

Santa Cruz County Sheriff's Office



How did you learn of this volunteer opportunity?

Website Flyer Newspaper Recruiter Radio Sheriff's Employee Sheriffs' Volunteer Other

Civilian Volunteer Personal History Questionnaire

Applicant: _____ Position: _____

Phone: _____ Email: _____

Address: _____ City, St., Zip: _____

Date of birth: _____ Drivers License #: _____

Computer Skills: _____ Bi-Lingual/Language: _____

Other relevant skills or certifications: _____

For Departmental Use Only

Reviewed by: _____ Title: _____ Date: _____

Notes: _____

The Sheriff's Office conducts a background investigation that includes fingerprinting, criminal history, driver's license, and employment/volunteer experience for all volunteer positions. All responses are subject to verification; any false statement, misrepresentation, or deliberately non-responsive answer will result in disqualification from the selection process for all positions with the Sheriff's Office. It is in your best interests to answer all questions honestly, even if you feel there is something in your past that reflects poorly on you. The matter may or may not be disqualifying, but lying always results in disqualification. If you are dishonest during this process you will damage your future credibility with this agency and other law enforcement agencies. Read and answer each question carefully. Do not divulge information concerning a medical condition. If you have a question, ask a Sheriff's representative.

Information that constitutes a prosecutable crime, possible endangerment to any person, or could negatively reflect on your fitness for duty if currently employed by a public safety agency may be referred to the appropriate authority for investigation. If you do not want to complete this questionnaire you may withdraw from the selection process by informing a Sheriff's representative.

By completing this questionnaire, I am acknowledging I have read and understand the above information. I authorize investigation of all matters contained in this questionnaire. I agree to inform the Sheriff's Office of any change of status that relates to the background investigation while involved in the selection process. I certify that all answers are true and accurate. I understand that any false statement or attempt to withhold information will result in my disqualification from the selection process.

Applicant Signature

Date

1. Are you willing to respond to call-outs on evenings, nights, early mornings, weekdays, weekends, and holidays? (Not necessary for all volunteer positions)

Yes No - Explain: _____

2. Are you willing to work in adverse conditions including rain, wind, darkness, uneven terrain? (Not necessary for all volunteer positions)

Yes No - Explain: _____

3. Have you previously applied for any position with the Santa Cruz County Sheriff's Office?

No
Yes: Position: _____ Year _____ Result _____

4. Do you have a valid driver's license?

Yes - State _____ No

5. Has your driver's license ever been suspended, revoked, or placed on probation?

No
Yes Year: _____
Reason: _____

6. Have you received any traffic citations during the past 3 years?

No
Yes: Date/Offences: _____ Date/Offences: _____

7. Have you been involved as a driver in a motor vehicle accident during the past 3 years?

No

Yes: Date and type of accident: _____ At fault?: No/YES

8. Have you ever stolen property from an employer?

No Yes/Year: _____ Employer: _____
Explain: _____

9. Have you ever been accused of sexual harassment or discrimination in the workplace?

No Yes/Year: _____ Employer: _____
Explain: _____

10. Do you have any bias, prejudice, or hatred against any persons or group of persons due to race, color, creed, ancestry, disability, medical condition, marital status, gender, pregnancy, sex, sexual orientation, age, or veteran status?

No Yes - Explain: _____

11. Have you ever used an illegal drug while you were working?

No Yes/Year: _____ Employer: _____

12. Have you ever been involved in a physical altercation with a co-worker or supervisor?

No Yes/Year: _____ Employer: _____
Explain: _____

13. Have you ever served in the armed forces, National Guard, or military reserves?

No Yes/Branch of service _____ Dates of service _____ to _____
Type of discharge _____

14. Have you ever been named in any restraining order, temporary restraining order, emergency protective order, domestic violence restraining order or court injunction?

No Yes/Year: _____ County: _____

Reason: _____

15. Have you ever been questioned as a suspect, accomplice, or accessory in any crime?

No Yes Year: _____ Crime: _____ Agency: _____

Explain: _____

16. Have you ever been detained, handcuffed, cited, or arrested for any crime?

No Yes/Year: _____ Crime: _____ Agency: _____

Explain: _____

17. Have you ever been convicted or pled guilty or no contest to any crime?

No Yes/Year: _____ Crime: _____ Agency: _____

Explain: _____

18. Has a warrant ever been issued for your arrest?

No Yes/Year: _____ Crime: _____ Agency: _____

Reason: _____

19. Have you ever been placed on probation by any court or agency authorized to impose a term of probation or other type of supervision?

No Yes Year: _____ Crime: _____ Agency: _____

Explain: _____

20. Have you ever been a member or associate of any criminal street gang?

No Yes Year: _____ Gang: _____ Moniker: _____

Explain Affiliation: _____

21. Has anyone in your family ever been a member or associate of a gang or criminal enterprise?

No Yes Name: _____ Relationship: _____ Gang: _____

22. Have you ever been involved in a domestic dispute resulting in police response or investigation?

No Yes/Year: _____ Agency: _____ Reason: _____
Explain Circumstances: _____

23. Have you ever been the subject of a referral to, or investigation by, any Child Protective Service agency or Adult Protective Service agency?

No Yes/Year: _____ County: _____
Explain Circumstances: _____

24. Have you ever used, consumed, tried, ingested, smoked, injected, etc. any the following drugs:

Cocaine or crack NO – YES Month and Year: _____
Methamphetamine or other stimulants NO – YES Month and Year: _____
Depressants NO – YES Month and Year: _____
LSD, mushrooms, or other hallucinogens? NO – YES Month and Year: _____
Heroin, opium or other narcotics? NO – YES Month and Year: _____
Ecstasy or other designer drugs? NO – YES Month and Year: _____
PCP? NO – YES Month and Year: _____

25. Have you ever sold or helped sell or distributed illegal drugs? NO – YES Month and Year: _____

Explain: _____