



**LOS ANGELES PERSONNEL DEPARTMENT
PRE-INVESTIGATIVE QUESTIONNAIRE
FIREFIGHTER CANDIDATE**

Instructions to candidate:

Answer all questions **truthfully**, as your honesty will be evaluated. A “yes” answer is not necessarily disqualifying; however, any **omissions, falsifications, misstatements, untruthful responses, or discrepancies** will be cause for disqualification from the hiring/background process. In addition to a complete background investigation, you will be required to take a **pre-employment polygraph examination**.

- Throughout this questionnaire, the word “ever” refers to your entire lifetime.
- Do not discuss this questionnaire with anyone other than a Background Investigator.
- You will be given an opportunity to discuss or explain your answers with an investigator.
- Please note that this is a confidential document. You shall not share any document with anyone other than City of Los Angeles Personnel Staff.

Print Name: _____ **Date:** _____

SSN (Only Last Five) _____

For official use only UPDATE ONLY - DATE OF LAST INTERVIEW: _____

Note:

Supervisor/Reviewer: _____ Date: _____ C.I.P. Yes ___ No ___
(print only)

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The City does not discriminate on the basis of race, color, national origin, ancestry, religion, creed, age, sex gender identity, gender expression, marital status, sexual orientation, disability, medical condition, HIV or AIDS, or retaliation for engaging in protected activity. Applicants or employees who believe that they have been discriminated against are encouraged to contact the City’s Office of Discrimination Complaint Resolution at (213) 473-9123, the U.S. Equal Employment Opportunity Commission, or the California Department of Fair Employment and Housing.

Pre-Investigative Questionnaire

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| MILITARY | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you comply with the Selective Service Registration as required by law? (This question applies to male candidates only.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever attempted to enlist in any Armed Forces and been rejected for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Applicants with military experience should answer the following questions. All others skip items 3-10. | | |
| 3. Were you honorably discharged from the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been AWOL or UA (unauthorized absence)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been reduced in pay grade or been the subject of judicial punishment or non-judicial disciplinary action while in the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were you ever court-martialed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were you ever in military confinement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were you ever detained, arrested, jailed or held by police or security forces in another country for anything other than minor traffic offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you ever denied a security clearance or had a clearance revoked, suspended or downgraded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were you ever investigated for any criminal activity while in the military, or received verbal or undocumented discipline or military protective order? | <input type="checkbox"/> | <input type="checkbox"/> |
| FIREFIGHTER AND LAW ENFORCEMENT APPLICATIONS AND EXPERIENCE | YES | NO |
| 11. Have you ever been disqualified, non-selected, or advised to withdraw from any firefighter or law enforcement agency application process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever taken a polygraph examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Applicants who are now, or have previously been, peace officers, reserve peace officers or military police officers should answer the following questions. All others skip items 13-18. | | |
| 13. As a firefighter or peace officer, did you ever accept a gratuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. As a firefighter or peace officer, did you ever accept anything in exchange for overlooking a violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. As a firefighter or peace officer, did you ever make a false official report? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. As a firefighter or peace officer, have you ever withheld or tampered with any evidence in the course of your official duties? | <input type="checkbox"/> | <input type="checkbox"/> |

Name: _____ SSN (Only Last Five): _____

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Name: _____ SSN (Only Last Five) : _____

Pre-Investigative Questionnaire

| LAW ENFORCEMENT APPLICATIONS AND EXPERIENCE (CONTINUED) | YES | NO |
|--|--------------------------|--------------------------|
| 17. As a firefighter or peace officer, did you ever observe another peace officer commit any of the above acts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. As a firefighter or peace officer, were you ever the subject of an internal investigation by your department? | <input type="checkbox"/> | <input type="checkbox"/> |
| FINANCES | YES | NO |
| 19. Have you been late on any payments in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever provided false information on a credit or loan application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever had any property repossessed or foreclosed upon, including a vehicle or residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have any of your accounts ever been turned over to a collection agency or charged off as a bad debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever gambled while behind on personal debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever filed for, or been granted, bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever been delinquent on any tax payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever had your wages attached or garnished? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever been the subject of a property lien? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you been refused credit in the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| VEHICLE OPERATION | YES | NO |
| 29. Do you currently have vehicle insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever driven a vehicle without insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever indicated a residential address on your vehicle insurance policy that was not your actual residence at the time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever been refused vehicle insurance for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a traffic warrant issued for your arrest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself or leaving a note (hit and run)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever been refused a driver license in any state? | <input type="checkbox"/> | <input type="checkbox"/> |

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Pre-Investigative Questionnaire

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Name: _____ SSN (Only Last Five) : _____

Pre-Investigative Questionnaire

| VEHICLE OPERATION (CONTINUED) | YES | NO |
|---|--------------------------|--------------------------|
| 36. Have you ever applied for, or obtained, a driver license or state identification card under any other name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Has your driver license ever been suspended, revoked, or placed on negligent operations probation by any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever failed to appear in court for a traffic or parking citation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. In the last 5 years, how many moving and non-moving traffic citations have you received? How many at-fault traffic collisions have you been involved in? Citations in the last five years: _____ At-fault traffic collisions in the last five years: _____ | | |
| RESIDENCE | YES | NO |
| 40. Have you ever been evicted or asked to vacate a residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Have you ever vacated a residence without paying your rent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Have you ever had problems or difficulties with any of your roommates, neighbors, or landlords? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Have the police or any law enforcement agency ever been to your home or any of your residences? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Are you currently living or associating with anyone who has been convicted of a felony or who is on parole? | <input type="checkbox"/> | <input type="checkbox"/> |
| EMPLOYMENT | YES | NO |
| 45. Have you ever been employed under another name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Have you ever been terminated (fired) or resigned in lieu of termination from any job or position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Have you ever committed a dishonest act in order to obtain a job (e.g. cheated on an examination, lied on an employment application, omitted job relevant information, or submitted a resume that you knew contained false information, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Have you ever had any work absences for any reason other than medical leave or earned vacation (e.g. leave of absence, suspensions, layoffs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment, or violations of Equal Employment Opportunity law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Have you ever participated in sexual harassment or discrimination in the workplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Will any employer or supervisor (past or present) give you an unfavorable recommendation? | <input type="checkbox"/> | <input type="checkbox"/> |

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Name: _____ SSN (Only Last Five) : _____

Pre-Investigative Questionnaire

| EMPLOYMENT (CONTINUED) | | YES | NO |
|--|-------------------------|--------------------------|--|
| 52. Have you ever been so angry at work that you became involved in a loud argument? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Did you ever have conflicts or difficulties with a supervisor or co-worker? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Has anyone ever complained about you or your work performance (orally or in writing)? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Have you ever quit a job without giving proper notice? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Has any supervisor (including military) ever disciplined or warned you either orally or in writing (e.g. excessive tardiness, excessive absences, poor work performance, excessive personal phone/computer use, unprofessional behavior or conduct, arguing, no call/no-show, etc.)? | | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBSTANCE USE | | YES | NO |
| 57. Do you consume alcohol or cannabis while at work? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Has your consumption of alcohol or cannabis ever caused you to miss work or school or perform poorly at work or school? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Have you ever been disciplined for alcohol or cannabis usage while at work? _____ | | | |
| 60. Have you ever been detained or arrested for being under the influence of alcohol and/or cannabis while operating a motor vehicle? _____ | | | |
| 61. Approximately how many times in your life have you been so intoxicated that you were unable to care for yourself or your property while in a public place? Indicate the number of times and the last time: Number of times: _____ Last time: _____ | | | |
| 62. Approximately how many times in your life have you driven a vehicle after having consumed alcohol or cannabis? Number of times: _____ Last time: _____ | | | |
| List each incident below, starting with the most recent: | | | |
| Date of the incident Month/Year | How much did you drink? | How long did you drink? | How long between your last drink and the time you started driving? |
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Name: _____ SSN (Only Last Five) : _____

Note: While answering questions 63 through 89, the following applies:

Have you ever used, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, had any experimentation whatsoever, or pretended to use any of the following drugs, regardless of the amount? Include last time used, how many times used, and with whom. Also include incidents where you believe that someone may have laced your food or beverage with any of the following drugs.

| NARCOTIC AND SUBSTANCE USAGE | YES | NO |
|--|--------------------------|--------------------------|
| 63. Cannabis (excluding use of cannabis off the job and away from the work place) | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Hashish | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Cocaine (coke, snow, nose, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Crack cocaine (crack, rock, free base, rock cocaine, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Ecstasy | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Methamphetamine (meth, crank or speed). | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Amphetamines (uppers) | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Barbiturates (downers) | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Magic mushrooms (Psilocybin) | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Steroids | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Heroin | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Opium | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Morphine | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. LSD | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Phencyclidine (PCP) | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Have you ever ingested any substance in an attempt to experience a feeling of euphoria or to “get high” (e.g. aerosol sprays, cleaning fluids, glue, solvents, nitrous oxide/laughing gas, white out, permanent markers, Salvia Divinorum, SPICE, GHB, bath salts, Khat, Special K, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

Name: _____ **SSN (Only last five) :** _____

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Name: _____ Soc: _____

Pre-Investigative Questionnaire

| NARCOTIC AND SUBSTANCE USAGE (CONTINUED) | YES | NO |
|--|--------------------------|--------------------------|
| 79. Have you ever illegally used any designer drugs (e.g. synthetic heroin, fentanyl, china white, ice, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Have you ever ingested any other illegal drug/substance not previously listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Have you ever used a prescription drug not prescribed for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Have you ever remained in a place, or attended a party where drugs, narcotics or other illegal substances were used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Has anyone ever used illegal drugs or narcotics in your presence, home or vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Have you ever purchased any illegal drugs or narcotics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. Has anyone advised or prepared you on how to answer these background questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Have you ever held, kept, or hidden drugs for yourself or someone else, or acted as a lookout or middle man/woman? | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. Have you ever driven a vehicle while under the influence of drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Have you ever attended a party or gathering where drugs were being used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. Have you ever sold, provided, packaged or given illegal drugs or narcotics to anyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. Have you EVER engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including prescription, excluding the use of cannabis off the job and away from the workplace? | <input type="checkbox"/> | <input type="checkbox"/> |

Circle: {Sold} {Manufactured} {Purchased} {Furnished} {Cultivated}
 {Carried or Held for Another}

Name: _____ Social Security Number: _____