

# **HARRISON COUNTY SHERIFF'S DEPARTMENT**



**HARRISON COUNTY  
SHERIFF'S DEPARTMENT**

**An Equal Opportunity Employer**

**EMPLOYMENT APPLICATION**

**AND**

**PRE-EMPLOYMENT QUESTIONNAIRE**

## **HARRISON COUNTY SHERIFFS DEPARTMENT INFORMATION SHEET**

### **I. COMPLETING YOUR APPLICATION:**

- A. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED. Any misrepresentations, falsifications or material omissions in any form may result in the County's exclusion of the individual from further consideration for employment. Such misrepresentation or falsification may result in termination even after the applicant is hired.
- B. YOUR SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- C. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate or license as directed on the application.

### **II. MINIMUM OR SELECTION REQUIREMENTS**

- A. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- B. If applying for a police officer position you must be at least 21 years of age by completion of the Indiana Law Enforcement Academy (ILEA). When applying for 911 Dispatch and/or Correctional Officer/Jail positions you must be 18 years of age. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

### **III. EQUAL EMPLOYMENT OPPORTUNITY/NON- DISCRIMINATION POLICY**

- A. It is the policy of the County of Harrison County to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status or any other classification protected under applicable law. This policy applies to all terms, conditions and privileges of employment, including, but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.
- B. It is the policy of Harrison County not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of this County to comply with all applicable requirements of the Americans with Disabilities Act (ADA).

#### IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP

- A. All new hires must cooperate with the County in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New employees shall complete an I- 9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodations, then the person is not qualified for the position. The County will reasonably accommodate persons with a disability.

#### V. RECORD OF CONVICTIONS

- A. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. **ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.**

\* Placement of an employment application with the County does not mean that an applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.

\*Applications will be retained in active files for six (6) months or for the duration of applicant recruitment lists when used.

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following voluntary information is requested for the County of Harrison County to evaluate its hiring practices required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will NOT be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity:

1. \_\_\_\_\_ White
2. \_\_\_\_\_ Black/African American (Not of Hispanic Origin)
3. \_\_\_\_\_ Hispanic/Latino (Mexican, Puerto Rico, Cuban, Central or South American, or Spanish culture or origin)
4. \_\_\_\_\_ American Indian (subject to verification)
5. \_\_\_\_\_ Asian or Pacific Islander (excluding Filipino)
6. \_\_\_\_\_ Filipino

B. Gender

1. \_\_\_\_\_ Male
2. \_\_\_\_\_ Female

C. Disabled \_\_\_\_\_ A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for or oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_



**Authorization for Release of Criminal  
Records, Employment Records  
and Personal Information**

Printed Full Name (Last, First, Middle): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

I, \_\_\_\_\_, respectfully request and authorize you to furnish the Harrison County Sheriff's Department any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Harrison County Sheriff's Department. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\*NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Position Applying for: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

Requestor (printed): \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

**Full Name (Last, First, Middle):**

**Position Applying for:**

**Date Available:**

**Date Completed:**

**The following may be used to complete a polygraph examination, should the position you are applying for require it. Be complete, honest and specific in your responses. If you need to complete these questions, attach your answers to this questionnaire. All dates are to be recorded in month, day, year format.**

| <b>Contact Information</b>                       |                  |                   |
|--|------------------|-------------------|
| Name of Applicant (Last, First, Middle Initial): |                  |                   |
| Nick names or Aliases:                           |                  |                   |
| Address:   |                  |                   |
| Home Phone: (    )                               | Cell: (    )     | Alternate: (    ) |
| Primary Email:                                   | Secondary Email: |                   |
| <b>Personal Data</b>                             |                  |                   |

Date of Birth:                      Age:    SS#:

Are you a United States Citizen? Yes:     No:   
If you are not a US Citizen, have you applied for citizenship?    Yes:     No:

Race:                                      Marital Status:

Gender:                      Height:                      Weight:                      Hair Color:                      Eye Color:

Driver's License State:                      License #:                                      Exp. Date:

Please provide a photograph of yourself and a copy of your driver's license in the spaces below:

|                          |
|--------------------------|
| Photograph               |
| Copy of Driver's License |

## Education

**You will be required to furnish transcripts, diplomas or other proofs to support all your educational claims.**

**High School:**

City/State:

Year of Graduation:

GED? Yes:  No:

Address:

Telephone Number:

**Current/Most Recent College:**

Address:

Telephone Number

Highest Degree Earned:

Overall Grade Point Average:

If no degree was earned, please give the total number of credit hours earned.

If you attended another college or university prior to earning your final degree, enter the information below:

**College or University #2 - Name:**

Address:

Telephone Number

Highest Degree Earned:

Overall Grade Point Average:

Dates Attended (month/year):

If no degree was earned, please give the total number of credit hours earned.

**College or University #3 - Name:**

Address:

Telephone Number

Highest Degree Earned:

Overall Grade Point Average:

Dates Attended (month/year):



If no degree was earned, please give the total number of credit hours earned.

**Trade, Vocational, or Technical School Information**

Most Recent/Current School Attended:

Dates Attended (month/year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

**School #2 -Name:**

Dates Attended (month/year):

Address:

Telephone Number

Type of Certification or Degree Earned:

**School #3 – Name:**

Dates Attended (month/year):

Address:

Telephone Number:

Type of Certification or Degree Earned:

|                                      |
|--------------------------------------|
| <b>Prior Law Enforcement History</b> |
|--------------------------------------|

**Most Recent Police Academy Attended:**

Address:

Dates Attended (month/year):

Telephone Number:

Department/Agency (if applicable):

**Police Academy #2 – Name:**

Address:

Dates Attended (month/year):

Telephone Number:

Department/Agency (if applicable):

**Police Application History:**

Have you ever applied to any other law enforcement agency? Yes:  No:

If yes, list EVERY agency with which you applied, starting with the most recent.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

**Steps:**

|             |                                 |                  |                |           |
|-------------|---------------------------------|------------------|----------------|-----------|
| Application | Written Test                    | Physical Agility | Oral Interview | Polygraph |
| Background  | Chief's or Board Oral Interview |                  | Medical        |           |

**Status:**

Hired            On List            Withdrawn            Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

***Steps:***

Application    Written Test    Physical Agility    Oral Interview    Polygraph

Background            Chief's or Board Oral Interview            Medical

***Status:***

Hired            On List            Withdrawn            Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

***Steps:***

Application    Written Test    Physical Agility    Oral Interview    Polygraph

Background                      Chief's or Board Oral Interview                      Medical

***Status:***

Hired              On List              Withdrawn              Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

Name of Agency:

Address:

Telephone Number:

Date Applied:

Background Investigator's Name (if known):

Check each step in the process you completed, and your current status:

***Steps:***

Application    Written Test    Physical Agility    Oral Interview    Polygraph

Background                      Chief's or Board Oral Interview                      Medical

***Status:***

Hired              On List              Withdrawn              Disqualified

If not selected for the position, please explain why you were not selected or withdrew from the process.

## **Academic Information**

Have you ever been subject to academic discipline, suspension, or expulsion from any high school, college/university, business or trade school or police academy?

If yes, please explain the circumstances of the incident:

Please list any organization, social or educational, that you have taken part in while in any school:

Please list any organized sport you have played at any school and the years you took part in these sports. Please include the name of the school involved.

|                         |
|-------------------------|
| <b>Military Service</b> |
|-------------------------|

Have you ever served in a military organization? Yes:  No:

Current Military Branch: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Last M.O.S.: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates of Service by year: From \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

Past Military Branch: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Last M.O.S.: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates of Service by year: From \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name and Phone Number: \_\_\_\_\_

List all Military Awards you have received:

List all certifications you have received in the military:

List any discipline you received while in the military and the outcome of that discipline:

If you transferred from one branch of the military to another, state your reason for the transfer:

**Selective Service**

If you are **male** born after 1960, Federal Law requires you to have registered with the Selective Service. If you do NOT have a Selective Service number, you are in violation and your application cannot be processed. To locate your Selective Service Registration Number, go to <http://www.sss.gov/>.

Selective Service Number:

Date of Registration:

**Employment**

**List all employment from current or last employer to your first employer**

**Company Name:**

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off  Resigned  Fired  Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions theft, poor attendance or reason for being fired or laid off:

**Company Name:**

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off  Resigned  Fired  Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions theft, poor attendance or reason for being fired or laid off:

**Company Name:**

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off  Resigned  Fired  Other (explain below):

Please explain your position at this employer and what you did on a daily basis:



Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions theft, poor attendance or reason for being fired or laid off:

**Company Name:**

Address:

Supervisor:

Title:

Phone Number:

Last Position Held:

Dates of Employment (month/year): From:

To:

Reason for Separation (if applicable):

Laid Off  Resigned  Fired  Other (explain below):

Please explain your position at this employer and what you did on a daily basis:

Please explain any issues at this employer regarding your involvement in sexual harassment, inappropriate actions, any disciplinary actions theft, poor attendance or reason for being fired or laid off:

Have you ever quit a job without proper notice: Yes:  No:

If yes, please explain:

Have you ever resigned in lieu of termination or believed that termination was imminent:

Yes:  No:

If yes, explain:

Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?

Yes:  No:

If yes, explain:

Were you ever the subject of a written complaint at work? Yes:  No:

If yes, please explain:

Have you ever been counseled at work because of lateness or absences? Yes:  No:

If yes, please explain.

Have you ever received an unsatisfactory performance review: Yes:  No:

If yes, please explain:

Have you ever sold, released, or given away legally confidential information: Yes:  No:

If yes, please explain.

Have you ever called n sick to work when you were neither sick nor caring for a sick family member? Yes:  No:

If yes, how many sick days have you used in the past five years which were not due to illness? Please explain.

If the past three years, have you missed work or been late to work due to drug or alcohol consumption? Yes:  No:

If yes, please explain:

Has your work performance ever been affected by your use of alcohol or drugs?

Yes:  No:

In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes:  No:

## Financial Information

For each of the following questions, please fill in the amounts to the nearest dollar:

From your employer, what is your take-home pay? Per Month: \_\_\_\_\_

Do you have income from a source other than salary or wages? Yes:  No:

If so, list the source and amount below.

Funding Source: Per Month: \_\_\_\_\_

Funding Source: Per Month: \_\_\_\_\_

Have you ever filed for or declared bankruptcy? (Chapter 7, 11, or 13) Yes:  No:

Have any of your bills ever been turned over to a collection agency? Yes:  No:

Have you purchased goods that were later repossessed? Yes:  No:

Have your wages ever been garnished? Yes:  No:

Have you ever been delinquent in paying any type of tax? Yes:  No:

Have you ever failed to file or cheated/lie on an income tax form? Yes:  No:

Have you ever had an employment bond refused? Yes:  No:

Have you ever avoided paying any lawful debt by moving away? Yes:  No:

Have you ever failed to pay back a loan? Yes:  No:

Have you ever borrowed money to pay for a gambling debt? Yes:  No:

Have you ever spent money for illegal purposes (drugs & etc.)? Yes:  No:

Have you ever failed to make or been late on court ordered payments such as child support, restitution, or alimony: Yes:  No:

Have you ever written three or more bad checks in a one-year period? Yes:  No:

If you answered yes to any of the foregoing financial information questions, please explain in detail the circumstances surrounding the incident below.

## Residential Information

List your current address, and the list previous addresses for the past five years as well as the length of time you resided at each location.

Current home address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Rent/Own:

List the name and associations of all persons residing within this address and contact telephone numbers for each:

- |        |                          |                                 |                                |                                  |  |
|--------|--------------------------|---------------------------------|--------------------------------|----------------------------------|--|
| 1.     |                          | Telephone number:               |                                |                                  |  |
| Parent | <input type="checkbox"/> | Spouse <input type="checkbox"/> | Child <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| 2.     |                          | Telephone number:               |                                |                                  |  |
| Parent | <input type="checkbox"/> | Spouse <input type="checkbox"/> | Child <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| 3.     |                          | Telephone number:               |                                |                                  |  |
| Parent | <input type="checkbox"/> | Spouse <input type="checkbox"/> | Child <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| 4.     |                          | Telephone number:               |                                |                                  |  |
| Parent | <input type="checkbox"/> | Spouse <input type="checkbox"/> | Child <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| 5.     |                          | Telephone number:               |                                |                                  |  |
| Parent | <input type="checkbox"/> | Spouse <input type="checkbox"/> | Child <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |

**1<sup>st</sup> Previous Residence:**

Address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Rent/Own:

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**2<sup>nd</sup> Previous Residence:**

Address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Rent/Own:

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**3<sup>rd</sup> Previous Residence:**

Address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Rent/Own:

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**4<sup>th</sup> Previous Residence:**

Address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Rent/Own:

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**5<sup>th</sup> Previous Residence:**

Address:

Home Telephone Number (if applicable):

Time at this address: From (month/year):                      To:

Have you ever been evicted or asked to leave a residence: Yes  No

Have you ever left a residence owing rent: Yes  No

**If yes to either question, please explain:**

|                           |
|---------------------------|
| <b>Traffic Violations</b> |
|---------------------------|

List all citations issued for traffic violations (This includes out of state citations as well):

| <b>Violation</b> | <b>Date</b> | <b>State</b> | <b>Disposition</b> |
|------------------|-------------|--------------|--------------------|
|                  |             |              |                    |
|                  |             |              |                    |
|                  |             |              |                    |
|                  |             |              |                    |
|                  |             |              |                    |
|                  |             |              |                    |
|                  |             |              |                    |

List all states which have issued you a driver's license:

| <b>State</b> | <b>Driver's License Number</b> |
|--------------|--------------------------------|
|              |                                |
|              |                                |
|              |                                |
|              |                                |

Has your driver's license ever been suspended in any state for any reason?

Yes  No

If yes, please explain.

List any vehicle accident in which you were at fault:

| <b>Date</b> | <b>Location</b> | <b>Brief Description</b> |
|-------------|-----------------|--------------------------|
|             |                 |                          |
|             |                 |                          |
|             |                 |                          |
|             |                 |                          |
|             |                 |                          |

## Alcohol Use/History

Have you operated a motor vehicle while intoxicated in the past 24 months (2 years)?

Yes  No

If yes, how many times and explain the circumstances of each incident.

Have you been intoxicated in public in the last 24 months (2 years)?

Yes  No

If yes, how many times and explain the circumstances of each incident.

When was the last time you were intoxicated and why?

Have you ever been arrested or received a citation for an alcohol related offense?

Yes  No

If yes, explain the nature of the arrest/citation, including the date, place and circumstance of the offense and the final outcome.



### Arrest History

Have you ever been arrested? Yes  No

If yes, please provide the following information:

| Date | Location (include state) | Offense | Disposition |
|------|--------------------------|---------|-------------|
|      |                          |         |             |
|      |                          |         |             |
|      |                          |         |             |
|      |                          |         |             |
|      |                          |         |             |

Did any of the above offense involve domestic violence?

Yes  No

If yes, please explain the circumstances of the charge, including the victim's identity and that person's relationship to you at the time of the offense.

Have you ever had an emergency protective order or a domestic violence related protective order filed against you? Yes  No

If yes, please explain the circumstances under which the order was filed, the date of the order and the outcome of the case(s).

## Illegal Drug History

Please completed the following table. Remember, the drugs referred to here are those considered illegal. If you were prescribed any of the following drugs then you are not required to list them. Drugs prescribed by a physician are illegal if you obtained them illegally, that is, purchased them from someplace other than a pharmacy or used them when they were prescribed to another individual.

| <b>Drug Used</b>                               | <b>Date of First Use</b> | <b>Date of Last Use</b> | <b>Maximum Times Used</b> | <b>How Drugs Were Used</b> | <b>Number of Times Purchased</b> |
|--|--------------------------|-------------------------|---------------------------|----------------------------|----------------------------------|
| Marijuana                                      |                          |                         |                           |                            |                                  |
| Hashish  |                          |                         |                           |                            |                                  |
| PCP  |                          |                         |                           |                            |                                  |
| Angel Dust                                     |                          |                         |                           |                            |                                  |
| Amphetamines                                   |                          |                         |                           |                            |                                  |
| LSD  |                          |                         |                           |                            |                                  |
| Peyote   |                          |                         |                           |                            |                                  |
| Mescaline                                      |                          |                         |                           |                            |                                  |
| Heroin   |                          |                         |                           |                            |                                  |
| Cocaine  |                          |                         |                           |                            |                                  |
| Quaaludes                                      |                          |                         |                           |                            |                                  |
| Downers  |                          |                         |                           |                            |                                  |
| Tranquilizers                                  |                          |                         |                           |                            |                                  |
| Percocet                                       |                          |                         |                           |                            |                                  |
| Hydrocodone                                    |                          |                         |                           |                            |                                  |
| Ecstasy/XTC                                    |                          |                         |                           |                            |                                  |
| Darvocet                                       |                          |                         |                           |                            |                                  |
| Dilaudid                                       |                          |                         |                           |                            |                                  |
| Ketamine                                       |                          |                         |                           |                            |                                  |
| Speed  |                          |                         |                           |                            |                                  |
| Inhalants                                      |                          |                         |                           |                            |                                  |
| Methamphetamine                                |                          |                         |                           |                            |                                  |
| Psilocybin/psilocin<br>(psychedelic mushrooms) |                          |                         |                           |                            |                                  |
| Xanax  |                          |                         |                           |                            |                                  |
| Adderall                                       |                          |                         |                           |                            |                                  |
| Oxycodone                                      |                          |                         |                           |                            |                                  |
| Ambien/Lunesta                                 |                          |                         |                           |                            |                                  |

Have you ever sold or transferred illicit drugs or prescription drugs prescribed to another person?

Yes  No  If yes, please fill out the following table.

| <b>Type of Drug</b> | <b>Amount Sold (total)</b> | <b>Date</b> | <b>Number of times</b> | <b>Dollar Value at Time of Sale</b> |
|---------------------|----------------------------|-------------|------------------------|-------------------------------------|
|                     |                            |             |                        |                                     |
|                     |                            |             |                        |                                     |
|                     |                            |             |                        |                                     |

If you have taken any of the drugs above, or sold any drugs at any time, including drugs sold or ingested that were prescribed for another, please explain the circumstances that led to this behavior.

Please provide any additional information regarding your previous or current drug use that you believe would be important for this agency to know.

Please list below any prior polygraph examinations that you have taken.

| <b>Date</b> | <b>Location</b> | <b>Reason for Examination</b> | <b>Name of Examiner or Agency</b> |
|-------------|-----------------|-------------------------------|-----------------------------------|
|             |                 |                               |                                   |
|             |                 |                               |                                   |
|             |                 |                               |                                   |
|             |                 |                               |                                   |



7. Have you ever taken part in any act of entering or remaining on the property of another, knowing that you did not have permission of the owner?
  
  
  
  
  
  
  
  
  
  
8. Have you ever taken part in any act involving the use of a firearm, knife, club or other deadly weapon or the otherwise use of physical force, threats or intimidation in order to steal cash or property, or with the intent of committing another criminal act?
  
  
  
  
  
  
  
  
  
  
9. Have you ever taken part in any act involving hurting, harming or attempting to injure another person using a firearm knife, club or any other deadly weapon?
  
  
  
  
  
  
  
  
  
  
10. After the age of eighteen, have you ever entered into any sex act with another person who was less than fourteen years of age at the time of the act?
  
  
  
  
  
  
  
  
  
  
11. Have you ever exposed or anus or genitals in public to sexually arouse or gratify another person?
  
  
  
  
  
  
  
  
  
  
12. Have you ever filed a false police report?



19. Have you ever taken or kept a child under the age of eighteen out of the state in which the child resides in violation of a court order or judgement regarding custody or residence of that child?
  
20. Have you ever caused, planned or started a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to you or another person which was insured?
  
21. Have you ever committed acts of cruelty to any creature or animal that resulted in harm, injury or death?
  
22. Have you ever been involved in the telling of a lie, falsehood or misrepresentation while under oath or on a sworn statement?
  
23. Have you ever been involved in resisting arrest or interfering with any police officer in the performance of that officer's duty?
  
24. Have you ever been a part of any sexual act, including but not limited to, intercourse, oral or anal sodomy or any sexual contact with another person in exchange for cash or property of any value (including anyplace where prostitution is legal)?

25. Have you ever fled from that police by foot, vehicle or by any means to avoid arrest, detention or questioning?
  
26. Have you ever been a part of any act involving forgery or counterfeiting of any document, writing, signature, money, license, contract, credit card receipt, security agreement, will, deed, or any deed of trust with the intent to defraud or harm the person or business?
  
27. Have you ever bribed or attempted to bribe any government official or employee?
  
28. Have you ever been a part of impersonating a police officer, peace officer, or any member of a law enforcement agency or other government agency?
  
29. Have you ever taken part in any action which forced a person, either by threat of force or actual violence, to engage in prostitution or been paid money or anything of value to procure prostitution for another?
  
30. Have you ever been involved in credit card fraud or theft? This includes using the card without the permission of the owner, using a fictitious card or number, manufacturing or selling credit cards, illicitly buying or presenting a credit card to obtain goods or service, using a credit card without the permission of the owner of the card, or using a credit card in any way to commit a crime.



31. Have you ever broken into a coin operated device with the intent to steal cash, property, merchandise or to obtain services?
  
32. Have you ever broken into or entered into a vehicle of any kind with the intent to steal case, property or merchandise?
  
33. Have you ever been involved in any type of breaching or disturbing the peace? This includes, but is not limited to the use of profane, vulgar, or abusive language to incite a crowd, fighting or threatening another in a public place, or looking into a window or opening in a building for lewd purposes?
  
34. Have you been involved in, whether alone or as a participant, in a group/organization which seeks to further murder, arson, robbery, burglary, theft, kidnapping, assault, forgery gambling, prostitution or the distribution of drugs, promotion or distribution of obscene material or any other criminal act?
  
35. Have you been involved in any act of breaking into a building, habitation, or any portion of a habitation or building with the intent to steal cash, property, or merchandise or with the intent of committing another criminal act?
  
36. Have you unlawfully deprived an individual of property, cash, or merchandise through appropriation, theft, theft by false pretense, theft from a person, swindling, passing a worthless check, embezzlement, or extortion?

37. Have you been involved in the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, video, or any item that patently depicts any sexual act? This includes any form of copulation, masturbation, excretory functions, sadism, masochism, or bestiality.
38. Have you taken part in any sexual acts, after you were twenty-one years of age, with a person who was less than sixteen years of age at the time of the act?
39. Have to ever assaulted another person by striking them with the intent to hurt that person? This includes any act of domestic violence.
40. Have you ever been involved in any incestuous act of knowingly inflicting sexual contact or sexual penetration on a close family member? This includes, but is not limited to, sexual intercourse or and anal intercourse with a natural child, stepchild or child by adoption; natural grandmother, step-grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew.
41. Have you ever made annoying or obscene telephone calls?
42. Have you committed any act that, if it were to be made known, would bring dishonor to you or the Harrison County Sheriff's Department?

43. Have you ever been refused a permit to carry a concealed weapon?

44. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?

45. Have you ever taken a prescription pain medication meant for another person or obtained prescription medication illegally?

Please use this space give an explanation regarding any other criminal activity or questionable activity in which you may have been involved.

**Honesty & Countermeasures Certification**

I do hereby certify that all the statements made in this employment and pre-polygraph questionnaire are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information, misstatement or omission of a material fact may disqualify me from further consideration with regards to the Harrison County Sheriff's Department Selection Process. I further understand that any of the foregoing information provided by me may be subject to investigation and any false information, misstatement, or omission of a material fact may subject me to future dismissal from the Harrison County Sheriff's Department.

I also understand my use of any countermeasures with the intent to disguise my answers or otherwise change the outcome of the polygraph examination will result in my dismissal from the Harrison County Sheriff's Department selection process.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Use This Space for Any Further Explanations to the Questions in this Questionnaire.**