

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT**  
ATTACHED ARE YOUR APPLICANT PERSONAL HISTORY QUESTIONNAIRE (P.H.Q.) AND  
PRE-EMPLOYMENT POLYGRAPH BOOKLET.

**YOU MUST IMMEDIATELY ORDER ANY ORIGINAL/CERTIFIED DOCUMENTS YOU MAY NOT HAVE IN YOUR POSSESSION.**  
**\*\*\* THIS PACKET MUST BE COMPLETED THREE WEEKS FROM THE DATE OF RECEIPT \*\*\***

**READ CAREFULLY**

Your application is subject to a complete background review consisting of family, personal, financial, employment, military (if applicable), driving and drug/alcohol histories. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only.

**ANY MISSTATEMENT OF FACT, OR OMISSION OF INFORMATION REQUESTED IN THIS P.H.Q. OR PRE-EMPLOYMENT POLYGRAPH BOOKLET WILL RESULT IN YOUR DISQUALIFICATION FROM THE BACKGROUND INVESTIGATION. THIS DETERMINATION WILL PROHIBIT YOU FROM APPLYING FOR ANY POSITION WITH THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.**

**IF YOU HAVE NOT ANSWERED ALL OF THE QUESTIONS CONTAINED IN THIS P.H.Q. AND PRE-EMPLOYMENT POLYGRAPH BOOKLET, YOU WILL NOT BE INTERVIEWED, WHICH WILL RESULT IN YOUR INVOLUNTARY WITHDRAWAL FROM THE BACKGROUND INVESTIGATION PROCESS.**

The documents listed below (Items 1-12) are a minimum requirement and must be provided by you at the time of your scheduled background interview. These documents must be ORIGINAL DOCUMENTS OR CERTIFIED COPIES. It may be necessary to order these original/certified documents. Some agencies may charge a fee for these documents that is not reimbursable by the LVMPD. Upon receipt of any of these documents, **DO NOT OPEN**. Copies will be made of your documents and the originals will be returned to you at the time you present them. Please bring the following which are applicable to your personal situation.

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Birth Certificate.</li><li>2. High School transcripts showing graduation (<i>not Diploma</i>) or GED certification <b>AND</b> GED transcript showing successful completion.</li><li>3. Official College Transcript (<i>not Diploma</i>).</li><li>4. Military DD-214 or Statement of Service (<i>Original Long Form</i>).</li><li>5. Valid Driver's License.</li><li>6. Social Security Card.</li></ol> | <ol style="list-style-type: none"><li>7. Selective Service Card (males under 27).</li><li>8. Proof of U.S. Citizenship (if born abroad, Naturalization Certificate; Permanent Resident Alien Card; etc.).</li><li>9. All Legal Name Change Documents (<i>marriage license, divorce papers, etc.</i>).</li><li>10. Criminal and Civil Court documents to include, but not limited to, Bankruptcy (<i>Discharge of Debtor</i>) or Judgment Statements.</li><li>11. 10-year Employment History printed from a Social Security Office (<b>not earnings statement</b>).</li><li>12. <b>LAW ENFORCEMENT ONLY</b><br/>IAB Clearance letter listing <u>ALL</u> investigations and dispositions (current and pending).</li></ol> |
|---|---|

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- A. **TYPE OR PRINT ALL ANSWERS IN BLACK INK.**
- B. **ANSWER EVERY QUESTION.** If information does not apply, indicate N/A in the blank spaces.
- C. **ANSWER ALL QUESTIONS COMPLETELY.** This includes **complete street addresses, zip codes, area codes, etc.**
- D. If there is insufficient space for your answers, **ATTACH ADDITIONAL SHEETS** with appropriate references to the question numbers.
- E. Failure to completely answer all of the questions contained in this P.H.Q. and Pre-Employment Polygraph Booklet **will result in your involuntary withdrawal from the background investigation process.**
- F. **DO NOT SIGN** on the last page or have this form notarized. This will be done at the time of your background investigation interview.
- G. **ATTACHED STATEMENTS** can be hand-written or typed, and **MUST HAVE ORIGINAL SIGNATURE.**

*You may be administered a polygraph examination during your background investigation to determine the authenticity of the information given by you.*

DATE ISSUED: \_\_\_\_\_



# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

### DEPENDENTS

14. List all of your children, as well as any person who is legally dependent upon you for support, **EXCEPT** your husband or wife:

NAME	RELATIONSHIP	DOB	STREET	CITY	STATE	ZIP

### FAMILY MEMBERS

15. List **ALL PERSONS IN THE HOUSEHOLD**, showing relationships in the following order: *parents; guardians; step-parents; foster parents; brothers; sisters; mother-in-law; father-in-law; step-brothers; step-sisters; roommates; boyfriend or girlfriend*:

Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:
Relationship:	Name:	Age:	Occupation:
Address:		Home Telephone:	Work Telephone:

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

### CHARACTER REFERENCES

16. List five persons **NOT RELATED** to you and **NOT FORMER EMPLOYERS** who have known you for at least **FIVE YEARS**.

Full Name (Include Mr. / Ms. / Mrs.):	Years Known:	Home Phone (Area Code):	Work Phone (Area Code):
Current Address (Include Zip Code):	How did you meet them?		Last Date of Contact:
Full Name (Include Mr. / Ms. / Mrs.):	Years Known:	Home Phone (Area Code):	Work Phone (Area Code):
Current Address (Include Zip Code):	How did you meet them?		Last Date of Contact:
Full Name (Include Mr. / Ms. / Mrs.):	Years Known:	Home Phone (Area Code):	Work Phone (Area Code):
Current Address (Include Zip Code):	How did you meet them?		Last Date of Contact:
Full Name (Include Mr. / Ms. / Mrs.):	Years Known:	Home Phone (Area Code):	Work Phone (Area Code):
Current Address (Include Zip Code):	How did you meet them?		Last Date of Contact:
Full Name (Include Mr. / Ms. / Mrs.):	Years Known:	Home Phone (Area Code):	Work Phone (Area Code):
Current Address (Include Zip Code):	How did you meet them?		Last Date of Contact:

### RESIDENCES

17. List FIVE of your residences beginning with your most current residence. When listing military bases, include nearest city, state and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East, West etc. Include Unit Number or Apartment Number, where applicable.

Current Address:	City/County:	State:	Zip Code:	From/To (Month & Year):	Military Installation:
With whom do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Address:	City/County:	State:	Zip Code:	From/To (Month & Year):	Military Installation:
With whom do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Reason for moving?					
Address:	City/County:	State:	Zip Code:	From/To (Month & Year):	Military Installation:
With whom do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Reason for moving?					

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

RESIDENCES (Continued)					
Address:	City/County:	State:	Zip Code:	From/To (Month & Year):	Military Installation:
With whom do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Reason for moving?					
Address:	City/County:	State:	Zip Code:	From/To (Month & Year):	Military Installation:
With whom do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Reason for moving?					

**NOTE: LIST AND ATTACH ANY OTHER RESIDENCES SINCE THE AGE OF 18 ON A SEPARATE SHEET(S) OF PAPER.**

### EDUCATIONAL HISTORY

18. Indicate the various schools you have attended and other information requested. Start with High School and work forward, including **ALL** college, business schools, military service, trade and correspondence schools, and any other school.

Type of School <b>High School*</b>	Name	Date From (Month/Year)	Date To (Month/Year)
Address (#, Street, City, State & Zip)		GPA (Grade Average)	Degree/Diploma
Type of School	Name	Date From (Month/Year)	Date To (Month/Year)
Address (#, Street, City, State & Zip)		GPA (Grade Average)	Degree/Diploma
Type of School	Name	Date From (Month/Year)	Date To (Month/Year)
Address (#, Street, City, State & Zip)		GPA (Grade Average)	Degree/Diploma
Type of School	Name	Date From (Month/Year)	Date To (Month/Year)
Address (#, Street, City, State & Zip)		GPA (Grade Average)	Degree/Diploma
Type of School	Name	Date From (Month/Year)	Date To (Month/Year)
Address (#, Street, City, State & Zip)		GPA (Grade Average)	Degree/Diploma

\* OR GED Completed?  Yes  No      Date Certificate Issued: \_\_\_\_\_

19. How many credits of college have you completed? \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

20. What was your major in college? \_\_\_\_\_ Minor? \_\_\_\_\_

21. Have you ever received any disciplinary action, suspension, or expulsion from any type of school or training?  
 Yes  No    If 'Yes', list the name of the school/training and explain below.

### EXPERIENCE AND EMPLOYMENT

22. Have you ever been terminated or resigned in lieu of termination?  Yes  No    If 'Yes', complete and attach a statement on a separate sheet(s) of paper.  **Check here if a termination or resignation in lieu of termination involved a law enforcement or law enforcement related employer.**

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

### EXPERIENCE AND EMPLOYMENT (Continued)

23. Have you ever received discipline (i.e., oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance, or other work related concerns?     Yes  No    If 'Yes', complete and attach a statement on a separate sheet(s) of paper.

24. List any employer that may give a different version of why you separated from employment. (If such circumstances exist, complete and attach a statement on a separate sheet(s) of paper.)

25. **COMPLETE EMPLOYMENT HISTORY (Start with your present position and work backwards.)** Account for ALL time frames, starting from the date of your present position, working backwards to your first employment (including when unemployed and/or attending school). If there are more than five (5) employers in the last ten (10) years, attach additional page(s). **DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?**

Yes  No    If 'Yes', explain:

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Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)	Monthly Salary
Address (Number and Street)				City		State	Zip Code
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)	Monthly Salary
Address (Number and Street)				City		State	Zip Code
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)	Monthly Salary
Address (Number and Street)				City		State	Zip Code
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

EXPERIENCE AND EMPLOYMENT (Continued)							
Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer			Work Phone (Area Code)		Monthly Salary
Address (Number and Street)				City		State	Zip Code
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer			Work Phone (Area Code)		Monthly Salary
Address (Number and Street)				City		State	Zip Code
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

***If more than five (5) employers in the last ten years, complete and attach additional sheet(s).***

26. Have you ever taken anything from a former employer or anyone (i.e., office supplies, food, tools, cash, property, etc.) without permission?  Yes  No If 'Yes', complete and attach a statement on a separate sheet(s).

27. Spouse's Employer Information:

Name of Employer		Job Title	Monthly Salary
Address (Number, Street, City, State, Zip)			
Name of Supervisor		Work Phone (Area Code)	

### FINANCES

28. Do you or your spouse have any other source(s) of income? If 'Yes', give total amount and sources.  Yes  No

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29. Have you ever filed for, or been granted, bankruptcy? If 'Yes', explain reasons below.  Yes  No

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

30. Have you ever been delinquent on income tax payments?  Yes  No

If 'Yes', was it more than once?  Yes  No

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

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

31. Have you ever had any of your bills, accounts, or loans turned over to a collection agency?  Yes  No

Date:	Account Current Status:
Date:	Account Current Status:
Date:	Account Current Status:

32. Have you ever had any purchased goods, vehicle, property, or any items repossessed or foreclosed? (This includes voluntary repossessions.) If 'Yes', explain below.  Yes  No

Date:	Reasons:
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### PRIOR APPLICATIONS TO LAS VEGAS METROPOLITAN POLICE DEPT. AND/OR OTHER AGENCIES

33. Have you ever applied for a position with the Las Vegas Metropolitan Police Department or ANY law enforcement agency, law enforcement-related agency, or government agency?  Yes  No If 'Yes', provide the date, the position, and the results. Check ALL boxes that apply.

Name of Agency:	Agency Phone Number:	Date Applied:
Complete address Including Zip Code:		Position Applied For:
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took B-PAD <input type="checkbox"/> Failed B-PAD <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		

Name of Agency:	Agency Phone Number:	Date Applied:
Complete address Including Zip Code:		Position Applied For:
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took B-PAD <input type="checkbox"/> Failed B-PAD <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		

Name of Agency:	Agency Phone Number:	Date Applied:
Complete address Including Zip Code:		Position Applied For:
<input type="checkbox"/> Submitted Interest Card Only <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> Placed on Eligibility List <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Background Pending <input type="checkbox"/> Took B-PAD <input type="checkbox"/> Failed B-PAD <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired/Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		

**NOTE: LIST AND ATTACH ANY OTHER APPLICATIONS YOU SUBMITTED ON SEPARATE SHEET(S) OF PAPER.**

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

34. Have you ever been fingerprinted for any reason?  Yes  No If 'Yes', complete and attach a statement on a separate sheet(s) of paper.

### MILITARY SERVICE

35. Selective Service Number (males under 27 years of age): \_\_\_\_\_

36. Have you been in the military (including Reserves, National Guard, ROTC)?  Yes  No  
If 'Yes', complete the following chart.

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

37. Have you been discharged from your military service?  Yes  No  
If 'Yes', complete the following chart.

DATE SEPARATION/PROJECTED DATE	TYPE OF DISCHARGE

38. Were you ever the subject of a military criminal investigation?  Yes  No  
**If 'Yes', complete and attach a statement on a separate sheet(s) of paper.**

39. Were you ever the subject of any military discipline pursuant to the Uniform Code of Military Justice or any service regulation? If 'Yes', complete the following chart.  Yes  No

DATE	CHARGE	DISPOSITION

40. Are you currently a member of the U.S. Reserve or National Guard?  Yes  No  
If 'Yes', complete the following.

Grade:	Serial Number:	Service:	Component:
Organization Name:			
Address:			
<input type="checkbox"/> Active <input type="checkbox"/> Inactive    Indicate Reserve Obligation: _____			

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

### MOTOR VEHICLE OPERATION AND INSURANCE

41. Give the following information concerning ALL driver's licenses you **have held or currently hold**.

STATE ISSUED	NAME ISSUED	DRIVER'S LICENSE #	DATES FROM	DATES TO	RESTRICTIONS

42. List all vehicles that you own and/or operate that are registered to you.

YEAR	MAKE/MODEL	LICENSE NUMBER AND STATE	AUTO INSURANCE AND POLICY NUMBER	AUTO INSURANCE EXPIRATION

43. Has your license/privilege to drive ever been suspended or revoked? If 'Yes', explain below.  Yes  No

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44. Have you ever been stopped, arrested, or cited for DUI? If 'Yes', explain below and give dates.  Yes  No

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45. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit & run)? If 'Yes', explain below and give dates.  Yes  No

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46. List each traffic accident that you have been involved in as the driver of the vehicle, whether or not it was your fault.

DATE	CITY AND STATE	CITED?	INCIDENT
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

47. List ALL driving citations (excluding parking tickets) that you have received, regardless of disposition.

DATE	CITY AND STATE	CHARGE	DISPOSITION OR PENALTY

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPLORER/VOLUNTEER PHQ

### LEGAL

48. Have you ever had a Warrant for your arrest, a Failure to Appear, or a Summons for anything including traffic? If 'Yes', explain details that include when and where.  Yes  No

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49. List **ALL police contact**, as an adult or juvenile, during which you were questioned, cited, detained or arrested, whether as a victim, witness, or suspect in any incident. **(Include charges that were dismissed, dropped, reduced)**. If 'Yes', provide the following information starting with the most recent incident.  Yes  No

DATE	CHARGES OR REASON FOR THE INVESTIGATION	POLICE OR MILITARY AGENCY	RESULTS

50. Regardless of who was at fault, have you ever had or been accused of having a **physical altercation**? If 'Yes', explain in a separate statement.  Yes  No

51. Have you ever been involved in any CIVIL court action? If 'Yes', explain in a separate statement.  Yes  No  
**Party Named:** \_\_\_\_\_ **Party Initiated:** \_\_\_\_\_

52. Have you ever received a settlement as a result of any claim? If 'Yes', explain in a separate statement.  Yes  No

53. Have you, your spouse, ex-spouse, any members of your family, or any members of your spouse's family ever been **arrested for a felony**? If 'Yes', explain in a separate statement.  Yes  No

54. Have you, your spouse, ex-spouse, any members of your family, or any members of your spouse's family ever been **associated with gangs, subversive, or terrorist groups**? If 'Yes', explain in a separate statement.  Yes  No

### ALCOHOL AND DRUG HISTORY

55. When and where was the last time you were present while others were using illegal drugs?

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56. Have you ever sold, bought, delivered, manufactured, grown, produced, or injected any controlled substance? If 'Yes', explain below.  Yes  No

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57. When was the last time you used **STEROIDS**? Explain incidents, list number of cycles and dates of usage(s). Also include in what manner the steroids were administered (orally, injected, etc.)

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**LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
EXPLORER/VOLUNTEER PHQ**

**ALCOHOL AND DRUG HISTORY (Continued)**

58. Complete the chart below.

<i>Type of Drug</i>	<i>Year First Used</i>	<i>Year Last Used</i>	<i>Total Times Used</i>	<i>Have you ever sold?</i>
<b>Marijuana</b> (Hashish)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Designer Drugs</b> (Ecstasy, GHB, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hallucinogens:</b> LSD / Peyote / Mushrooms / Mescaline / PCP-Angel Dust				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Stimulants:</b> Cocaine / Crack / Rock / Powder / Crank / Crystal / Speed / Amphetamines / Methamphetamines				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Depressants:</b> Tranquilizers / Barbiturates / Bennies / Quaaludes				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Narcotics:</b> Codeine / Opium / Morphine / Heroin				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Steroids</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inhalants</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

59. When was the last time you consumed alcohol? **List type, amount, and how often you consume alcohol.**

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60. When was the last time you drove after drinking? Explain.

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61. List any other activities that you are involved in that you may think are important for LVMPD to be aware of.

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62. What is there ethically or morally in your life that could bring discredit to LVMPD if you were hired?

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63. Do you know of anything that would hinder you for employment with a police agency or prevent you from fully discharging the **ESSENTIAL WORK FUNCTIONS** of such employment? (Including working weekends and/or nights, taking a human life if necessary, carrying a gun, conforming to grooming standards, etc.) If 'Yes', explain.

Yes  No

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**LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
EXPLORER/VOLUNTEER PHQ**

**DECLARATION OF TRUTHFUL STATEMENTS**

**WARNING: Do not sign this page until in the presence of  
an LVMPD Background Investigator.**

I, \_\_\_\_\_, have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Subscribed and Sworn** to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
*Notary Signature*

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**PRE-EMPLOYMENT POLYGRAPH BOOKLET**

**READ CAREFULLY**

**\*\*\* ATTENTION \*\*\***

**This Polygraph Packet must be complete and turned in with your Personal History Questionnaire at the time of your background interview.**

**This booklet must be filled-out by the applicant only.**

**\*\*\* This packet must be completed three (3) weeks from the \*\*\*  
date of receipt.**

**All questions answered "Yes" in this booklet require a detailed explanation. Space is provided on pages at the back of the booklet for this purpose.**

\*\*\*\*\*

**Failure to provide a detailed explanation will be considered a failure to complete the booklet and will result in your involuntary withdrawal from the background investigation process.**

**\*\*\* ATTENTION \*\*\***

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**PRE-EMPLOYMENT POLYGRAPH BOOKLET**

Please answer the following questions completely:

Full Legal Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Local Telephone Number (at time of testing): \_\_\_\_\_

Position For Which You Are Applying: \_\_\_\_\_

If you have had a polygraph examination, list the date, the agency that requested the exam, the reason for the examination and the result:

<u>DATE</u>	<u>REASON FOR EXAMINATION</u>	<u>RESULT</u>
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

Examiner: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

B/G Investigator: \_\_\_\_\_ Date of Application: \_\_\_\_\_





## EMPLOYMENT HISTORY

- No  Yes      1. Did you intentionally omit any employment from your application?
- No  Yes      2. Will any of your current or past employers give you an unfavorable recommendation?
- No  Yes      3. Have you been truthful and complete about the reasons for leaving each of your jobs?
- No  Yes      4. Is anyone likely to report derogatory information about your work performance?
- No  Yes      5. Have you ever been disciplined by an employer?
- No  Yes      6. Have you ever violated a work rule which would have resulted in discipline or termination had it been discovered?
- No  Yes      7. Have you ever been fired from a job for any reason, asked to resign, or left to avoid being fired?
- No  Yes      8. Have you ever been in an argument with co-workers or supervisors during which you raised your voice in anger?
- No  Yes      9. Were you ever turned down by any of the Armed Forces?
- No  Yes      10. Have you ever served in any Armed Force, National Guard, or Military Reserve?
- No  Yes      11. While in the Service, were you ever charged with a violation of the UCMJ?  
(*Captain's Mast, Office Hours, Court Martial, etc.*)
- No  Yes      12. Were you ever the subject of any military investigation?
- No  Yes      13. Were you ever disciplined or reduced in rank?
- No  Yes      14. While in the Service, were you ever AWOL or on unauthorized absence?
- No  Yes      15. While in the Service, could you have reenlisted if you wanted?
- No  Yes      16. Do you have any reason to be concerned about an investigation into your job history?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question **(No)**:

- No  Yes      A. Are you intentionally withholding information about your employment?

**If you answered (Yes) to any of the employment questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).**

**SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.**

## THEFT

- No  Yes    17. Since you were **14** years old, have you ever shoplifted anything?
- No  Yes    18. Have you ever stolen money from a place where you work?
- No  Yes    19. Have you ever given a discount, free merchandise or undercharged a sale for yourself, a family member or a friend?
- No  Yes    20. Have you ever collected welfare or unemployment benefits when you were not entitled to them?
- No  Yes    21. Have you ever taken a motor vehicle without the owner's permission?
- No  Yes    22. Have you ever taken joy-ride in a stolen vehicle?
- No  Yes    23. Have you ever taken office supplies from a place where you worked?
- No  Yes    24. Have you ever taken money from anyone without permission?
- No  Yes    25. Have you ever switched the price tags on merchandise?
- No  Yes    26. Have you ever stolen a credit card?
- No  Yes    27. Have you used a credit card without the owner's permission?
- No  Yes    28. Have you ever been ashamed of taking anything from anyone?
- No  Yes    29. Have you ever borrowed something from someone and intentionally not returned it?
- No  Yes    30. Have you ever received stolen property?
- No  Yes    31. Have you ever written a check knowing you did not have sufficient funds in the account to cover the check?
- No  Yes    32. Have you ever broken into a vending machine or any other coin operated machine?
- No  Yes    33. Have you ever broken into a building, structure, or vehicle in order to steal cash or property?
- No  Yes    34. Have you ever obtained property under false pretenses?
- No  Yes    35. Have you ever filed a false insurance claim?
- No  Yes    36. Have you ever filed Workman's Compensation or an unemployment claim fraudulently?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No  Yes    **B.** Are you deliberately withholding information from me about something you have stolen?

**If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (including Who, What, When, Where, Why, and How).**

**SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.**

## CRIMES AGAINST PERSONS

- No  Yes    37. Have you ever struck another person (outside of play, athletic competition, or scope of employment) since the age of **18**? *If applying as Cadet, since the age of **14**.*
- No  Yes    38. Have you ever struck a child which resulted in injury or bruising?
- No  Yes    39. Have you ever struck, slapped, pushed, or kicked a current or past roommate, significant other, spouse, boyfriend or girlfriend?
- No  Yes    40. Have you ever unlawfully taken the life of another human being?
- No  Yes    41. Have you ever unlawfully kept a person captive against their will?
- No  Yes    42. Since the age of **18**, have you had any sexual contact with a person under the age of **16**?
- No  Yes    43. Before you were **18** years of age, did you have any sexual contact with anyone who was **4** or more years younger than yourself?
- No  Yes    44. Have you ever had sex with a non-consenting partner?
- No  Yes    45. Have you ever intentionally exposed yourself in public (*i.e., flashing, mooning*)?
- No  Yes    46. Have you ever peered into windows for sexual excitement?
- No  Yes    47. Have you ever done something in anger that you regretted later?
- No  Yes    48. Have you ever had any sexual contact with any animal?
- No  Yes    49. Have you had any sexual contact with a person that was incapacitated in any way (*i.e., drugs, alcohol, dead*)?
- No  Yes    50. Have you ever bought, sold, traded or possessed erotic or nude pictures of children?
- No  Yes    51. Have you ever taken erotic or nude pictures of children?
- No  Yes    52. Have you ever followed, called repeatedly, or otherwise harassed a person who objected to your doing these things?
- No  Yes    53. Have you ever used force or threat of force to take property or money from another person against their will?
- No  Yes    54. Have you ever had any sexual contact with any family members?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No  Yes    **C.** Are you intentionally withholding information from me about a crime you committed against a person?

**If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).**

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

**CRIMINAL ACTIVITY**

- No  Yes    55. Have you ever paid for sex?
- No  Yes    56. Have you ever been paid for sex?
- No  Yes    57. Have you ever intentionally damaged or destroyed property?
- No  Yes    58. Have you ever committed any act of malicious mischief?
- No  Yes    59. Have you ever been the subject of a restraining order?
- No  Yes    60. Have you ever tortured or abused an animal, or been present when others did?
- No  Yes    61. Have you ever been a member, attended a gathering, or participated in any activity with a gang, subversive, or terrorist group?
- No  Yes    62. Are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
- No  Yes    63. Have you committed or taken part in any crime that you were not punished for?
- No  Yes    64. Have you ever been detained, questioned, held on suspicion, fingerprinted, or taken into custody for any reason other than minor traffic violations?
- No  Yes    65. Have you ever thought of committing a crime that you didn't carry through with?
- No  Yes    66. Have you ever been convicted or pled guilty to a criminal act?
- No  Yes    67. Have you done anything at all for which you could have been arrested?
- No  Yes    68. Have you ever been convicted of a crime and later had the charges dropped for good behavior or completion of probation?
- No  Yes    69. Have you ever carried a weapon without the proper permits?
- No  Yes    70. Are you now, or have you ever been, a member or supporter of any organization, gang, subversive, or terrorist group that advocates or supports the use of force or fear to deny anyone their constitutional rights?
- No  Yes    71. Have you ever been a participant in a riot?
- No  Yes    72. Would you have any reason to be concerned about an investigation into your honesty?
- No  Yes    73. Have you ever committed any act against someone because of their race, religion, sex, sexual orientation, or disability?
- No  Yes    74. Have you ever taken or kept a child in violation of a judgement or order of a court disposing of the child's custody or visitation rights?
- No  Yes    75. Have you ever entered or remained on the property of another, knowing you did not have permission of the owner to do so?
- No  Yes    76. Have you ever started a fire or caused an explosion to damage your or anyone else's property?
- No  Yes    77. Have you ever failed to pay court ordered child support?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question **(No)**:

- No  Yes    **D.** Right now, are you thinking about a specific crime you have committed that you are intentionally withholding?

**If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (including *Who, What, When, Where, Why, and How*).**

**SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.**

**DRUG USAGE / DRUG SALES CHART**

COMPLETE THE FOLLOWING TABLE AS TO YOUR DRUG USE. FOR EACH DRUG, LIST THE TOTAL AMOUNT OF USE AND/OR SALES:

	MAXIMUM USE POSSIBLE	LAST DATE USED	HOW MANY TIMES SOLD	LAST TIME SOLD
<b><u>HALLUCINOGENS</u></b> LSD, PCP, Peyote, mushrooms, mescaline, etc.				
<b><u>STIMULANTS</u></b> cocaine, crack, rock, crank, crystal meth, angel dust, speed, etc.				
<b><u>DEPRESSANTS</u></b> tranquilizers barbiturates, benzodiazepines, methaqualone, etc.				
<b><u>NARCOTICS</u></b> codeine, opium, morphine, heroin, etc.				
<b><u>INHALANTS</u></b> glue, paint, etc.				
<b><u>STEROIDS</u></b> orally, injected, what type, etc.				
<b><u>CANNABIS SUBSTANCES</u></b> marijuana, hashish, hashish oil, etc.				
<b><u>DESIGNER DRUGS</u></b> ecstasy, GHB, rohypnol (roofies), etc.				
<b><u>OTHER</u></b> explain				

## DRUG USE

- No  Yes     78. Have you ever used or experimented with any illegal drug?
- No  Yes     79. Within the past three years, have you used any illegal drug?
- No  Yes     80. Within the past three years, have you been in the presence of anyone else using illegal drugs?
- No  Yes     81. Have you ever ingested a substance you thought was an illegal drug, and then found out later that it wasn't?
- No  Yes     82. Have you ever inhaled glue, paint, rush, or any other volatile substance with the intent of getting high?
- No  Yes     83. Have you ever been the middleman, go between, or "done a favor for a friend" by becoming involved in a drug transaction?
- No  Yes     84. Has anyone close to you ever used or been addicted to drugs?
- No  Yes     85. Have you ever sold or delivered an illegal drug?
- No  Yes     86. Have you ever grown marijuana?
- No  Yes     87. Have you ever been involved in the manufacturing process of any illegal drug?
- No  Yes     88. Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?
- No  Yes     89. Have you ever misused a prescription drug?
- No  Yes     90. Valid medical reasons aside, have you or any other person injected any substance into your body?
- No  Yes     91. Have you ever unknowingly ingested a drug that was given to you by someone, and found out about it after the fact?
- No  Yes     92. Do you live with or have a relationship with anyone who uses, possesses, or sells any kind of illegal drug or narcotic?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following questions **(No)**:

- No  Yes     E. Three years prior to your date of application, have you used any illegal drug(s)?
- No  Yes     F. Does your personal use of illegal drugs exceed what you have told me?
- No  Yes     G. Did you ever sell or deliver any illegal drug that you have not admitted to me?

**If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).**

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

### **PRIOR LAW ENFORCEMENT SERVICE**

If you have no prior law enforcement experience, skip this section. If you have prior law enforcement experience, complete the following questions which pertain to on-duty related incidents:

- No  Yes     93. Have you ever been the subject of an internal investigation?
- No  Yes     94. Have you ever been a witness in an internal investigation?
- No  Yes     95. Have you ever lied or been untruthful in an internal investigation?
- No  Yes     96. Have you ever been the subject of a criminal investigation?
- No  Yes     97. Have you ever done anything in your law enforcement career that you are not proud of?
- No  Yes     98. Have you ever committed a criminal act for which you could have been incarcerated?
- No  Yes     99. Have you ever violated a person's civil rights?
- No  Yes     100. Have you ever violated a Department Policy for which you could have been disciplined?
- No  Yes     101. Have you ever converted property obtained in the scope of your employment to personal use?
- No  Yes     102. Have you ever disseminated confidential information to anyone outside the Department?
- No  Yes     103. Have you ever intentionally extended your shift to receive unwarranted overtime?
- No  Yes     104. Have you ever witnessed another officer violate a Department Policy for which they could have been disciplined?
- No  Yes     105. Have you ever witnessed another officer commit a criminal act?
- No  Yes     106. Have you ever witnessed another officer violate a person's civil rights?
- No  Yes     107. Have you ever been terminated or resigned your commission?
- No  Yes     108. Have you ever covered up for a fellow officer who committed a crime?
- No  Yes     109. Have you ever lied or been untruthful to a supervisor?
- No  Yes     110. Have you ever covered up for a fellow officer who violated a Department Policy?
- No  Yes     111. Have you ever mishandled or abused any person in your immediate control?
- No  Yes     112. Would you have any reason to be concerned about an investigation into your law enforcement history?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No  Yes     H. Are you intentionally withholding information about your law enforcement history?

**IF YOU ANSWERED (Yes) TO ANY OF THE ABOVE LISTED QUESTIONS, YOU MUST PROVIDE A COMPLETE AND DETAILED EXPLANATION (INCLUDING WHO, WHAT, WHEN, WHERE, WHY, AND HOW).**

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

**DECLARATION OF TRUTHFUL STATEMENTS**

**WARNING:**

**DO NOT COMPLETE THE QUESTIONS ON THIS PAGE OR SIGN THIS DOCUMENT UNTIL IN THE PRESENCE OF AN LVMPD BACKGROUND INVESTIGATOR**

**ASSESSMENT OF PERSONAL HISTORY INFORMATION**

- No  Yes Is anyone likely to report that you have a personality characteristic that would make you unsuitable for this job?
- No  Yes Is there anything in your background that you have not been asked, and that we should know about, before considering you for this job?
- No  Yes Is there **ANYTHING** that I have not asked or discussed with you that you feel could cause you a problem on the polygraph test?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (including Who, What, When, Where, Why, and How).

<u>ITEM NUMBER</u>	<u>EXPLANATION(S) REGARDING ASSESSMENT PERSONAL HISTORY INFORMATION</u>
_____	_____
_____	_____



You have now completed the Polygraph Pretest Booklet. You should stop for a moment and think about your answers. You should ensure that you have accurately portrayed all of the information that was requested. You will be tested on the accuracy of the information.

I, \_\_\_\_\_ certify that all of the information that I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information requested in this booklet.

\_\_\_\_\_  
Applicant's Signature Date

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Signature

ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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