

Personal History Questionnaire

Use a pen. Do NOT use a marker. Use single-sided printing only.

In accordance with the Americans with Disabilities Act of 1990, we will make necessary arrangements for individuals who are physically challenged and need special accommodation to complete this survey, or any other assessment exercise. If you have a disability or condition which requires accommodation, please inform us and we will provide the necessary assistance.

I will be truthful and straightforward in my responses to this questionnaire: Yes ☐ Maybe ☐ No ☐

Name: _____ M. Int _____ Phone : _____ Age: _____ Sex: _____ Today's date: _____

Address: _____ City: _____ State: _____ Zip: _____ SS: XXX-XX- _____

What job are you applying for: _____ Company/agency name: _____

Your primary ethnicity? Circle one: Alaskan Native, American Indian, Asian, Black, Hispanic, Pacific Islander, White, other: _____

How many times have you been married? 0 1 2 3 4 Current marital status: Single _____ Married _____ (date) _____

Divorced _____ (date) _____ Engaged _____ (date) _____ Separated _____ (date) _____ Widowed _____ (date) _____

Is spouse employed? _____ Spouse's occupation: _____ Spouse's employer: _____

How many children were in your family? _____ How many children do you have? _____ Age of child(ren) _____

Father's present or former occupation? _____ Mother's present or former occupation? _____

Did you live with both parents the first 18 years of life? _____ If not, please explain: _____

Education & Training

Circle last year of education completed:

Grade School 9 10 11 12 13 14 15 16 17 18 19 20

High school attended: _____ City & state: _____ Grade avg. or GPA: _____

What year did you graduate high school? _____ List any extra-curricular activities (i.e., sports, clubs, band, etc.) _____

Did you finish with a GED? Yes No If yes, what year? _____ Did you attend an "alternative" high school? Yes No

Please list any special training/educational programs related to the position you are applying for: _____

List business school, trade school, college or university attended – even if you didn't graduate	Course of study (major)	Years attended	Degree received	Grade avg. or GPA
Name: _____		From 20__	AAS, BA	
City & state _____		To 20__		
Name: _____				
City & state _____				
Name: _____				
City & state _____				

List any other higher education on the backside, regardless of whether you completed a degree.

Were you ever suspended from college, placed on academic probation, or asked not to return? Yes No Dates: _____

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Driver's license state: _____ Expiration date: _____ / _____ / _____

List **ALL** jobs, military service, and self-employment, beginning with present job. Include any periods of unemployment greater than 3 months in duration. Please write out your responses and do not use acronyms and abbreviations. Use the backside if necessary.

1 From _____ to _____ Employer: _____

Total months on job ____ City & state: _____

Starting position/title: _____

Duties: _____

Final position/title: _____

Duties: _____

Reason for leaving: _____

Did you receive any warnings, reprimands, or disciplinary action(s): _____

Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

2 From _____ to _____ Employer: _____

Total months on job ____ City & state: _____

Starting position/title: _____

Duties: _____

Final position/title: _____

Duties: _____

Reason for leaving: _____

Did you receive any warnings, reprimands, or disciplinary action(s): _____

Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

3 From _____ to _____ Employer: _____

Total months on job ____ City & state: _____

Starting position/title: _____

Duties: _____

Final position/title: _____

Duties: _____

Reason for leaving: _____

Did you receive any warnings, reprimands, or disciplinary action(s): _____

Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

4 From _____ to _____ Employer: _____

Total months on job ____ City & state: _____

Starting position/title: _____

Duties: _____

Final position/title: _____

Duties: _____

Reason for leaving: _____

Did you receive any warnings, reprimands, or disciplinary action(s): _____

Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

5 From _____ to _____ Employer: _____

Total months on job ____ City & state: _____

Starting position/title: _____

Duties: _____

Final position/title: _____

Duties: _____

Reason for leaving: _____

Did you receive any warnings, reprimands, or disciplinary action(s): _____

Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

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6 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

7 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

8 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

9 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

10 From _____ to _____ Employer: _____
Total months on job ____ City & state: _____
Starting position/title: _____
Duties: _____
Final position/title: _____
Duties: _____
Reason for leaving: _____
Did you receive any warnings, reprimands, or disciplinary action(s): _____
Avg. hrs. worked per week: _____ Were you fired or forced to leave: _____

Office use only

Excluding part-time jobs while you were a full-time student, be sure to list all your jobs and account for all your time.

1 From _____ to _____ Agency: _____
 m/y m/y City & state: _____
 Activities: _____
 Supervisor: _____
 Were you paid?: Yes No Did you receive school credit? Yes No
 Total # hrs. worked: _____

2 From _____ to _____ Agency: _____
 m/y m/y City & state: _____
 Activities: _____
 Supervisor: _____
 Were you paid?: Yes No Did you receive school credit? Yes No
 Total # hrs. worked: _____

Office use only

The following questions pertain to your work history in its **entirety**. Please circle your response.

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Yes No Have you been involved in any litigation or lawsuits?
 Yes No Have you ever been fired from a job, terminated from a job, or forced to leave for any reason?
 Yes No Have you ever received any reprimands, warnings, or disciplinary action from an employer?
 Yes No Have you experienced interpersonal difficulties with co-workers, subordinates, or supervisors that resulted in disciplinary action, a decision to leave, or intervention from a third party (e.g., manager, director, arbitrator).
 Yes No Have you ever been suspended from a job, or forced to take a leave of absence?
 Yes No Have you ever received below average or unsatisfactory performance reviews?
 Yes No Has any employer noted concerns or problems because you were late or absent?
 Yes No Were you ever required to go through re-training, or had your training or orientation period extended?
 Yes No Do you think it's OK to report someone who is stealing from his / her employer?
 Yes No In any of your jobs, did you ever fail to complete the probationary period?
 Yes No Has any employer noted concerns or problems because you were involved in racist or sexist behavior while at work?
 Yes No Have you ever been pressured into resigning from a job, or resigned from a job under unfavorable circumstances?

How many times have you been late to work during the past year? _____

How many days of work have you missed during the past year (excluding scheduled days off such as vacation)? _____

Military Service

Circle the response which best describes the details of your military service.

Circle ALL branches served in: None (if None, please skip this section) Army Navy Air Force Marines Natl. Guard Coast Guard

Do you have an *active* security clearance? No Secret TS SCI Dates of active service: From: _____ To: _____

What was your job assignment: _____ Rank at discharge (e.g., E-3): _____

Discharge: honorable dishonorable general explanation: _____

Did you receive any documented discipline? Yes No
 Did you receive any verbal reprimands or discipline? Yes No
 Were you ever court-martialed? Yes No
 Did you receive any nonjudicial punishment, Article 15's, 86's Captain's Mast, or the like? Yes No
 Were you ever demoted in rank? Yes No
 Were you in combat? Yes No
 Do you have a disability rating from the military? Yes No
 Were you diagnosed with a head injury? Yes No

Office use only

Name: _____

- 1) List any significant **personal** accomplishments or recognitions received: _____
- 2) List any significant **work** accomplishments or recognitions received: _____
- 3) List any other language(s) you speak. Indicate how you acquired those skills? _____
- 4) Currently, what do you do with your free time? Hobbies, interests? _____
- 5) During the last several years, describe the three most dangerous things you've done, or most dangerous situations you were in: _____

Self Insight

- 6) Do you acknowledge that every individual, yourself included, has strengths and weaknesses? Yes ☐ No ☐
- 7) What person in your life had/has the greatest influence on you? _____
- 8) What personality characteristics about yourself would you most like to change? _____
- 9) If you were not in your present career field, what field would you like to pursue? _____
- 10) What non-family person do you most admire, respect or wish to be like? Why? _____
- 11) In your opinion, what is the worst mistake someone in your position (job you're applying for) could make? _____
- 12) (Law enforcement applicants only) Explain your views on the use of deadly force: _____
- 13) (Law enforcement applicants only) When did you begin applying for jobs in public safety? _____
- 14) How many tattoos do you have? _____ How many body piercings? _____

Location of tattoo	Date acquired	Brief description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 15) As an ADULT which behaviors have you demonstrated when angry or frustrated? Circle "Yes" or "No"

debating, arguing or possibly raising one's voice.	Yes No	headache, bad stomach, turning red, muscle tension, or other physical symptom, etc.	Yes No
slamming doors, cabinets, etc.	Yes No	have a drink (beer, wine, etc.)	Yes No
breaking and or kicking things	Yes No	crying	Yes No
tailgated or cut-off another driver	Yes No	being grouchy or rude to others	Yes No
damaged some object	Yes No	waved or gestured with arms or hands, etc.	Yes No
got in someone's face	Yes No	passive aggressiveness	Yes No
drove a vehicle in an unsafe or erratic manner	Yes No	repressing or internalizing anger	Yes No
physical aggression or abuse toward another	Yes No	seclusion of self from others	Yes No
verbal exclamation or nonverbal expressions	Yes No	stamping your feet, pounding with fists	Yes No
throwing things (household items, tools, keys, etc.)	Yes No	obsess or dwell on the matter	Yes No
let it go for now and plan a response for later	Yes No	punching holes with your fist	Yes No
threatened with lawsuit, call cops, small claims	Yes No	angry e-mails, texts or Facebook posts	Yes No
overeat	Yes No	exit situation, walk away, leave house / work	Yes No
swearing	Yes No	distract self with recreational or social activities	Yes No
verbal or written threats, sanctions or consequences	Yes No	refuse to talk, shut down, denial	Yes No
said some things you regretted later	Yes No	restrained yourself from taking inappropriate action	Yes No

Name: _____

Please answer the following questions as honestly as possible. Circle your response. **For any items you answer “yes,” please provide additional information as requested. Use the backside of this page if necessary.**

1) How would you describe your current state of well-being and satisfaction with life? Explain briefly:	Poor	Fair	Great	Office use only
2) Were you ever diagnosed with a learning disability? Date: ____ ?	Yes	No		
3) During your elementary school years (age 5-11 yrs.) were you ever referred to or seen by a mental health professional? # of sessions: _____?	Yes	No		
4) During your middle school years (12-14 yrs.) were you ever referred to or seen by a mental health professional? # of sessions: _____?	Yes	No		
5) During your high school years (15-18 yrs.) were you ever referred to or seen by a mental health professional? # of sessions: _____?	Yes	No		
6) Since your high school years, were you ever referred to or seen by a mental health professional?	Yes	No		
7) Have you had any extended periods of serious maladjustment, mental illness, or unhappiness? Explain briefly:	Yes	No		
8) As an adult, describe the most difficult thing you've had to deal with in life : _____				
9) Within the past 5 years, have you experienced any of the following symptoms? If so, circle those that apply	Yes	No		
Depression	Obsessions	Suicidal thoughts		
Anxiety	Rage	Feeling unfairly treated		
Fears	Sleep problems	Attention deficit/ hyperactivity		
Confusion	Eating disorder	Hallucinations		
Excessive worry	Compulsions	Significant change in weight		
Isolation/withdrawal	>48 hrs without sleep	Lack of self-control		
Panic attack	Hopelessness	Other troubling feelings/thoughts		
Paranoia	Fainting	Emotions out of control		
10) Were you ever admitted, or referred to, an inpatient or outpatient treatment facility for mental health treatment or rehabilitation (drug, alcohol, gambling, etc.)?	Yes	No		
11) Have you experienced difficulty due to chronic pain?	Yes	No		
12) Were you ever involved (purposefully or accidentally) in a situation that lead to the death, disability or serious injury of another person (exclude LE and military)?	Yes	No		
13) As an adult, have you ever had to hold/restrain someone whose behavior was out of control or a safety concern (exclude public safety work)?	Yes	No		
14) How satisfied are you with your current relationship? If not in a relationship, circle N/A	little	avg	much	
15) My longest steady romantic relationship started in ____ and ended in _____ lasting a total of: ____ yrs.				
16) Have you ever called a crisis hotline for any reason?	Yes	No		
17) Has anyone in your family, extended family, or any of your friends attempted or committed suicide? If yes, date: _____	Yes	No		
18) List the names of three individuals you could turn to with a problem:				

- | | | | | | |
|--|------|--------|-----|-------|------|
| 19) Recently, how much turmoil has there been in your life? | None | Little | Avg | Avg + | Much |
| 20) I have a sense of hopelessness about my future. | None | Little | Avg | Avg + | Much |
| 21) These days, I think I am a burden to society. | None | Little | Avg | Avg + | Much |
| 22) These days, I feel like I belong. | None | Little | Avg | Avg + | Much |
| 23) To what degree are you feeling isolated from others? | None | Little | Avg | Avg + | Much |
| 24) How much enjoyment or pleasure do you experience in your daily activities? | None | Little | Avg | Avg + | Much |
| 25) Compared to usual, how much stress have you been under lately? | None | Little | Avg | Avg + | Much |

1) Were you ever treated by or referred to a mental health professional (counselor, social worker, therapist, psychologist, psychiatrist, etc.)? Exclude marital, pastoral or vocational counseling.	Yes	No	Office use only
2) At what point in your life was your self-esteem at its lowest? <input type="checkbox"/> Childhood, <input type="checkbox"/> Middle school, <input type="checkbox"/> High school, <input type="checkbox"/> College, <input type="checkbox"/> Adulthood, <input type="checkbox"/> Now			
3) Have you experienced eating problems such as bingeing & purging, anorexia or abuse of laxatives?	Yes	No	
4) Were you ever referred by an employer or court ordered to a mental health evaluation or treatment? (e.g., fitness for duty exam, anger mgmt class, parenting classes)	Yes	No	
5) Have you had any emotional or psychological conditions that affected your ability to do your job?	Yes	No	
6) Do you have a disability rating, or did you ever receive payment for a medical, physical or psychological disability or condition?	Yes	No	
7) Were you ever hospitalized involuntarily (against your will)? Year: _____?	Yes	No	
8) Were you ever in the hospital for three or more days? If "yes" describe reason: _____ _____	Yes	No	
9) Were you ever prescribed medication for a behavioral or emotional condition (anti-depressants, anxiety meds, etc?) Date prescribed: _____	Yes	No	
10) List ALL prescription medications you currently take. Do not list birth control or medications for sexual functioning. Do the best you can with spelling. Use the backside for additional meds. 1. _____ Reason: _____ Since _____ 2. _____ Reason: _____ Since _____ 3. _____ Reason: _____ Since _____			
11) Since the age of 16 years, list the date (year only) of all hospital admissions or instances in which you were treated by emergency medical personnel: _____			
12) Did you ever fail a drug test? Date: _____?	Yes	No	
13) Were you evaluated by a mental health professional for any reason (custody eval., disability determination, VA, pre-employment psychological, etc.)?	Yes	No	
14) Has any psychological, emotional or mental condition impaired or limited your ability to function on a daily basis?	Yes	No	
15) During the past 5 years, have concerns from home or your personal life interfered in your work functioning?	Yes	No	
16) Did you ever apply to a public safety agency and fail the psychological?	Yes	No	

1) Do you currently drink alcohol?		Yes	No	<div>Office use only</div> <div>Audit:_____</div>
2) Did you ever consume enough alcohol that you threw up?		Yes	No	
3) If your department wanted to take advantage of the fact you were a new officer, and asked you to work undercover, how many beers could you drink before you were no longer effective? <input type="checkbox"/> 0, <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> 8 or more				
4) If you consumed more alcohol in the past than you do now, about what ages were you when you drank the most? <input type="checkbox"/> N/A or Age: _____ to _____				
5) How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 times a week <input type="checkbox"/> 5-6 times a week				
6) How many standard drinks containing alcohol do you have on a typical day? <input type="checkbox"/> 0 – 2, <input type="checkbox"/> 3 – 4, <input type="checkbox"/> 5 - 6, <input type="checkbox"/> 7 - 9, <input type="checkbox"/> 10-11, <input type="checkbox"/> 12 or more				
7) How often do you have six or more drinks on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Almost daily <input type="checkbox"/> Daily				
8) Did you ever stop drinking alcohol—for any reason? Date: _____?		Yes	No	
9) What is the worst thing you did (or had happen to you) while you were under the influence of alcohol?				
10) Have you ever tried or used illegal drugs? If “yes” please list ALL drugs used, date last used and total number of times you used the drug. Use back if necessary.		Yes	No	
1. _____ date of last use: _____ # times used _____ 2. _____ date of last use: _____ # times used _____ 3. _____ date of last use: _____ # times used _____ 4. _____ date of last use: _____ # times used _____				
11) If you listed any drugs above, what did you like about the drug? 1. _____ 2. _____ 3. _____ 4. _____				
12) Have you ever used drugs, supplement, etc. (legal or illegal) for body building? Name _____ Date used: _____		Yes	No	
13) Have you ever used marijuana, legally or illegally? Last occurrence: _____		Yes	No	
14) Have you ever used alcohol or illegal drugs while at work?		Yes	No	
15) Have you sold any illegal drugs, prescription medication, or drug paraphernalia?		Yes	No	
16) When was the last time you were in the presence of illegal drugs being used, sold, shared or transported (exclude work in public safety)? Date: _____				
17) Within the past five years, has your spouse, significant other, partner, or roommate been involved with or in possession of any illegal drugs or controlled substances?		Yes	No	
18) Do you now or have you ever had a medical marijuana card?		Yes	No	
19) What year did you first use marijuana: _____? Or N/A				

Name: _____

Please answer the following questions as honestly as possible. **For any items you answer “yes,” write an explanation on the backside of this page to clarify circumstances.**

The following questions pertain to your financial history in its **entirety**. Please circle your responses.

Office use only	Yes	No	Question
			Have you experienced any financial problems?
			Were your wages ever garnished? Date(s) _____
			Have you ever filed for bankruptcy? Date(s) _____
			Were you ever delinquent in paying child or spousal support?
			Did you file a tax return AND pay tax for every year you were required to?
			Were you ever served an eviction notice? Date: _____
			Were you ever in foreclosure or had assets repossessed? Date(s): _____?
			Have any of your financial obligations been in collections?
			During the past three years, have you written (or been a party to) a check that was returned for insufficient funds?
			Were you ever delinquent on a student or government backed loan?
			Do you owe any state or federal taxes or back taxes? Amt. owed: \$ _____

The following questions pertain to your driving history in its **entirety**. Please circle your responses.

Office use only	Yes	No	Question
			Was your driver's license ever suspended, revoked, or limited in any way?
			Have you been involved in an automobile accident that was not reported?
			Were you ever cited for careless or reckless driving? Date: _____
			Have you operated a motor vehicle under the influence of alcohol or illegal drugs such that you would have been arrested if stopped by police? Date of most recent occurrence: _____
			Did you ever drive a vehicle without a license or proper insurance? Dates: _____
			Were you ever denied auto insurance or had an existing policy cancelled?
			____ % What percentage of the time do you wear seatbelts? (i.e., 50%)
			Have you experienced any arguments or physical confrontations resulting from a driving dispute? Date of last occurrence? _____
			Have you ever failed to obey a traffic signal or road sign?
			Have you ever used a motor vehicle in a threatening or manipulative fashion, e.g., tailgating or menacing?

Were you ever involved with or accused of any of the following activities? Please circle your responses.

Office use only	Yes	No	Question
			Forced sexual contact
			Sexual contact with someone under the age of 16
			Paid or been paid for any type of sex
			Talking about someone behind their back or gossiping
			Electronic transmission of a nude or seminude photo via text or “sexting”?
			Any illegal sexual behavior. Description: _____
			Invasion of privacy by peeping through windows or covertly observing others
			Viewing child pornography on the internet, in hardcopy form or otherwise
			Prostitution. Date: _____ ?
			Viewed explicit sexual images on the Internet while at work

Name: _____

Please answer the following questions honestly by circling your response. For any items you answer "yes" to, please provide additional information as requested using the back of this page

1) Have you ever been charged with DUI or DWAI? If "yes" please give dates _____ _____	Yes	No	Office use only
2) Have you ever been arrested? If "yes" please list date, charge, and outcome (i.e., dismissed, convicted) for each arrest. Date Charge Outcome _____ _____	Yes	No	
3) Were you ticketed for a non-driving offense, such as MIP of alcohol? Date(s):	Yes	No	
4) Were you involved in any matters in which the court records were sealed or information was expunged?	Yes	No	
5) Were you ever charged with a crime or questioned by the authorities about a crime? If so, describe below with dates: _____ _____	Yes	No	
6) Were you ever named in a restraining order? Date: _____ ?	Yes	No	
7) Were you ever given a summons to appear in court (exclude LE work or jury duty)?	Yes	No	
8) Were you ever in a diversion program?	Yes	No	
9) Were you ever on probation of any kind? (court, traffic, DMV, summary, formal, informal, etc.)?	Yes	No	
10) Have you suffered any physical abuse, threats or psychological injury from a spouse, family member, romantic partner, or significant other?	Yes	No	
11) Have you ever injured (psychologically or otherwise), physically abused or threatened a spouse, partner, family member, child or significant other?	Yes	No	
12) Were you ever accused of domestic violence?	Yes	No	
13) Were you ever contacted by Child Protective Services or a similar agency?	Yes	No	
14) Have you been involved in any domestic disturbances in which the police were involved?	Yes	No	
15) What is the fastest you've driven on a public road in the past 3 years? (do not include on-duty driving for public safety).	_____	mph	
16) Excluding parking tickets, how many moving violations / traffic tickets have you received?	Life time	Past 5 yrs	
17) As the driver, how many traffic accidents have you been involved with?	-----	-----	
18) How many physical fights, shoving matches, or other physical confrontations have you been in during the time periods listed to the right (exclude any while on-duty for public safety)?	Pre-high school # _____	High school years # _____	After high school # _____
19) How many times in the past week / month have you honked your horn, used gestures, or otherwise communicated negative feelings while driving?	past week _____	past month _____	

Print Name:

Date:

The following questions pertain to your **first 18** years of life. Circle the word that best describes your answer.

- | | | | | |
|--|-------|--------|--------------|------------|
| 1. While growing up, were you well cared for and treated appropriately? | Never | Rarely | Occasionally | Frequently |
| 2. While growing up, did you sometimes feel cheated by society? | Never | Rarely | Occasionally | Frequently |
| 3. How often did someone in your immediate family demonstrate a quick or violent temper? | Never | Rarely | Occasionally | Frequently |
| 4. How often were you short-changed on some of the basic necessities that kids need during the growing-up years? | Never | Rarely | Occasionally | Frequently |
| 5. Compared to most other kids, were you deprived in any way of the things to which you were entitled? | Never | Rarely | Occasionally | Frequently |
| 6. During your childhood years, how much of the time did you spend interacting with adults? | Never | Rarely | Occasionally | Frequently |

The following eight questions pertain to your **first 18** years of life. These questions are for research purposes only

¹ Circle your answer.

- | | | |
|--|-----|----|
| 7. Did a parent or other adult in the household: | | |
| - often or very often swear at you, insult you or put you down? | Yes | No |
| - sometimes, often, or very often act in a way that made you fear that you might be physically hurt? | Yes | No |
| 8. Did a parent or other adult in the household: | | |
| - often or very often push, grab, slap or throw something at you? | Yes | No |
| - often or very often hit you so hard that you had marks or were injured? | Yes | No |
| 9. Did an adult or person at least 5 years older ever: | | |
| - touch or fondle you in a sexual way? | Yes | No |
| - have you touch their body in a sexual way? | Yes | No |
| - attempt oral, anal, or vaginal intercourse with you? | Yes | No |
| - actually have oral, anal or vaginal intercourse with you? | Yes | No |
| 10. Did you live with anyone who: | | |
| - was a problem drinker or alcoholic? | Yes | No |
| - used street drugs? | Yes | No |
| 11. During the first 18 years of your life: | | |
| - was a household member depressed or mentally ill? | Yes | No |
| - did a household member attempt suicide? | Yes | No |
| 12. Was your mother (or stepmother): | | |
| - sometimes, often or very often pushed, grabbed or slapped or had something thrown at her? | Yes | No |
| - sometimes, often, or very often kicked, bitten, hit with fist, or hit with something hard? | Yes | No |
| - ever repeatedly hit over at least a few minutes? | Yes | No |
| - ever threatened with or hurt by a knife or gun? | Yes | No |
| 13. During the first 18 years of your life, did a household member go to prison? | Yes | No |
| 14. Were your parents ever separated or divorced? | Yes | No |

Undetected Crimes: Indicate your involvement in any of the illegal activities noted below for which you were never arrested or charged. Indicate how many times you were involved with or participated in the activity **since turning 16** years of age. If none, enter "0" and leave the date blank. Include activities for which you were not "caught." Provide the year for the last occurrence for any activities. Exclude sanctioned events associated with *public safety* or *military* activities.

# of times	Year of last occurrence		# of times	Year of last occurrence
		Shoplifting		Arson or illegal fire setting
		Theft of goods		Underage drinking
		Burglary		Eluding (running from police)
		Theft of cash		Drug offenses
		Falsification or forgery of an official document (license, fake ID)		Giving false testimony or lying on public record or legal document
		Burglary or theft from an auto or any vehicle		Drag racing or illegal speed contest
		Theft of personal belongings		Lying to police or fire authorities
		Theft of services (e.g., free cable TV, trash service, Netflix etc.)		Indecent exposure, streaking or peeping in someone’s window
		Selling stolen items		Bribing a government employee
		Involvement in any event leading to the death of another (exclude military or public safety)		Failing to report the use of force while working as an officer, firefighter or EMS
		Disorderly conduct (fighting in public, offensive name calling, disrespecting teachers).		Driving with abilities impaired or driving under the influence of alcohol or drugs.
		Being paid “under the table.”		Membership in a gang or attended a gathering of a street gang
		Battery (unlawful physical contact with another individual)		Giving or “sharing” drugs with another individual
		Making or possessing explosives (exclude legal fireworks)		Taking or demanding payment for performance of official duties
		Physical or psychological abuse of a child		Violating a court order
		Hit and run with any motor vehicle		Participating in organized crime
		Sexual contact with someone under the age of 15 when you were 18 or older		Contributing to the delinquency of a minor (buying alcohol for minors)
		Trespassing		Assault (causing a victim to fear violence)
		Resisting arrest		Transporting illegal drugs
		Obstructing or misleading a police officer		Fraudulent use of a credit card
		Carrying a concealed weapon without a permit		Impersonating a peace officer
		Domestic violence		Child neglect or abuse
		Kidnapping or illegally taking children across a state or international border		Exceeding the speed limit by 20 MPH (exclude on duty driving for public safety)
		Vandalism/Mischief (TPing, egging, tagging)		Illegal hunting or illegally taking game
		Illegally restraining another individual		Littering
		Taking a vehicle without permission (joyriding)		Illegal activity involving the Postal Service
		Use of illegal drugs for body building or sports-related activities		Illegal downloading of music or content from the internet, or illegal copies of movies, dvd’s
		Harassment or stalking		Cyber bullying
		Use of any weapon in an offense		Tampering
		Driving without a valid license, no insurance or expired registration.		Sale, distribution, purchase or viewing of child pornography
		Attempting to access a website or computer system w/o authorization or “hacking”		Creating computer viruses, “malware” or malicious programming
		Buying or obtaining prescription medication from someone other than a licensed prescriber		Possession of a knife, gun or weapon on school grounds or where prohibited
		Selling or giving prescription medication to another individual		Using a cellphone to text, email, twitter or FB while driving (distracted driving)
		As a minor, electronic transmission of a nude or seminude photo via text or “sexting”		Engaged in any type of sexual behavior while working as a police officer
		Purchase or possession of stolen goods		Illegal discharge of a firearm
		Paid or been paid for any type of sex		Perjury
		Curfew violation		Other undetected crimes not mentioned here

Name: _____

Please write a brief summary or autobiography of your life. Include the information and/or events that are important to understanding you as a person. In the interest of time, spend no more than **10 min.** on this exercise. Use both sides of this paper if necessary. Please write legibly.