



*Background Investigation Questionnaire
(Pre-Polygraph)*

Applicant: _____

Position _____

Agency _____

**Section One
Personal & Work History**

Name:			
Last	First	Middle	
Aliases:			
<hr/>			
Operators License:			
Drivers License Number	State	Expiration Date	
Drivers License Number	State	Expiration Date	
Address:			
Home Address			Apartment
City	State	Zip	
Contact Information:			
Home		Cell	
Work		Other	
Primary Email Address		Secondary Email Address	
Birth Information:			
Birthplace City/State	Date of Birth	Age	
Social Security Number	Sex	Race	
Relationship Information (check one):			
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Single	<input type="checkbox"/>	Widow	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Remarried	<input type="checkbox"/>
Education Information (check one):			
GED	<input type="checkbox"/>	Bachelors Degree	<input type="checkbox"/>
High School Diploma	<input type="checkbox"/>	Masters Degree	<input type="checkbox"/>
Some College	<input type="checkbox"/>	Doctoral Degree	<input type="checkbox"/>
Degrees Held:		College Credit Hours:	
<hr/>		<hr/>	
<hr/>		<hr/>	
<hr/>		<hr/>	
Military History:			
Branch	2nd Branch	Discharge Type/Date	
Dates of Service		Highest Rank Held	
<hr/>		<hr/>	

Employment History:

Current Employer _____ Length of Employment _____

Job Description _____

Past Employer _____ Length of Employment _____

Job Description _____

Have you been fired or asked to resign from a job? Yes () No ()

Employer _____

Date of Employment _____

If yes, please explain: _____

Employer _____

Date of Employment _____

If yes, please explain: _____

*If more than two instances of being fired or asked to resign check here and continue listing the information on the back of this form.

*Have you been tardy or late to work? Yes () No () Number of times tardy per month? _____

*Have you been reprimanded for misconduct for not doing your job right? Yes () No ()

If yes, please explain: _____

*Have you ever been accused of sexual harassment or sexual misconduct at a job? Yes () No ()

If yes, please explain: _____

*Have you ever been the party to a lawsuit or court proceeding which involved your job? Yes () No ()

If yes, please explain: _____

*Have you ever been accused of or have you ever stole anything from your employer? Yes () No ()

If yes, please explain: _____

**Section Two
Criminal History**

Arrest History: Have you ever been arrested? Yes () No ()

When	Where
Offense(s)	Disposition
When	Where
Offense(s)	Disposition
When	Where
Offense(s)	Disposition

*If more than three arrests check here and continue listing the information on the back of this form.

Theft History:
 Many people have taken "things" from a place where they work, which they did not have permission to take. Items taken may include cash, merchandise, padding an expense account or giving an unauthorized discount. You may have simply borrowed an item and forgotten to return it. Louisville Metro Emergency Services is interested in incidents of thefts from current or former employers that you may have committed.

In the space below list everything you have ever taken from an employer, which you did not have permission to take:

<i>Item Taken</i>	<i>Value</i>	<i>Date</i>	<i>Employer</i>
	\$ _____	/ /	
	\$ _____	/ /	
	\$ _____	/ /	
	\$ _____	/ /	

Check here if more space is needed and continue on the back.

Check here if you have never taken anything from an employer.

In addition, we are interested in other thefts of property that you may have been involved in from other sources. This includes, but is not limited to shoplifting, switching price tags, receiving unauthorized discounts and receiving stolen property. In the space provided below, list everything you have ever taken which you did not have permission to take.

<i>Item Taken</i>	<i>Value</i>	<i>Date</i>	<i>Employer</i>
	\$ _____	/ /	
	\$ _____	/ /	
	\$ _____	/ /	
	\$ _____	/ /	

Check here if more space is needed and continue on the back.

Check here if you have never taken anything from an employer.

You are applying for a public safety position. You will be responsible for upholding the public trust and conducting yourself within the constraints of the law. Accordingly, Louisville Metro Emergency Services is concerned with your participation, commission, arrest, and conviction or questioning of any crime listed below. We realize it is a rarity for an applicant to answer "no" to all these questions, so we place a high degree of value to a person's honesty and integrity in answering these questions.

Obviously, there are some acts of criminal behavior that will preclude your selection for employment with Louisville Metro Emergency Services. Nonetheless; you must admit involvement in such activity, if it applies to you, to successfully complete the polygraph exam. You will be given ample opportunity to explain your participation in this activity in the following section as well as to the polygraph examiner on the date of your examination.

1. Any act of taking the life of another person? Yes () No ()
2. Any act of abducting another person? Yes () No ()
3. Any sex acts after you were eighteen (18) years of age with another person who was less than fourteen (14) years of age at the time of the act (examples: intercourse, oral sex, anal sex or the touching of the breasts, genitals, or anus of another person)? Yes () No ()
4. Any sexual acts, after you were twenty-one (21) years of age, with a person who was less than sixteen (16) years of age at the time of the act (examples: intercourse, oral sex, anal sex or the touching of the breasts, genitals, or anus of another person)? Yes () No ()
5. Any act of exposing your anus or genitals in public to sexually arouse or to gratify yourself or to gratify another person? Yes () No ()
6. Any act of assault by striking another person with the intent to hurt that person? Yes () No ()
7. Any act of cruelty to any creature or animal, which resulted in harm, injury or death (exclude legally licensed sport hunting or fishing)? Yes () No ()
8. Any act of rape, either by force or threats of injury? Yes () No ()
9. Any act involving hurting, harming, or attempting to injure another person using a firearm, knife, club or other deadly weapon? Yes () No ()
10. Any act involving hurting, harming, abusing, striking, or injuring any person under the age of fifteen (15)? Yes () No ()
11. Any act of being married to two persons at the same time? Yes () No ()
12. Any incestuous act of knowingly sexual contact or sexual penetration? This includes, but is not limited to, sexual intercourse, oral and anal intercourse with a natural child, stepchild, or child by adoption; natural grandmother, step-grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew. Yes () No ()
13. Any act involving taking or keeping a child under the age of eighteen (18) out of state in which the child resides, to violate a court order or judgement disposing of the child's custody? Yes () No ()
14. Any act of causing, planning, or starting a fire or an explosion to damage or destroy a building, habitation, or vehicle belonging to you or another person? Yes () No ()

15. Any act involving the intentional damage or destruction of any property belonging to another person?
Yes () No ()
16. Any act involving the use of a firearms, knife, club, or other deadly weapon; physical force, threats or intimidation in order to steal cash or property; or with the intent to commit another criminal act?
Yes () No ()
17. Any act of involving the 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?
Yes () No ()
18. Any act of breaking into a coin operated device with the intent to steal cash, property, and merchandise or to obtain services? Yes () No ()
19. Any act involving the breaking into or entering a vehicle of any kind with the intent to steal cash, property, or merchandise. This includes but is not limited to cars, truck, trailers, boxcars, vans or motor homes?
Yes () No ()
20. Any act of entering or remaining on the property of another, knowing that you did not have permission of the owner? Yes () No ()
21. Any act which unlawfully deprives an individual of property, cash, or merchandise through appropriation, theft, by false pretense, theft from a person, swindling, passing a worthless check, embezzlement, or extortion. This includes making a false insurance claim. This does not include previously mentioned instances of theft.
Yes () No ()
22. Any act involving forgery or counterfeiting of any writing, document, signature, money, license, contract, credit card receipt, security agreement, will, deed, or any deed of trust with the intention to defraud or harm the person or business? Yes () No ()
23. Any act involving the stealing of a credit card, presenting a credit card to obtain goods or services fraudulently or using a credit card without the permission of the person to whom the card was issued. Using a fictitious card or number. Any involvement in the manufacture of counterfeit credit card(s), buying credit card(s) or selling credit card(s) or in any way using a credit card to commit theft or any other crime? Yes () No ()
24. Any act involving the theft of any vehicle, the use of any vehicle, or joy-riding in/on a vehicle without the owners permission? Yes () No ()
25. Any act involving the bribing or attempting to bribe any governmental officer or employee. This includes police or other law enforcement personnel? Yes () No ()
26. Any act involving the telling of a lie, falsehood or misrepresentation of any act while under oath or on a sworn notarized statement? Yes () No ()
27. Any act related to filing a false police report? Yes () No ()
28. Any act involving impersonating a police officer, peace officer or any member of a law enforcement agency or other governmental agency? Yes () No ()
29. Any act involving resisting arrest or interfering with any police officer in making an arrest or detention?
Yes () No ()

30. Any act involving fleeing from the police, by foot, vehicle or any means to avoid arrest, detention or questioning?

Yes () No ()

31. Any act involving the breach of the peace. This includes but is not limited to 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? Yes () No ()

32. Any act involving the production, sale, distribution, promotion or possession, with the intent to sell, any picture magazine, film, video or any item that patently depicts any sexually offensive act. This includes any form of copulation, masturbation, excretory functions, sadism, masochism or bestiality? Yes () No ()

33. Any act of engaging in a sexual act, including but not limited to, intercourse, oral or anal intercourse or any contact with the genitals of another person in return for cash, property, or anything of value? Yes () No ()

34. Any act involving compensation of money or anything of value for any act of prostitution committed by another or by forcing by the threat of force to another to commit an act of prostitution? Yes () No ()

35. Any act involving the unlawful possession of an explosive device, including but not limited to, sawed off shotguns or rifles, armor piercing ammunition, or silencer? Yes () No ()

36. Any act of carrying a pistol, switchblade knife, or any other illegal weapon? Yes () No ()

37. Any act involving gambling. This includes but is not limited to placing a wager or bet to a bookmaker by phone or by hand on the results of any sport or by being "paid off" while playing an illegal slot or video poker machine?

Yes () No ()

38. Any debts to friends, family, employers or any other person as a result of any act of gambling?

Yes () No ()

39. Any act involving participation in any criminal enterprise or activity which seeks to further murder, arson, robbery, burglary, theft, kidnapping, assault, forgery, gambling, prostitution, promotion, or the distribution of drugs, promotion or distribution of obscene material or any other criminal act? Yes () No ()

40. Any act, involvement or participation in any activity, which resulted in a police investigation, arrest and/or incarceration? (This does not include traffic offenses) This includes any instance where charges were filed, warrants issued and/or bond posted. Yes () No ()

41. Any act, involvement or participation in any activity considered by an employer as sexual harassment as the offender? Yes () No ()

42. Any act, involvement or participation in any activity which you believe may hinder your ability to work as an employee of Louisville Metro Emergency Services or that would bring discredit or embarrassment to Louisville Metro Emergency Services if you were to be hired? Yes () No ()

Before you continue, but sure that you have checked "yes" in all the areas that you *recall* having participated in by commission, arrest, conviction, or having been questioned about.

On the spaces provided on the following page you *must* explain any "yes" answers on questions 1-42. Give date of incident, circumstances and the value of any property involved.

Question # _____ Explain any "yes" answers.

Check here if you need additional and continue on the back.

Check here if you never been involved in the above listed categories of activity.

Before continuing on with this questionnaire, be sure that you have listed all areas of criminal behavior that you may have been involved. The Polygraph Examiner may ask you questions regarding criminal activity and you will have the opportunity to explain any of the "yes" answers you may have given.

Section Three Illegal Drug Use

In recent years, drug usage has become common in our society. Louisville Metro Emergency Services recognizes that it would be impossible to hire anyone who has not experimented with some illegal drug(s). However, it is important that we are aware of your past and current use of **illegal drugs**. *You are not required to disclose nor do we ask about legal drug use. All uses of marijuana are considered illegal for the purposes of this booklet.*

Let's discuss what is meant by use. With pills we are interested in the number of times you have ingested. With drugs, such as cocaine, we are interested in the number of times you have smoked, snorted, ingested, or injected the drug. With marijuana, the number of times you have smoked (this includes taking a "hit", "toke" or "puff") or consumed by mouth. Each **separate instance** of illegal drug use, regardless of the quantity used or consumed, is to be considered as "**one time used**".

We are interested in the beginning and ending date(s) and the manner of consumption. If it was smoked, snorted, injected or consumed by any other manner, you **MUST** explain how it was used.

When asked to give the number of times that you used a particular illegal drug, you must give the **absolute maximum number of times** you used the drug. If you intentionally underestimate your drug usage you will appear deceptive when questioned during the polygraph examination. If you are not sure of the number of times you may have used the drug(s), then state the absolute number of times you could have used the drug(s).

You will be given the opportunity to explain your answers on the date of your polygraph examination. Please complete the following charts. **REMEMBER, ONLY DISCLOSE ILLEGAL USE OF DRUGS. BE SURE TO INCLUDE ANY USE FOR WHICH YOU DID NOT HAVE A PRESCRIPTION.**

Drug Used	First time used	Last time used	Max times used	How used	Never
Marijuana					
Hashish					
PCP					
Angel Dust					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines					
Biphetamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Meth.					
Mushrooms					
Others drugs used please list below:					

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**Section Four
Selling Illegal Drug**

Please complete the following chart in regards to the selling of illegal drugs. Selling of illegal drugs may include trading drugs for sexual favors or for other items.

Drug Sold	First time sold	Last time sold	Max times sold	Amount	Never
Marijuana					
Hashish					
PCP					
Angel Dust					
THC					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines					
Biphetamine					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin/PBZ					
Speed					
Inhalants					
Meth.					
Mushrooms					

Others drugs sold please list below:

Check here if you have never used illegal drugs.

Check here if you have never sold illegal drugs.

Check here if you have ANY pending charges of any kind and please explain in the following provided space:

Section Five
Alcohol Use

It is not a violation of the law for an adult (21 years old or older) to possess and use alcohol. However, it is against the law to operate a vehicle under the influence of alcohol as stipulated in KRS 189.010. It is also a violation of the law to be intoxicated in public, KRS 222.202. Normally, four or five glasses of beer, wine or mixed drinks within an hour of operating a vehicle can/will result in an individual being legally intoxicated.

Based on the above mentioned criteria, how many times in the past twenty-four (24) months have you operated a motor vehicle while intoxicated?

Number of times: _____

Please explain each occurrence: _____

How many times have you been intoxicated in public in the last twenty-four (24) months?

Number of times: _____

Please explain each occurrence: _____

When was the last time your were intoxicated? _____ / _____ / _____
Date

Have you ever been arrested for an alcohol related crime? Yes () No ()

_____ / _____ / _____
Date

_____ Charges

Please explain each occurrence: _____

_____ / _____ / _____
Date

_____ Charges

Please explain each occurrence: _____

Check here if you need additional space and continue on the back.

Check here if you have never been arrested for an alochol related crime.

**Section Six
Traffic Violations**

Many Louisville Metro Emergency Services employees drive as part of their job and are required to have good driving skills. Consequently, we require your driving record. Please list all citations, traffic arrests, detentions, and questionings you may have received for any traffic violation. This includes out of state violations as well. List the court action/disposition of each incident.

Violation	Date	State	Disposition

List all states in which you have issued a drivers license.

State Issued	Drivers License Number	Expiration Date

Check here if you have ever had ANY drivers license suspended or revoked. If so, explain below why the drivers license was suspended or revoked, the date of suspension/revocation & from which state.

Check here if you need additional space and continue on the back.
 Check here if you have never had been stopped or ever cited for a traffic violation.
 Check here if you do not have a valid United States drivers license.

Check here if you own your own motor vehicle. Please list your vehicle information below.

Make		Model		Year		Color	
Plate				State		Expiration	
Insured by							

Make		Model		Year		Color	
Plate				State		Expiration	
Insured by							

Make		Model		Year		Color	
Plate				State		Expiration	
Insured by							

Check here if you need additional space and continue on the back.
 Check here if you don't own any vehicles.

Section Seven
Domestic Violence Issues

Spousal abuse, child abuse and other forms of domestic violence are serious issues that Louisville Metro Emergency Services takes very seriously. Please complete the following questions to the best of our abilities.

Check here if you have ever been served with a domestic violence order, emergency protective order or any form of restraining order in regards to a family member or person you were intimate with.

If yes, please explain including dates, names, city/states: _____

Check here if you have ever been arrested, convicted or took any guilty plea to a domestic violence related offense.

If yes, please explain including dates, names, city/states: _____

Check here if you have ever been questioned regarding domestic violence including spouse abuse child abuse, or any other form of investigation regarding verbal, physical or sexual abuse against a person in your family.

If yes, please explain including dates, names, city/states: _____

Check here if you have never been involved in any form of domestic violence investigation.

**Section Eight
Gang Violence & Prostitution**

Check here if you have never been involved in any form of gang, gang violence, or gang activity.

Check here if you have been or currently are a member of a gang. If so, please explain your involvement in the gang, the name of the gang, and dates of your involvement below.

Please explain: _____

Check here if you have ever paid for sexual intercourse or other illegal sexual actions.

Check here if you have never paid for sexual intercourse or other illegal sexual actions.

If you have paid for sexual intercourse or other illegal sexual actions, please complete the following chart:

Date of Occurrence	Type of Sexual Act	Amount Paid	City/State/Country of Incident

Check here if you utilize the internet for searching for and viewing pornographic material.

Check here if you possess a website or social media (e.g., Facebook, Twitter or any other website). Please provide the name and http: of any website you possess or run in the below space provided:

Site Name	Http: Address	Reason for Site

**Section Eight
Military History**

Check here if you have ever served in the military.
 Check here if you have NEVER served in the military.

If you served in the military please complete the following:

#1

Branch: _____ Dates of Service: _____ / _____ / _____ to _____ / _____ / _____

Highest Rank Held: _____ Discharge Type: _____

Awards/Medals/Commendations:

Speciality Training/Units:

List any disciplinary actions while in this military branch:

Date	Charge	Disposition

#2

Branch: _____ Dates of Service: _____ / _____ / _____ to _____ / _____ / _____

Highest Rank Held: _____ Discharge Type: _____

Awards/Medals/Commendations:

Speciality Training/Units:

List any disciplinary actions while in this military branch:

Date	Charge	Disposition

Section Nine
Public Safety History

Have you ever applied with any other public safety agencies? If yes, please list agency/date applied: _____	Yes () No ()
Do you have prior public safety experience? Yes () No () If yes, complete the following questions:	
1. While working for a public safety organization, have you ever committed a felony or misdemeanor and not gotten caught? Yes () No ()	
If yes, please explain: _____	
2. Have you ever been terminated or asked to resign from a department, agency, or other public safety organization as the result of a criminal act? Yes () No ()	
If yes, please explain: _____	
3. While employed by a public safety organization have you ever used, or obtained, for others any illegal drugs? Yes () No ()	
If yes, please explain: _____	
4. While employed by a public safety organization have you ever received any disciplinary action, been formally investigated for misconduct, received a suspension or a written reprimand? Yes () No ()	
If yes, please explain: _____	

5. While employed by a public safety organization have you ever filed a false report?

Yes () No ()

If yes, please explain: _____

6. While employed by a public safety organization have you ever stolen anything from a member of the public, from a coworker, or from the department?

Yes () No ()

If yes, please explain: _____

7. While employed by a public safety organization have you ever used deadly force which resulted in the death of another?

Yes () No ()

If yes, please explain: _____

8. While employed by a public safety organization have you ever taken the life of another by accident but while working or under the scope of your power?

Yes () No ()

If yes, please explain: _____

Check here if you need additional space and continue explanations on the back of this form.

Check here if you have never been involved in any of the above listed acts while employed by a police agency or other public safety organization.

The Polygraph Examiner may ask you questions regarding the truthfulness of your statements regarding prior public safety service.

Section Ten
Financial History

Check here if you have ever filed any type of bankruptcy. If so, please explain with the reasons for filing and the date of which you filed in the space provided: _____

Check here if you need additional space and continue explanations on the back of this form.

Check here if you have ever been sent to a collections agency. If so, please explain with the reasons why & the date of which you were notified in the space provided: _____

Check here if you need additional space and continue explanations on the back of this form.

Check here if you have ever had property repossessed. If so, please explain with the reasons why & the date of which your property was repossessed and the type of property in the space provided:

Check here if you need additional space and continue explanations on the back of this form.

Section Eleven
Professional/Social Activities

Please list any professional organizations you are a member of and your participation in each:

Professional Organization	Participation

Please list any social organizations you are a member of and your participation in each:

Social Organization	Participation

Please list any boards or committees you are a part of and your participation in each:

Board/Committee	Participation

Section Twelve
Prior Polygraph History

Testing: If there any reason why you would not be suitable for testing?

Yes
No

If yes, please explain:

Prior Polygraph Exams:

#1

Date	Location Given
Why Given	
Name of Examiner or Agency	

#2

Date	Location Given
Why Given	
Name of Examiner or Agency	

#3

Date	Location Given
Why Given	
Name of Examiner or Agency	

Section Thirteen
Applicant Review/Signature

You have completed the Pre-Polygraph Booklet. Before signing, think about your answers to all of the questions that were presented. Should you recall information that you failed to include, make the corrections before signing.

All of the information that I have revealed in this booklet is true, correct and complete. I have not withheld, falsified or misrepresented any information.

Applicants Signature

Date Signed/Completed

Applicant's Printed Name

Officer Proctoring Examination

DO NOT WRITE BELOW THIS LINE

Applicants Signature

Date Signed/Completed

Examiner's Signature

Date of Exam