.S.C.: _____

List duty stations beginning with basic training and dates of assignments (include supervisor's name and current phone numbers).

Applicant's Initials _____

Military Status (cont.)

Do you have a current Military Reserve obligation? Yes No Active Inactive

Date reserve obligation started and is scheduled to terminate: From ____/____/____ To ____/____/____

If you have a Reserve obligation, provide your reserve organization's name and address below.

Organization: _____

Address: _____

Supervisor: _____ Business Phone: _____

Were you ever subject to any type of disciplinary action (including Article 15's) under the Uniform Code of Military Justice while serving in the Armed Forces? If yes, describe in detail. Yes No

Were you ever reduced/demoted in rank? If yes, describe in detail. Yes No

Have you ever received company punishment? If yes, describe in detail. Yes No

Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? If yes, describe in detail. Yes No

Have you ever been denied/refused entrance to any of the U.S. Armed Forces? If yes, explain the basis for your denial (except for medical reasons). Yes No

Applicant's Initials _____

Criminal History

Check applicable boxes below:

Have you ever been _____ by a law enforcement agency? (including campus police and security agencies)

Arrested Interviewed Interrogated Detained Indicted Convicted

Received a Criminal Summons Received a Civil Citation

For any checked boxes, explain in detail below giving date, reason, agency and disposition.

Do you currently have any pending criminal/civil charge(s) by any law enforcement authority? Yes No

Are you currently on bail or out on personal recognizance or other conditional release for any reason? Yes No

Are you currently on probation or parole? Yes No

If yes on any of the above, provide full details.

Are you aware of any outstanding criminal/civil summons or warrants for your arrest? If yes, explain in detail. Yes No

Have you ever been issued/served with any of the following?

Check all that are applicable:

Ex Parte Order Bench Warrant Arrest Warrant Protection from Abuse Order

Magistrate/District Court Criminal Summons Court Papers for any type of court appearance

If checked, explain in detail below providing the date, reason, agency and disposition.

Applicant's Initials _____

Criminal History (cont.)

Have you ever been convicted of a criminal offense, to include petty offense citations (i.e. underage consumption, noise violation)? If yes, provide all details giving dates, location, arresting agency, court disposition, etc.

Yes No

The next 65 questions require a "YES" or "NO" answer. All "YES" answers require a complete explanation on pg. 30

I fully understand that if I fail to give a detailed explanation, my questionnaire will be considered incomplete and I will not be given further consideration.

Yes No

Have you ever committed or conspired to commit any of the below acts:

- 1. Lied or committed perjury in court or other judicial proceeding? Yes No
- 2. Lied to anyone of authority? Yes No
- 3. Entered any building, business, dwelling, or house without permission? Yes No
- 4. Intentionally injured anyone as a result of a fight? Yes No
- 5. Cheated a restaurant or food establishment by walking out on a check? Yes No
- 6. Helped anyone steal anything? Yes No

Have you ever:

- 7. Knowingly received stolen property? Yes No
- 8. Committed an act of robbery? Yes No
- 9. Committed an act of theft/larceny? Yes No
- 10. Committed the act of shoplifting? Yes No
- 11. Falsified or lied on an employment application? Yes No
- 12. Provided anyone a discount at your place of employment without permission? Yes No
- 13. Conspired with anyone to commit an illegal act or crime of any kind? Yes No
- 14. Given anything to anyone that was not yours to give away? Yes No

Applicant's Initials _____

Criminal History (cont.)

15. Been accused or arrested for domestic violence or spousal abuse? Yes No
16. Been accused or arrested for elder abuse? Yes No
17. Been accused or arrested for any act of child abuse? Yes No
18. Slapped, pushed, or struck your current dating or previous dating partner, spouse, girlfriend, boyfriend, or significant other or social companion? Yes No
19. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? Yes No
20. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind? Yes No
21. Used a weapon of any kind during a fight or altercation? Yes No
22. Falsely reported a crime, or knowingly gave erroneous or misleading information to a police officer? Yes No
23. Used false, fraudulent, altered or borrowed identification of any kind for any purpose or reason? Yes No
24. Allowed your car to be used in the commission of a crime? Yes No
25. Knowingly committed a weapons violation of any kind?
(Includes illegal possession, carrying, transporting, selling, purchasing or modifying) Yes No
26. Been a member of a street/motorcycle gang? Yes No
27. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter or other unnatural death of a human being? Yes No
28. Committed a crime for which you were not caught or arrested? (Which is not listed elsewhere in this booklet) Yes No
29. Been an officer or member or made a contribution to an organization dedicated to the illegal overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities? Yes No
30. Knowingly engaged in any acts or activities designed to overthrow the United States Government? Yes No
31. Been placed on parole or probation for any reason? Yes No
32. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by Any subversive organization(s)? Yes No
33. Been a member of any organization and/or adhere to any belief which would in any way:
- A. Limit or prohibit your use of weapons or firearms? Yes No
 - B. Restrict or prohibit you from working on particular days or hours? Yes No
 - C. Restrict you from conforming to agency standards of appearance and/or grooming? Yes No
34. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any subversive organization(s)? Yes No
35. Been involved in or attended any school, camp, class, or forum sponsored by any subversive organization(s)? Yes No
36. Been involved in manufacturing, transporting, and/or detonation of any type of bomb, Molotov cocktail, explosive or other incendiary device? Yes No

Applicant's Initials _____

Criminal History (cont.)

37. Knowingly filed a false/fraudulent insurance claim regarding a traffic accident, theft, or other monetary or property loss? Yes No
38. Had sexual contact or committed a sex act with a child or person under the age of consent? Yes No
39. Downloaded or viewed child pornography? Yes No
40. Attempted to solicit any sex act involving a child? Yes No
41. Committed, or attempted to commit a sex act with an animal? Yes No
42. Engaged in any sexual act without the consent of the other person? Yes No
43. Been involved in, or accused of, a date rape? Yes No
44. Exposed you genital, breasts, or buttocks in public, to include mooning? Yes No
45. Patronized the act of prostitution? Yes No
46. Entered a house of prostitution for any reason? Yes No
47. Promoted the act of prostitution? Yes No
48. Been subjected to forfeiture of collateral in connection with an arrest? Yes No
49. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes No
50. Been a victim or complainant in any crime or incident? Yes No
51. Been found to be delinquent on income or other tax payments? Yes No
52. Been bonded or refused bond upon application? Yes No
53. Been issued or denied a permit or license to carry a handgun or other weapon? Yes No
55. Set a fire, been involved in an arson, a reckless burning or similar conduct? Yes No
56. Called in a false alarm, fire or bomb threat? Yes No
57. Committed the act of stalking? Yes No
58. Committed an act of peeping tom? Yes No
59. Misused or threatened anyone via the telephone? Yes No
60. Trespassed? Yes No
61. Harassed or threatened anyone? Yes No
62. Impersonated a police officer? Yes No
63. Intentionally damaged another person's property? Yes No
64. Committed any hunting or fishing violations? Yes No

Applicant's Initials _____

Answer Explanation Page (include question number with explanation)

Drug Experimentation and History

Have you ever smoked/experimented/tasted/ingested/used/injected/sniffed, or been exposed to, any of the following: (Date column must include month and year) Provide details for all "yes" answers in the space provided below.

Substance (circle each as applicable)	Yes	No	DATE	# of times used/amount
Marijuana/Hashish				
Cocaine/Powder				
Cocaine/Crack				
Opium Derivative (Heroin, Morphine, Codeine, etc)				
Amphetamines/Speed				
Barbiturates/Reds/Downers				
Inhalants (Glue, solvents, aerosols, whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, Mushrooms, Ecstasy, Ketomine, Special K, etc.)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet				
Any other drug/narcotic not specifically listed above				
Have you ever purchased any of the above listed substances?				

Applicant's Initials _____

Drug Experimentation and History (cont.)

If you answer yes to any of the following questions, you must explain in full detail below.

Drug Involvement

	YES	NO
Have you ever been arrested or charged with any type of drug/narcotic related conviction?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used prescription medication prescribed to another person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever sold or distributed any illegal drug/narcotic?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage or handling of illegal drugs/narcotic for yourself or anyone else?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made any money or profit in any way from your involvement in drugs/narcotics?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic, other than what you have already listed in this booklet?	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol Related Activities

Have you ever:

Been arrested or charged for committing any alcohol-related violations? Yes No
 If yes, explain, giving all details to include dates, locations, etc.

Been issued a civil/criminal citation for any type of alcohol related violation? Yes No
 If yes, explain:

Ever-purchased alcohol for a minor? Yes No
 If yes, explain, giving all details to include dates, locations, age of minor, etc.

Applicant's Initials _____

Gambling Related Activities

Do you currently have any outstanding gambling debts? If yes, provide all details. Yes No

Have you ever used an employer's money to gamble? If yes, provide all details. Yes No

Have you even stolen money with which to gamble? If yes, provide all details. Yes No

References

Provide the names and addresses of six (6) character references (not related to you by blood or marriage) that are not listed in elsewhere in this questionnaire.

1. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

2. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

3. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

Applicant's Initials _____

References (Cont.)

4. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

5. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

6. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

Applicant's Initials _____

Neighborhood References

Provide the names and addresses of two (2) people who reside in your neighborhood, and who have not been listed elsewhere in this questionnaire.

1. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

2. Name: _____ Length of time known: _____

Address: _____

Home Phone: _____ Work phone: _____

Occupation: _____ Email address: _____

Applicant's Initials _____

Police/Public Safety/Security Experience

Do you have experience as a sworn law enforcement officer? Yes No
If yes, explain to include agency(s), position, length of service, and complete **Part II** of this questionnaire.

Do you have experience in private security? If yes, provide agency(s), dates, and position. Yes No

Do you have experience as an intern, volunteer, cadet, or explorer with any law enforcement agency? Yes No
If yes, provide agency(s), date, and position.

Do you have experience as a paid or volunteer member of any fire department or rescue squad? Yes No
If yes, provide agency(s), date, and position.

Are you currently attending, or have you attended any police academy, or received any law enforcement training? Yes No
If yes, provide agency(s) and date.

Do you personally know any Marine Corps Civilian Police Officers? Yes No
If yes, list names below and duty station if known, and length of time you have known them.

Do you have any relatives who are current or past members of a law enforcement agency? Yes No
If yes, please list name, relationship and their department/agency.

Has the United States Government ever granted you a security clearance? Yes No
If yes, by which agency(s) and at what level?

Applicant's Initials _____

Special Skills/Training/Certifications

List all computer skills and experience. List type of hardware and software applications(s) and general competency level of each:

Are you able to communicate in any language other than English (including sign language)?

Yes No

If yes, specify language. _____

Provide the names of two (2) references that can verify your language skills.

1. Name: _____

Phone: _____ Relationship: _____

2. Name: _____

Phone: _____ Relationship: _____

List any special skills/training, such as operation of machines or special equipment that you possess.

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc.: (Provide a photocopy of all license(s) or certificates(s)).

Applicant's Initials _____

Special Skills/Training/Certifications (cont.)

Do you have skills or training in the following areas?

Skill/Training Certification	Yes	No	Specify Course Location/Certification
EMT/Paramedic			
Emergency Driving			
Firearms Training			
Counseling/Crisis Intervention			
Legal/Paralegal			
Leadership Course(s)			
Martial Arts			
Other (specify)			

Miscellaneous

Is there anything, which would prevent you from taking an oath of office? If yes, explain.

Yes No

Supporting and defending the Constitution of the United States? If yes, explain.

Yes No

Taking a life in the line of duty? If yes, explain.

Yes No

Applicant's Initials _____

Miscellaneous (cont.)

Is there anything in your past that we have not asked, which, if ascertained may prove to be embarrassing to you and/or this Agency, if you were employed by this agency? If yes, explain in detail. Yes No

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know? If yes, explain. Yes No

If you are employed as a police officer by this agency, how long do you anticipate remaining with us?

If employed as a police officer with this agency, what career goals do you have?

List all professional and/or civic organizations that you currently are, or were, previously a member.

List your current and past volunteer/community service/community oriented activities.

List your current non-employment related interests and hobbies.

Did anyone provide advice, guidance or other assistance to you in regards to the completion of this questionnaire? If yes, explain. Yes No

Applicant's Initials _____

PART II
Current and Former Police Officers
This section only applies to current and former police officers

What law enforcement agency(s) are you currently, or were previously, employed by?

Date(s) of employment? From: ____/____/____ To: ____/____/____

Have you been the subject of any internal investigations or citizen complaints? If yes, explain fully. Yes No

Disposition:

Have you ever been suspended from duty, with or without your police powers, for any reason, except medical? If yes, explain fully. Yes No

Have you been subject to any departmental disciplinary actions? If yes, explain fully. Yes No

Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes No

If yes how many? What was the disposition of each?

Applicant's Initials _____

Current and Former Police Officers (cont.)
This section only applies to current and former police officers

What assignments, special training and skills have you had as a police officer?

How have you been rated on your evaluations? (Please check all that apply)

- Excellent
- Above Satisfactory
- Satisfactory
- Below Satisfactory
- Unsatisfactory

Explain any performance evaluations of which you received less than satisfactory. (Please provide copies of performance evaluations for the past two years)

Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit? Yes No
If yes, explain fully.

Have you ever discharged your service weapon, either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes No
If yes, explain fully.

Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes No
If yes, explain fully.

Applicant's Initials _____

Current and Former Police Officers (cont.)
This section only applies to current and former police officers

Have you ever been charged or investigated for the use of excessive force or police brutality?
If yes, explain fully.

Yes No

Have you been investigated by your current/past agency for an allegation of domestic violence/spousal abuse? If yes, explain all circumstances in full.

Yes No

Please explain why you want to leave your current department, or why you left your previous law enforcement employer.

Additional Answer Explanation Page (include question number/topic with explanation)

Marine Corps Civilian Law Enforcement Program

Information Certification

I _____ understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true, complete, and correct to the best of my knowledge. I further understand that if at any time during the course of the background investigation or anytime during my employment with the Marine Corps Civilian Law Enforcement Program, it is discovered that I have made untruthful statements, falsified my employment application form, falsified my personal history questionnaire, and/or have given or provided misleading statements, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Marine Corps Civilian Law Enforcement Program.

Signature of Applicant (type legal name if using pdf version)

Date