

KENTUCKY LAW ENFORCEMENT COUNCIL

*Peace Officer Professional Standards
Telecommunicator Professional Standards
Court Security Professional Standards*

PRE-EMPLOYMENT Polygraph Questionnaire

FORM I-2

APPLICANT NAME: _____

Agency applying with: _____

Position applying for: _____

Date of Examination: _____

Assigned Time: _____

Testing Site: _____

GENERAL INSTRUCTIONS:

This questionnaire should be completed PRIOR to arriving at the test site. Please give this form to the examiner on the day of testing. If it is incomplete, the exam may be rescheduled.

Drug testing is customarily administered on the same day as polygraph examinations. If your agency has scheduled you for a drug screen, please arrive to the test site prepared to give a urinalysis sample.

Agencies must notify the KLEC office of cancellations a minimum of 24 hours in advance to avoid being charged a No Show fee. Notify your agency if you do not intend to keep your appointment.

Call the KLEC office at 859-622-6218 on the day of your appointment if you are running late or are lost.

INSTRUCTIONS TO JOB APPLICANT

Before completing the following questionnaire, it is important for you to understand the purpose of the polygraph examination you will be taking. Law enforcement officials are expected to have a high degree of honesty and integrity. If law enforcement agencies only hired people who had never made a mistake, done anything wrong, nor ever committed a crime, there would be no one in law enforcement positions. There are no perfect people.

The purpose of this questionnaire and the forthcoming polygraph examination is not to find the perfect person. This questionnaire and the polygraph examination have been designed to assist in identifying the honest person. Agencies seek people they can trust.

No law enforcement agency should hire someone that cannot be trusted. Your word is your bond. The law enforcement community, the court systems, and society as a whole must be able to trust their law enforcement officials. As you fill out this questionnaire, above all – be honest.

- While completing the questionnaire, answer all questions to the best of your ability. It is understood that no one can remember every detail or every exact date, but again, aim to answer to the best of your ability.
- If you do not understand a question, do not answer it. Put an asterisk (*) by the question number. The polygraph examiner will explain the question.
- The polygraph examiner will explain the process in detail. If you have questions, you will be given an opportunity to address those with your examiner. It is important that you discuss any concerns or questions prior to the polygraph examination.
- Do not lie in this questionnaire. Do not lie in the polygraph examination procedure.
- Lying is an intentional act. Do not intentionally leave out information. Do not intentionally misrepresent information.

Write in black or blue ink. Make comments as needed and write on the backside of these pages when necessary.

PERSONAL INFORMATION:

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____

Soc. Security #: _____ - _____ - _____

Place of Birth: _____
(City/State/County)

Current Address: _____
(Street) (City) (State) (Zip)

How long living at current address?: _____

Home phone number: (_____) _____ - _____

List all other states and/or countries in which you have lived: _____

Have you ever used a different name? Yes No

Have you ever used a different social security number? Yes No

Have you ever used a different date of birth? Yes No

Are you a U.S. citizen? Yes No

If yes, please check one: U.S. born
 U.S. naturalized
 Other: _____

Marital Status: Single
 Married
 Divorced
 Separated
 Other: _____

Have you ever taken a polygraph or other type of honesty test? Yes No

If "yes": 1.) _____
(Year) (Agency that administered test) (Purpose or Reason)

2.) _____
(Year) (Agency that administered test) (Purpose or Reason)

EDUCATION:

G.E.D.? Yes No Name of school: _____
Year Obtained: _____

High School Graduate? Yes No Name of school: _____
Year Graduated: _____

2-Year College Degree? Yes No Name of school: _____
Field of study: _____
Year Graduated: _____

4-Year College Degree? Yes No Name of school: _____
Field of study: _____
Year Graduated: _____

Graduate Degree? Yes No Name of school: _____
Field of study: _____
Year Graduated: _____

Other Specialty Training and/or Certifications:

EMPLOYMENT HISTORY - MILITARY:

Are you currently or have you ever served in the military? Yes No
If no, please go to the next section.

Branch of Service: _____ Highest Rank: _____

Enlistment Date: ____ / ____ / ____ (Anticipated) Discharge Date: ____ / ____ / ____

Type of Discharge: _____

Have you ever received any form of disciplinary action (court martial, article 15, demotions, violations of uniform code, etc.) while in the military? Yes No

If yes, please explain: _____

What is the most serious infraction you committed in the military, whether detected or undetected? _____

EMPLOYMENT HISTORY:

Have you previously submitted an application for employment with this agency? Yes No

If yes, list the approximate date(s): _____

List all law enforcement agencies you have submitted an application with in the past:

- 1.) _____ Year submitted: _____
- 2.) _____ Year submitted: _____
- 3.) _____ Year submitted: _____
- 4.) _____ Year submitted: _____

Current Employer: _____ Hire Date: _____
(Month) (Year)

Position/Title: _____

Previous Employers: *Start with the most recent. Use reverse side of this sheet if space is not adequate.*

- a.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- b.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- c.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- d.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)
- e.) _____
(Employer) Start: (Month) (Year) End: (Month) (Year)

List any job in which you have been fired, asked to resign or forced to leave:

- a.) _____
(Employer) (Reason) (Year Terminated)
- b.) _____
(Employer) (Reason) (Year Terminated)
- c.) _____
(Employer) (Reason) (Year Terminated)

1. List all times you have been disciplined, suspended, reprimanded, etc. by any employer:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

2. Are you currently having problems with any co-worker or supervisor? **Yes** **No**
3. Have you ever received a poor work performance evaluation at any job? **Yes** **No**
4. Have you ever been accused of racial /ethnic bias or sexual harassment? **Yes** **No**
5. Have you ever received unemployment compensation? **Yes** **No**
6. Have you ever received worker's compensation or unemployment compensation that you were not entitled to? **Yes** **No**
7. Did you ever work and get paid under the table or off the books? **Yes** **No**
8. Have you ever consumed alcohol while working? **Yes** **No**
9. Have you ever used an illegal drug while working? **Yes** **No**
10. Have you ever had sexual contact / relations while at work? **Yes** **No**
11. Have you ever falsified your time sheet/card? **Yes** **No**

12. How many times in a normal work month are you late? _____

13. What is the most valuable thing you ever took from an employer? _____

Many people have taken things from a place where they work which they did not have permission to take. The items taken may have been cash, merchandise or property. You may have simply borrowed one of these items and forgotten to return it, given merchandise to another person, or padded your expense account. ***Below, list every item that you have ever taken from any employer. Use the back of this sheet if more space is needed.***

THEFT OF PROPERTY:

In the previous section you documented all thefts from a place of employment. This section is to include **all other thefts** of property that you have been involved in from other sources **at any time in your life**. This could include, but is not limited to taking cash, shoplifting, switching price tags, giving /receiving unauthorized discounts, receiving stolen property, etc.

1. Have you ever taken anything from a purse/wallet?	Yes	No
2. Taken anything by force?	Yes	No
3. Taken a motor vehicle?	Yes	No
4. Taken something from within or off a motor vehicle?	Yes	No
5. Received or distributed any items you knew or suspected were stolen?	Yes	No
6. What is the most valuable item you have ever taken? _____		

In the space provided below, please list EVERYTHING you have ever taken which you did not have permission to take. This does not include previously mentioned thefts from employers.

CRIMINAL ACTIVITY:

Check the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Unlawfully cause a person’s death / person to be hospitalized?	Yes	No
2. Falsely report a fire or other emergency situation?	Yes	No
3. Falsely report a crime?	Yes	No
4. Use phony or false identification?	Yes	No
5. Use another person’s identity to obtain items?	Yes	No
6. Use a credit card or ATM card illegally?	Yes	No
7. Issue a check knowing you did not have the funds to cover it?	Yes	No
8. Commit a “hate crime” (racial, ethnic or religious motive)?	Yes	No
9. Engage in a physical altercation/fight?	Yes	No
10. Use or show a weapon during an altercation?	Yes	No
11. Make a threatening or obscene communication anonymously?	Yes	No
12. Intentionally damage another’s property by any means?	Yes	No
13. Carry any type of unauthorized weapon?	Yes	No
14. Carry a weapon illegally?	Yes	No
15. Been denied a permit to carry a handgun?	Yes	No
16. Manufacture or utilize an explosive or incendiary device?	Yes	No
17. Make a phony or inflated insurance claim?	Yes	No
18. Knowingly make a false statement on any official document?	Yes	No
19. Knowingly make a false statement in a judicial proceeding?	Yes	No
20. Take something from someone by force?	Yes	No
21. Use someone else’s checks or credit cards without their permission?	Yes	No
22. Break into a motor vehicle?	Yes	No
23. Break into a building (home / business / etc.)?	Yes	No
24. Set fire to anything?	Yes	No
25. Kidnap someone or otherwise keep someone against his or her will?	Yes	No
26. Have sexual contact with someone without their consent, (using force or when they were impaired or otherwise not mentally competent)?	Yes	No
27. Force someone to have sexual relations/contact with you?	Yes	No
28. Have sexual relations/contact with a family member other than your spouse?	Yes	No
29. Have sexual relations/contact with an animal?	Yes	No

30. Been sexually aroused by a fire?	Yes	No
31. Paid for sex or been paid for sex?	Yes	No
32. Expose yourself in public?	Yes	No
33. Been married to more than one person at a time?	Yes	No
34. Possess, sell, produce or distribute any child pornographic material?	Yes	No
35. View/download child pornography?	Yes	No
36. Physically or sexually abuse a child?	Yes	No
37. Been involved in any illegal sexual activity?	Yes	No
38. Harass or stalk someone?	Yes	No
39. Counterfeit anything?	Yes	No
40. Commit blackmail / any form of extortion?	Yes	No
41. Forgery?	Yes	No
42. Bribery?	Yes	No
43. Tamper with a witness or evidence?	Yes	No
44. Fail to appear in court?	Yes	No
45. Use a computer to commit a crime?	Yes	No
46. Deliberately hurt an animal (other than legally hunting/fishing)?	Yes	No
47. Make an illegal bet / Take an illegal bet?	Yes	No
48. Impersonate a police officer?	Yes	No
49. Run or evade a police officer?	Yes	No
50. Use physical force with your spouse or significant other? (striking, pushing, slapping, shaking, etc.)	Yes	No
51. Use physical force with a parent? (striking, pushing, slapping, etc.)	Yes	No
52. Use physical force with your child or anyone else's.	Yes	No
53. Been the subject of a restraining order or a protective order?	Yes	No
54. Use a weapon against someone?	Yes	No
55. Been involved in a police investigation as a suspect or witness?	Yes	No
56. Convicted of a criminal offense?	Yes	No
57. Had a criminal charge reduced in court?	Yes	No
58. Had a criminal charge expunged or sealed?	Yes	No
59. Have the police ever been contacted because of something you did or assisted someone in doing?	Yes	No
60. Been involved in organized crime?	Yes	No

61. Been involved in any group (gang, KKK, militia, etc.) that advocated violence, racial prejudice, terrorist or subversive activity? *Involved means being a member, associate member, volunteering for, being associated with, attending meetings, providing financial support or any other type of assistance.*

62. What is the most serious criminal act you ever committed, whether detected or undetected? (Use the back of this page if more space is needed.) _____

EXPLANATION AREA:

In the space provided, explain any 'yes' answer that you have given to the previous questions. Give date of incident and describe circumstances. (Use the back of this page if space is not adequate):

ILLEGAL DRUGS:

In the chart below, write the dates of your first and last use for each illegal drug. The dates should be as exact as possible. Remember, lying is an intentional act, not an honest error.

When asked to give the maximum number of times used for an illegal drug, you must give the ABSOLUTE MAXIMUM number of times. If you are not sure how many times you used an illegal drug, then state the MAXIMUM number of times you COULD have used.

In the “How drug used” column, write if the drug was injected, snorted, smoked, ingested, etc. If you have never used one of the listed illegal drugs, put a checkmark in the “NEVER” column.

DRUG USED	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW DRUG USED	NEVER
Marijuana					
Hashish					
PCP					
Angel Dust					
THC					
LSD / Acid					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamine					
Steroids					
Ecstasy/XTC					
Preludin					
Dilaudid					
Talwin / PBZ					
Speed					
Inhalants					
Meth-amphetamine					
Psilocybin (Mushrooms)					
Others: (Please list type)					

ILLEGAL DRUGS CONTINUED:

Check the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you used any other illegal substance that has not been mentioned?	Yes	No
2. Ever used another person's prescription medication for recreational purposes?	Yes	No
3. Ever misuse or abuse your own prescription medication?	Yes	No
4. Ever give or sell your own prescription medication?	Yes	No
5. Have you ever purchased any illegal drug?	Yes	No
6. Have you ever sold any illegal drug?	Yes	No
7. Have you ever manufactured, grown, or harvested an illegal drug?	Yes	No
8. Ever delivered / distributed an illegal drug?	Yes	No
9. Held or stored any illegal drug for someone else?	Yes	No
10. Operated a motor vehicle while under the influence of an illegal drug?	Yes	No
11. Have you been present when anyone: <input type="checkbox"/> Used illegal drugs <input type="checkbox"/> Sold illegal drugs <input type="checkbox"/> Cooked illegal drugs <input type="checkbox"/> Packaged illegal drugs <input type="checkbox"/> Transported illegal drugs	Yes	No
12. When is the last time you've been in the presence of an illegal drug? (Do not include circumstances while serving in a sworn law enforcement / official capacity.)		

EXPLANATION AREA:

ALCOHOL USE:

Check the appropriate answer. EXPLAIN ANY 'YES' ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever missed work because of alcohol consumption? Yes No

2. Been treated, counseled, or sought help for a drinking problem? Yes No

3. Has drinking ever caused a problem in your personal life or on the job? Yes No

4. Have you ever been told by someone that they felt you had a drinking problem? Yes No

5. Have you ever purchased alcohol for a minor? If yes, how many times? _____ Yes No

6. Have you ever been arrested for an alcohol related crime? Yes No

7. What is your average consumption of alcohol during a typical week? _____

8. How many times have you been **intoxicated in public** in the last 2 years? _____
When was the last time? Date: _____ / _____ / _____

9. How many times have you **operated a vehicle while intoxicated** in the past 2 years? _____
When was the last time? Date: _____ / _____ / _____

EXPLANATION AREA:

TRAFFIC VIOLATIONS:

Check the appropriate answer. EXPLAIN ANY ‘YES’ ANSWERS AT THE END OF THIS SECTION in the explanation area. Be sure to reference your explanation with the corresponding question number.

1. Have you ever been refused a driver’s license? Yes No
2. Have you ever altered a license or given false information to obtain a license? Yes No
3. Have you ever had driver’s licenses from more than one state at the same time? Yes No
4. Have you ever had your license suspended or revoked? Yes No
5. Did you ever knowingly drive an unregistered motor vehicle? Yes No
6. Did you ever knowingly drive an uninsured motor vehicle? Yes No
7. Did you ever damage another’s property with a vehicle and not report it? Yes No
8. Have you ever fled the scene of an accident? Yes No
9. Do you currently owe any fines for traffic or parking violations? Yes No
10. Ever had a traffic or parking ticket “fixed”? Yes No
11. How many traffic citations have you received in your entire driving history? _____
12. List all traffic citations (tickets) received for moving violations **in the past 5 years:**

(Use the back of this page if more space is needed)

VIOLATION	MO. / YR.	STATE	DISPOSITION

State in which you currently possess a driver’s license

Driver’s license number

EXPLANATION AREA:

PRIOR LAW ENFORCEMENT SERVICE:

Fill out the below section ONLY if you have had SWORN, prior law enforcement service.

Please check the appropriate answer. Explain any 'yes' answers on the back of this page. Be sure to reference your explanation with the corresponding question number. Use additional paper if needed.

While employed as a sworn law enforcement officer, did you ever engage in any of the following:

1. Take something that did not belong to you while on duty?	Yes	No
2. Keep anything that you or anyone else had removed from any: <input type="checkbox"/> Any building/residence <input type="checkbox"/> Prisoner <input type="checkbox"/> Crime scene <input type="checkbox"/> Citizen <input type="checkbox"/> Accident scene <input type="checkbox"/> Evidence room <input type="checkbox"/> Vehicle(s) including patrol units	Yes	No
3. Drink alcohol while on duty?	Yes	No
4. Have sexual relations while on duty?	Yes	No
5. Sleep on duty?	Yes	No
6. Commit any felony or misdemeanor while on duty?	Yes	No
7. Hit or strike a handcuffed person?	Yes	No
8. Use excessive force?	Yes	No
9. Use a controlled or illegal substance while on duty?	Yes	No
10. Smuggle contraband or unauthorized material?	Yes	No
11. Accept anything in exchange for performing or not performing your duties?	Yes	No
12. Remove, copy, or read a file or document when not authorized to do so?	Yes	No
13. Make a false report or alter a document?	Yes	No
14. Plant evidence or otherwise "frame" someone?	Yes	No
15. Lie in court, on a report, or on an affidavit?	Yes	No
16. Use your official capacity to extort or attempt to extort anyone?	Yes	No
17. Destroy property / evidence / contraband without booking it?	Yes	No
18. Been terminated or asked to resign as peace officer?	Yes	No
19. Been given the option to resign in lieu of termination?	Yes	No
19. Received a written reprimand? If yes, how many times? _____	Yes	No
20. Received a suspension? If yes, how many times? _____	Yes	No
21. Been formally investigated for misconduct?	Yes	No
22. Received any other type of disciplinary action?	Yes	No
23. Lied to anyone during an internal investigation?	Yes	No
24. How many excessive use of force of complaints have you received? _____		
25. How many citizen's complaints have you received? _____		

OTHER / CONCERNS:

1. Is there anything in your history that you know our agency would want to know about, but has not been addressed in this questionnaire or anywhere else in the application process?

YES **NO**

If yes, please explain: _____

2. Are there any questions or concerns you would like for your examiner to address with you prior to the administration of your polygraph examination?

YES **NO**

If yes, please explain: _____

VERIFICATION OF TRUTHFULNESS:

All of the information I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information in this booklet. By signing below, I give my word that I have been 100% truthful.

Applicant's Signature

Date