# Stanislaus County Sheriff's Department Investigations Division



# Cannabis Background Investigation

**Questionnaire** 

250 East Hackett Road Modesto, CA 95358

"KEEPING THE PEACE SINCE 1854"

As an applicant, you are requested to complete this background questionnaire. This will help determine your eligibility for a cannabis permit with Stanislaus County.

Pursuant to the Americans with Disabilities Act (A.D.A.), you <u>are not expected nor are you required</u> to furnish any information in this questionnaire which is of a medical nature. For example, do not report work absences which were for illnesses or worker compensation injuries. Do not discuss or report any disabilities you may have. Do not discuss or report any information concerning illnesses you may have. This information is strictly medical in nature and, as this questionnaire is part of the pre-offer background suitability investigation, is not subject to disclosure during this portion of the process.

Please read and answer all of the following questions. All of the answers must be in your handwriting. You may not type the answers to the questions. <u>YOU ARE ADMONISHED TO ANSWER ALL OF THE QUESTIONS TRUTHFULLY AND COMPLETELY.</u> If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you will be disqualified from further consideration.

The commission of one or more of the offenses listed on this questionnaire may not automatically disqualify you from consideration. Your responses to these questions will be evaluated and considered in relationship to your entire background. Remember, your responses maybe subject to verification.

If you answer "Yes" to any question, you must provide a written explanation for each affirmative response. Each explanation must be on a separate Background Investigation Questionnaire Explanation Sheet. You must hand write your response, fully explaining the circumstances of each "Yes" answer.

#### **Infraction Offenses**

1.	,	have committed any of the following infractions within the past seven years e answer "Yes". If you have not, please write "No".
	a.	Violation of city ordinances?
	b.	Violation of any county ordinances?

# **Misdemeanor Offenses**

2.	If you have committed any of the following misdemeanor offenses within the past seven years or since becoming employed with a public safety agency, please answer "Yes". If you have not, please answer "No"
	a. Petty theft c. N.S.F. checks d. Drunk in public e. Joy riding g. Hit and run i. Possess alcohol as a minor k. Prostitution m. Soliciting a prostitute o. Voyeurism q. Impersonate police officer, sheriff s. Make annoying/prank phone calls u. Drunk driving w. Other  b. Vandalism d. Drunk in public f. Illegal gambling h. Brandish a weapon j. Possess/use altered ID or license l. Defraud an innkeeper n. Indecent exposure p. Possess stolen property r. Carry concealed or illegal weapon t. Assault or battery (includes fighting) v. Hunt or fish with out a license
	Felony Offenses
3.	If you have ever committed any of the following offenses, please write "Yes" on the line. If you have not, please write "No" on the line.
	a. Murder c. Rape d. Spousal battery e. Robbery g. Arson i. Forgery k. Embezzlement m. Child abuse o. Auto theft q. Hit and run with injury s. Credit card theft  b. Unlawful sexual intercourse d. Spousal battery f. Burglary h. Grand theft j. Kidnapping l. Any sexual activity with a child n. Forcible sexual activity p. Domestic violence q. Aggravated felonious assault
	General Questions
4.	Do you own any illegal firearms?
	<ul> <li>If so, please provide the number and type on a Background Investigation Questionnaire Explanation Sheet.</li> </ul>
5.	Have you ever discharged any firearm other than at an approved range, during the course of approved training, while hunting or during military operation?

6.	Have you ever been detained, questioned, investigated, or arrested for suspicion of having committed a criminal act, whether or not you were convicted?
7.	Have you ever been questioned as a witness in any criminal investigation?
8.	Have you ever been contacted by the police for any reason not previously discussed?
9.	Did you fail to register for the Selective Service?
10.	Have you ever been adjudged as a "Mentally Disordered Sex Offender"?
11.	Have you ever carried, either on your person or in your vehicle, any type of weapon for protection?
12.	Are you currently delinquent on any child support or alimony?
13.	Have you ever failed to make or been late in paying any child support obligations you were legally required to make?
14.	Do you have any prejudices against any group based on their race, religion, ethnic origin, or nationality?
15.	Have you ever been a member of, or supported financially or otherwise, any organization or group, which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of California?
16.	Did you in any way cheat, lie, or commit fraud during the application or evaluation process or during any portion of the background process?
	Employment History
17.	Have you ever resigned from employment in lieu of termination or as the result of any allegations of misconduct, whether founded or not?
18.	Have you ever taken anything from your employer without authorization?
19.	Have you ever had any conflicts or problems with your dealings with the public?
	Driving Record
20.	Has your automobile insurance ever been cancelled for any reason?

Background Investigation Questionnaire	
21. Have you ever been refused a driver license?	
22. Has your driver license ever been suspended or revoked for any reason?	
23. Have you ever had a driver license issued by another state or country?	
24. Has your automobile insurance ever been placed in an assigned risk category?	
General Topics	
<u></u>	
Please answer these questions as part of this questionnaire. If you answer "Yes" to any question, please use a Background Investigation Questionnaire Explanation Sheet for your explanations.	
25. Do you go by any other name other than the ones you have used on this backgroun questionnaire (including any maiden names)?	d —
26. Have you ever slapped, punched, kicked, or otherwise injured any spouse, roommate, or romantic partner?	
For Applicants with Military Service	
27. Did you ever serve in any branch of the military, whether active or reserve?	
(If you answered, "No" to Question 27, go to Question 34)	
28. List every base, fort, camp, station, ship, post, and location where you were assigned on a Background Investigation Questionnaire Explanations Sheet. Include all common and military addresses (i.e., Military District of Washington, Fort Myers, VA or U.S.S. Enterprise, Long Beach, CA). Include dates of assignment.	
29. Did you ever receive any non-judicial punishment (Article 15, Captain's Mast) including any punishment which was expunged or removed from your record?	
Yes [ ] No [ ] If you answered, "Yes", list the date(s), offense(s), unit of assignment, post, base or station where assigned, and punishment imposed on Background Investigation Questionnaire Explanation Sheet.	а

30. Were you ever subjected to Article 32 proceedings?

# Background Investigation Questionnaire Yes [ ] No [ ] If so, list date, offense, investigating officer, and location for each such proceeding on a Background Investigation Questionnaire Explanation Sheet. 31. Were you ever tried by court-martial? Yes [ ] No [ ] If so, list each such proceeding to include where the court-martial was held, the type of court-martial, date, charge, and specifications of each court-martial and the findings on a Background Investigation Questionnaire

32. Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses?

Explanation Sheet.

- Yes [ ] No [ ] If so, on a separate Background Investigation Questionnaire Explanation Sheet provide the date(s), location(s), police or security force(s) involved, and the disposition of each such contact.
- 33. Were you ever denied a security clearance or have a clearance revoked, suspended, or down graded?
  - Yes [ ] No [ ] If so, please provide details on a Background Investigation Questionnaire Explanation Sheet.

#### **Drug Use History**

- 34. Have you ever used, experimented with, consumed, possessed, manufactured, except as provided for by a written prescription issued by a licensed physician any of the following drugs?
  - Yes [ ] No [ ] If "Yes", please complete to following. If "No", please go on to question number 35.

	Type or Name of Substance	One Time	More Than One Time
A.	Cocaine		
B.	Barbiturates		
C.	Amphetamines (Speed, Uppers)		
D.	Heroin		
E.	L.S.D., S.T.P.		
F.	Psilocybin, Peyote, Mushrooms		
G.	Opium, Morphine, Base		
Н.	Steroids (injected or oral)		
Ι.	Toluene (glue)		

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J.	Designer Drugs, Synthetics	
K.	Other	

#### NOTE:

Any drug, which has been prescribed by a <u>licensed physician</u> pursuant to Federal laws, need not be disclosed in this questionnaire. Recreational or experimental drug use <u>is not protected</u> under the Americans with Disabilities Act or state law.

#### **Supplemental Questions**

35. Are you a member	er or been a	associated wi	th any crimin	al street gar	ng? If so,	please
explain.						

36. Is there anything else, you feel the background investigator should know about you or your experiences?

### **Certification**

I hereby certify that all of the answers provided and statements made in questionnaire are true and complete. I understand any misstatements of materia				
omissions, incomplete answers, or disqualification or dismissal.	inaccurate responses will subject me to			
Signature of Applicant	Date Signed			
Printed Name of Applicant				

# Background Investigation Questionnaire Explanation Sheet

Applicants Name:	Question Number:		
I certify that this statement is a true, complete a I understand that any misstatement, misr	representation or any concealment of any		
relevant facts will subject me to disqualification	or dismissal from employment.		
Signature of Applicant	Date		

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Applicants Name:	Question Number:		
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